

Mears Care Limited

Mears Care - Workington

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 27, 28 August and 2 September and was announced.

Mears Care Workington provides care and support for people who live in their own homes. The office is located in Workington it provides services in and around the local area.

The manager of the service was new in post and told us she was in the process of becoming a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had sufficient appropriately recruited staff available to support people.

As part of their recruitment process the service carried out appropriate background checks on new staff.

The service managed medicines appropriately.

Staff had received basic social care training but not all staff had regular training updates. We made a recommendation that this be improved.

Summary of findings

Not all staff had received supervision regularly but the manager had a plan in place to rectify this. We recommended that all staff receive regular supervision.

The service demonstrated that they were aware of people's capacity but did not always document this correctly in people's written records of care. We recommended that people's level of capacity should be explicit within their written records of care.

People told us that staff were caring and treated them with dignity and respect.

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The manager showed that they were keen to improve and implement new ideas. There was a quality assurance system in place at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of how to recognise and report concerns about vulnerable people.

There were sufficient staff to provide support to people.

Appropriate risk assessments were carried out.

Good



Is the service effective?

The service was not consistently effective.

Staff records showed though they had received adequate training they did not consistently update their skills and knowledge by repeating training.

Staff did not receive regular supervision, however the manager had a clear plan in place to rectify this.

People's level of mental capacity was not explicit within written records of care.

People received adequate support with nutrition where necessary.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Good



Is the service responsive?

The service was responsive.

Care plans were based on robust assessments

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Good



Is the service well-led?

The service was well led.

The manager had clear ideas about the future of the service particularly around staff development.

Staff told us they felt supported by their manager.

Good



Summary of findings

There was a quality assurance system in use.	
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Mears Care - Workington

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27, 28 August and the 2 September 2015 and was announced. We gave the manager short notice of the inspection as we were aware that they managed two locations 25 miles apart and wanted to ensure that they were available on the day of our inspection.

The inspection was carried out by an adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with seven people who used the service and two of their relatives. We also spoke with seven staff including the manager, senior carers, and carers.

We looked at 10 records of written care and other policies and records that related to the service. We looked at three staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe when receiving a service from Mears Care Workington. One person said, "I definitely feel safe." Another person commented, "Of course I do!" A member of staff we spoke with told us, "You've got to have a connection with people so they feel safe."

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. The written records we saw confirmed this.

We spoke with people who used the service and asked if there were sufficient staff to support them and if they arrived at their homes on time. Most of the people we spoke with were satisfied with this aspect of the service. One person told us, "They're more or less on time, they're getting better." Another commented, "They are always here for the right time."

We spoke with the manager and senior staff and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on

people's needs. If a person needed more than one member of staff to support them then an extra member of staff was allocated to them. In the event of unforeseen staff shortages senior staff were deployed to cover shifts. We saw written documentation that confirmed this.

We looked at the way visits to people's homes were planned. We saw that the service, wherever possible, ensured that the same staff went to the same people. We did note that the timings documented for visits often ran consecutively with no time given for travel in between calls. We discussed this with the manager and senior staff. They explained that people had agreed that staff could arrive 15 minutes either side of the call time they had been given. People we spoke with told confirmed this.

We asked the manager if there were ever any missed calls. The manager regularly monitored the service for this and was able to confirm that this was a rare occurrence. There had been a missed call the previous month that the manager had investigated. She confirmed that this was a communication error and had worked with staff to ensure it did not happen again.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. The service was aware on the different levels of support that people required and their medicine support plans correctly reflected this.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example the service had detailed business continuity in place should severe weather occur. Each person who used the service was assessed as to their levels of dependency. Those who had a high dependency, for example those with no relatives or carers, were given priority over others in the event that the service could not function normally.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person commented, “They are very professional.” Another said, “Yes!, they do.”

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. One said, “It’s definitely good training.” Another stated, “If I need anything I talk to my manager.”

We looked at supervision and appraisal records for staff. The service policy stated that all staff received three supervisions per year and an appraisal. Two of the supervisions involved staff being observed whilst they worked. We saw that not all supervisions and appraisals were up to date and judged the service required improvement in this area.

We looked at training records for the staff and saw that they had received adequate basic social care training. This included safeguarding vulnerable adults, moving and handling and infection control. However refresher training for staff had not been carried out consistently. The majority of staff had undertaken additional training leading to vocational qualifications. New employees completed a comprehensive induction which included learning from experienced staff.

We recommend that the service ensure that all staff training is regularly updated and that staff receive regular supervision.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible in their own homes and were keen to remain there with the support of the service. We saw that the service supported people in making their own decisions. The service was involved in making best interests decisions for people who lacked the capacity to make certain choices. However when we looked at people’s assessments in their written records of care we noted that capacity assessments were not being undertaken. The service relied on documentation provided by social workers to determine people’s capacity. The Mental Capacity Act guidance outlines the need for people’s capacity to be established when receiving care and support from health and social care providers.

We recommend that the service explicitly reflect people’s levels of capacity within their written records of care.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that the service operated both day and night. This helped ensure that people who required support with their meals were provided with it throughout a 24 hour period. Support varied from cooking people’s meals to leaving food within easy reach. Not everybody who used the service required this support. Information about people’s nutritional intake was documented by staff on a daily basis.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and asked them if they thought the service provided good care. One person told us, “They are absolutely fine.” A relative commented, “The lasses are great.”

We spoke with staff and asked them how they supported people in a caring manner. One staff member told us, “At night we go in quietly and discreetly, we build up people’s trust.” Another said, “You still get on with people even if you are only there for 15 minutes I like to sit down for a chat.”

We were unable to observe staff working with people in their own homes. However the staff and people who used the service that we spoke with assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own homes.

Due to the nature of the service provided staff often had to access people’s property with a key. This was because some people had mobility problems and had agreed for staff to have access to their homes so they were able to be supported. There were written plans in place to ensure that staff alerted people to their presence once entering the home. Staff we spoke with knew that maintaining people’s privacy and dignity was important. People we spoke with told us that staff were always respectful of them.

We noted that the service had robust policies that referred to upholding people’s privacy and dignity. These policies were linked with staff training and referred to in the staff handbook. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

We saw that on occasion staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with district nurses.

Is the service responsive?

Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about Mears Care Workington. One person told us, "I'd complain to Mears." Another said, "I'd ring the manager or her deputy."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection the service had no outstanding formal complaints. When we spoke with the manager she explained that complaints were often resolved informally. The service did have a record of previous complaints. When we examined this we found that the service complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example people were assessed as to whether they needed support to mobilise. A moving and handling assessment was carried out to identify precisely the support required including whether they required more than one person and/or specialist equipment to support them.

Assessments were used to formulate care plans. For example one person we looked at was at risk of developing pressure ulcers, also known as bed sores. The care plan outlined how this person was to be monitored and supported in order to prevent pressure ulcers developing.

We looked at the standard of care plans in the service. We found that they were clear and straightforward. Staff had written daily notes that corresponded with people's plans of care.

People who used the service had access to their care plans as a copy was kept in their homes. Reviews of care plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews.

Is the service well-led?

Our findings

When we spoke with people who used the service it they did not raise any issues to how the service was led.

The manager of this service had been in position for 6 months. We found evidence to indicate that she was making improvements to the service for example an overall reduction in missed calls. The manager had clear ideas about how the service should be operated and told us, “I want the service to meet people’s needs to a high standard that people are happy with.” She was particularly keen to improve supervision and appraisal rates in the service and had a plan in place to do so. The manager told us, “I want my staff to be confident and competent in what they do.” Throughout the inspection the manager was open and honest about the service and acknowledged there were areas that required further development.

When we spoke with staff they were complimentary of the manager’s style and told us that they liked working for the service. One member of staff told us, “I love my job!” Another said, “I like them they are a good company.....everyone who works in the office is nice!”

There was a clear management structure in place. The manager had a deputy in place and senior carers who oversaw the running of the service when the manager was not present. The manager reported to an area manager who visited the service monthly and was in regular telephone contact.

We saw evidence that questionnaires were sent to people who used the service and their relatives. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created. For example the way the survey was conducted had been improved after a relative had raised issues with confidentiality. The manager told us, “If things go wrong I want to know about it so I can put it right.”

Audits and checks were undertaken regularly. These included paperwork audits, training audit and spot checks on the staff’s performance. The outcomes of audits were analysed by the manager of the service who then used them to improve the way the service was run.