Mears Care Limited

Mears Care - Rotherham

Inspection report

Unit 1 Claire Court
Rawmarsh Road
Rotherham
South Yorkshire
S60 1RU

Tel: 01709722420
Website: www.mears.co.uk

Date of inspection visit:
13 April 2016

Date of publication:
16 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 13 April 2016, with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in November 2013, when no breaches of legal requirements were identified.

Mears Care - Rotherham provides personal care to people living in their own homes across a sizeable geographical area, incorporating Rotherham, Barnsley, Doncaster and Wakefield. Services in some of these areas had only recently begun to be provided by this location following the provider carrying out a restructure of its services and transferring additional provision to the Rotherham office. The office is based on the outskirts of Rotherham. The agency predominantly provides personal care services to people whose main needs are those associated with older people, but also provides support to people with other needs, including learning or physical disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were over 400 people using the service. We contacted staff, people using the service and their relatives by using questionnaires to gain their views and experiences. We also spoke with staff during the inspection and contacted people using the service by phone following the inspection, again to ascertain their views about the service provided.

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed. Every respondent to our surveys told us that they felt the service they received was caring, and that their care workers treated them with dignity and respect.

Staff had completed a very comprehensive induction which lasted a week, and a training programme was available that helped them meet the needs of the people they supported. There was a training officer based in the office who was able to tailor training to people's individual needs.

There were arrangements to inform people how to make a complaint and how it would be managed. Prior to the inspection, a number of people using the service, and their relatives, told us that they had not found the complaints system to be effective, however, when we checked the complaints system during the inspection we found it to be thorough and that complainants received detailed, timely responses.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people, however, we observed that risk assessments were not always reviewed at the provider's intended frequency There were clear audit systems conducted by managers, but they had not always

identified where some care documents needed to be reviewed or needed to be completed in more detail.
.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people, however, we observed that risk assessments were not always reviewed at the provider's intended frequency.

We found recruitment processes were thorough, which helped the employer make safer recruitment decisions when employing new staff, although we identified that the provider could not evidence that they had considered the potential risks of employing a staff member who had a criminal conviction.

The service employed sufficient staff to meet people's needs, but some people raised concerns about staff being late for visits

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training, however, care plans in relation to medicines were not always sufficiently detailed, and some of the medicines administration records we looked at had not been adequately completed.

Is the service effective?

Good

The service was effective

Staff had completed a very comprehensive induction which lasted a week, and a training programme was available that helped them meet the needs of the people they supported. There was a training officer based in the office who was able to tailor training to people's individual needs.

Records demonstrated people's capacity to make decisions had been considered as part of their care assessment.

Where people required assistance preparing food there was sufficient detail in their care plans so that staff understood people's dietary needs.

Is the service caring?

Good

The service was caring

People's care files showed that their care needs had been thoroughly assessed, and they received a good quality of care from staff who understood the level of support they needed.

Every respondent to our surveys told us that they felt the service they received was caring, and that their care workers treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive

People had been encouraged to be involved in planning their care, and their views about their care was sought. Survey returns told us that people felt they had a good level of involvement and were able to contribute to decisions about their care and support.

There was a system in place to tell people how to make a complaint and how it would be managed. Prior to the inspection, a number of people using the service, and their relatives, told us that they had not found the complaints system to be effective, however, when we checked the complaints system during the inspection we found it to be thorough and that complainants received detailed, timely responses.

Is the service well-led?

Requires Improvement

The service was not always well led

There were clear audit systems in place, however, they had not always identified where some care documents needed to be reviewed or needed to be completed in more detail.

There was a system in place to ensure that the agency was operating effectively, including centralised monitoring of incidents, accidents and safeguarding. People using the service were also surveyed by the provider to assess their satisfaction with the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. Staff we spoke with told us they felt supported by the registered manager.

Mears Care - Rotherham

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 was planned to check whether the provider was 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.

The inspection included a visit to the agency's office which took place on 13 April 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

We sent questionnaires to a sample of people using the service, their relatives and staff. We also spoke with staff during the inspection, and contacted a further sample of people using the service by telephone after the site visit.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contact CQC to share feedback about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection site visit we looked at documentation including care records, risk assessments, personnel and training files, complaints records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Every person using the service whom we contacted told us they felt safe using the service, and that they believed their care workers protected them from harm, although one relative told us that they did not feel staff had received sufficient training to provide their relative's care in a safe way.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at ten people's care plans which all contained assessments to identify and monitor any specific areas where people were more at risk, such as how to move them safely. We found there was clear guidance for staff about the action they needed to take to protect people. However, we identified in a small number of cases that risk assessments had not always been reviewed or updated in a timely manner. For example, one person's care records showed that they required bed rails on their bed, and that the use of this should be reviewed every six months. Their use had not been reviewed for two years.

An environmental risk assessment had been completed for each person's house. This ensured that staff were able to identify any potential risks in the person's home that could have an impact on staff carrying out their duties, or on the person themselves. We saw staff had received guidance on keeping people's houses secure and the use of key safes. Staff had been issued with an identity badge and told to carry them with them at all times so they could prove they worked for the agency, although we noted that there had been a delay in producing some ID badges, which increased the risk of people being unsure who was providing care.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They told us how potential risks were assessed before a care programme started, and explained that it was important to follow risk assessments. When we were at the agency's office, we listened to care coordinators discussing people's care needs with staff. The coordinators had a good understanding of the care and support people needed. We spoke with two care coordinators and they confirmed that they undertook care duties themselves to ensure they understood what was needed and how people's needs should be met.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. We looked at safeguarding information we had received from local authorities regarding suspected abuse of people using the services of Mears Care-Rotherham. We had been contacted by one local authority approximately two weeks prior to the inspection in relation to one incident. We asked the registered manager about this, as the provider had not submitted the required notification to CQC. Although the local authority had contacted the agency's office to discuss the incident, the registered manager had not been made aware of the issue, and subsequently the legally required notification had not been made.

Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. We found staff had received training in this subject during their induction period, followed by periodic refresher courses. We saw

there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We spoke with the registered manager about the system in place to ensure that people's care calls took place at the correct time, and lasted for the duration that the person had been assessed as requiring. They told us that they monitored care records, and carried out regular care reviews with people using the service in which this aspect of care was checked. They told us that the area they covered was being moved into small geographical patches, so that the distance between care calls was minimised. One relative told us: "Occasionally the carer [care worker] has been late, probably when someone has had to cover at short notice, this means if her breakfast is very late
then it has a knock-on effect for dinner and tea, with the potential for one to be missed. I think the service is good and it's lovely that she sees someone pleasant every morning, and more importantly to know she does have breakfast every day." Complaints records showed us that missed or late calls were a common theme of complaints, however, each incident had been analysed and the reason had been identified. Where the cause had been unacceptable staff performance, disciplinary action had been taken.

Recruitment records showed that an effective recruitment and selection process was in place. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's ID and checks of their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. There was a system in place which meant that, where a prospective employee's DBS check showed that they had a criminal conviction, a risk assessment was undertaken to assess whether it was safe to employ the staff member. However, in one of the files that we looked at, this risk assessment had not been undertaken, meaning that an employee with a criminal conviction was working with vulnerable adults without the provider considering or managing the potential risks of this. We raised this with the registered manager on the day of the inspection.

The service had a medication policy which outlined the safe handling of medicines. Where people needed assistance to take their medication we saw care plans outlined staff's role in supporting them to take them safely. A Medication Administration Record [MAR] was also in place which staff used to record the medicines they had either administered or prompted people to take. In the care plans we looked at, we found that people's MAR charts had not always been completed correctly. For example, one had been signed at times when other records showed staff had not been in attendance. Another person's file showed that staff were administering medicated creams to the person, however, there was no MAR chart for staff to record they were administering the creams. There was also no written information to guide staff in relation to where the cream should be applied, or any side effects or contra-indications.

Good

Is the service effective?

Our findings

People's feedback during the inspection was predominantly positive about the support they received. One person told us: "They are all kind people." Another said: "They help me be more independent." However, one person responding to our questionnaires said: "I think they should be able to put eye drops and ear drops in." One of the questions we asked in our questionnaires was about whether the care they received helped them to maintain or achieve independence. All of the respondents told us that it did.

Staff training records showed that staff had training to meet the needs of the people they supported. Staff we spoke with told us they had undertaken a structured induction when they joined the agency. One staff member we spoke with had just completed their induction. They told us that they had previously worked in a variety of care environments, but had found this induction to be the most comprehensive they had experienced. The mandatory induction included safeguarding, dignity, moving and handling, food hygiene and dementia awareness. This was then added to by periodic training to enhance staff care skills and knowledge.

There was a training manager based at the agency's office, who delivered and managed training, and was able to source and tailor training to meet people's individual needs. They told us that as part of their role they visited people using the service to assess how further staff training could be implemented to better meet the person's needs. Additionally, there was also a qualified nurse based at the agency's office, who delivered specialist training as required by people's fluctuating needs.

We saw the company used a computerised training matrix which identified any shortfalls in essential staff training, or when update sessions were due. This helped to make sure staff updated their skills in a timely manner. Most of the staff we spoke with told us that they felt they had received sufficient training to carry out their roles, although questionnaire respondents told us they had not all received training in the Mental Capacity Act 2005 (MCA)

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

There were details in people's care plans about their nutritional needs, where appropriate. For example, where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes. Where people required assistance with eating and drinking, there were detailed care plans setting out how people should be supported, for example, whether they needed food cutting up or drinks thickened. Care records showed that staff were adhering to this.

Good

Is the service caring?

Our findings

The majority of people using the service praised staff and told us the quality of care was good. One person told us: "They are great, they know how to help me. If they are running late there's normally a good reason and I have no cause to grumble." Another said: "I feel much better now they are looking after me."

Relatives, on the other hand, gave us a mixed picture. One relative told us they were happy with the care and support provided, and that they would recommend the service, but another told us that they did not feel the staff had the knowledge to meet their relative's needs. One relative was unhappy with the service their relative had received from another agency which Mears Care -Rotherham had subcontracted to deliver care on their behalf, although they told us they were happy with Mears Care

We looked at the findings of the questionnaires we had sent to a sample of people using the service and their relatives, and found that the majority of responses in relation to whether the service was caring were positive. All of the respondents told us that care workers treated them with dignity and respect, and the vast majority told us that care staff were kind and caring.

People told us they had been involved in making decisions about their care and treatment. They told us they had been involved in developing their care plans and said staff worked to the plans we saw. Care files contained detailed information about people's needs and preferences, so staff had clear guidance about what was important to them and how to support them. There was evidence in the care plans that we checked to show that people's views had been sought, and that people and their families had contributed to care planning.

The staff we spoke with had a good knowledge of how to provide care to meet people's needs. They provided descriptions of how they upheld people's dignity and privacy, and the training manager told us that dignity underpinned all of the training provided. Questionnaires we sent to staff prior to the inspection indicated that staff had a good understanding of the importance of upholding people's dignity, however, some staff told us they were not always introduced to a new person before they commenced unsupervised support with them. We asked the registered manager about this on the day of the inspection. They told us that when staff were going to be providing care to a new person, they first shadowed a staff member who the person had already received care from so that an introduction could be made. They told us that they would look further into this.

We checked ten people's care plans, and cross checked them with the notes where staff had recorded the care provided. Notes showed that staff had provided care in accordance with care plans, ensuring that they provided support to each person in the way that they had been assessed as requiring in order to meet their needs.

Good

Is the service responsive?

Our findings

We asked people using the service, and their relatives, about the extent to which they had been involved in planning their care. All the relatives we contacted told us they had been consulted about their relative's care. The care plans we checked also showed that people's views, and the views of their relatives where appropriate, had been incorporated into their care planning documentation and was used to inform the way care was delivered.

Care files contained detailed information about all aspects of the person's needs and preferences, including clear guidance for staff on how to meet people's needs. Records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them.

We saw that staff completed a daily record of each visit they made to people, reporting on the care they provided and any changes in the person's condition, or any issues that were identified. These records were very detailed, so that it was clear for readers to understand what care had been provided and how the person had presented.

We saw evidence that daily records were monitored and reviewed by supervisory staff so that, if necessary, changes could be made to the person's care plan. The registered manager told us that care reviews were carried out to make sure people were happy with the care provided and the care plan was still correct. We saw evidence of completed care reviews in people care records.

We noted that in some care records, visits recorded were shorter in length than the intended time period. The registered manager told us this could be due to the person telling care staff that they did not want them to stay any longer as all their needs had been met. This was not recorded in any of the records we sampled. The registered manager told us that they would instruct staff to record the reasons for any shortening of care visits in the future.

Prior to the inspection, relatives and a staff member told us that they were frustrated by the provider's complaints processes, they told us they felt there was no point in making a complaint as they were not listened to. However, we checked records of complaints held by the provider and could not corroborate this. The company had a complaints and compliments procedure which was provided to people using the service when their care provision commenced. We checked the policy and found that it contained incorrect information in relation to directing complainants to the correct source of external remedy; complainants were advised to refer complaints to CQC if they were unhappy with the outcome of the provider's investigation, which would be likely to frustrate any complainants given that CQC cannot investigate complaints. Records of complaints received by the provider showed that each complaint received was thoroughly investigated. A common theme of complaints was missed care calls. Records showed that the registered manager investigated the cause of each missed care call, and provided the complainant with a written explanation of the cause of the incident. At times where appropriate, the registered manager had also taken disciplinary action against staff where they had been responsible for the complainants dissatisfaction.

Respondents to the questionnaires we sent out told us they understood how to make complaints, although not all were confident that the provider would respond well to complaints being made.

The registered manager told us that there were plans in place to develop a "customer forum" which would be a group for people using the service to contribute their ideas and views in relation to the way the service was run.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration.

The registered manager told us that the provider had recently restructured their services, meaning that care packages in some geographical areas that had previously been managed from other offices were now being managed from the Rotherham office. The provider had added to the management numbers within the Rotherham office to allow for the additional bureaucratic requirements of managing a larger number of care packages and care staff. However, this also meant that the registered manager was in the process of auditing care plans and staff records that had come from other offices, which were not always up to the standard of their existing records.

Staff we spoke with told us that they felt well supported to undertake their role. One said to us: "I love it here." Another told us that they felt that Mears Care–Rotherham supported staff as well as people using the service. They said: "The team support each other, they support the whole person not just the worker aspect." Staff who completed a questionnaire told us they felt they got information when they needed it from the management team, although only a small majority said that they would feel confident reporting concerns, or felt they could contribute their views. This small majority was not reflected in the staff with whom we spoke, all of whom said they felt they could contribute their views in relation to how the service was run.

We saw the provider had used surveys, phone calls and care review meetings to gain people's views about how the service was operating. The most recent survey available was from Summer 2014, as the registered manager told us that the survey from Summer 2015 was still being collated. The summary of the 2014 survey indicated that overall people were happy with the service provided. Comments included: "First class service, I am more than happy." Another person responded: "Nothing is too much trouble." However, one person described the staff as being "run off their feet" and said: "I do not always get the time I am paying for." We saw an action plan had been put in place to address the negative comments.

The provider gained staff feedback through periodic meetings. The registered manager told us that team meetings took place quarterly, however, the last one had taken place nine months prior to the inspection. We looked at staff supervision and appraisal, and found that these were also not taking place at the provider's required frequency. The registered manager told us this was an issue they were aware of, and said that in part it was due to the very recent growth of the service as it took over responsibility for additional areas following the restructure.

Staff communication was also enhanced by memo's and newsletters produced by the registered manager, providing staff with updates and information. We looked at recent newsletters and saw that they had been used to remind staff of various procedures and protocols to ensure that the provider's intended way of practice was being adhered to.

Following the restructure, part of the provider's work in one geographical area had been subcontracted to another provider. Incident records and contact with people's relatives showed that this had not always operated to the standards that Mears Care – Rotherham expected. The registered manager told us that this did represent difficulties, but that work was ongoing to address this.

We saw regular checks and audits had been carried out to make sure the service was operating to expected standards, however, we identified that they were not always effective. For example, some of the care plans we checked had risk assessments that had not been reviewed at the required frequency, and some did not hold adequate or correct information about people's needs in relation to medicines. One of the ten files we checked had not been audited for three years. The registered manager acknowledged that due to the recent increase in care packages delivered from the Rotherham office there was still work to do to ensure these records reflected the standards expected within the service.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. The registered manager told us that this was overseen by head office. We checked the document and found it did not contain all the legally required information. It had been updated in July 2015, however, we checked our records and found that this update had not been notified to CQC, which the provider is legally required to do.