

Mears Care Limited

Mears Care - Burton on Trent

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 ●

Summary of findings

Overall summary

We inspected this service on 4 and 5 December 2015. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. Our last inspection took place in November 2013 and at that time we found the provider was meeting the regulations we looked at.

The service provides care and domiciliary support for older people and people with a learning disability who live in their own home in and around Burton upon Trent.

There was a registered manager in the service. 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.

People's consent was sought before staff provided care and support. However, some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people had the necessary authorisations to make decisions on behalf of others. You can see what action we told the provider to take at the back of the full version of the report.

People and their relatives felt safe when they received care. Risk assessments identified action to be taken to minimise the chance of harm occurring to people and staff understood this. People knew how to report concerns and staff knew how to keep people safe and supported people to understand risks. Checks were carried out prior to staff starting work to ensure their suitability to work with people.

People received an agreed level of staff support at a time they wanted it. People were happy with how the staff supported them. People had a regular team of staff who had the skills to meet their needs. People knew who was providing their support in advance and the provider was flexible and responsive to changes in people's needs. People received their medicine and were supported to apply any cream they needed.

People chose how support was provided and they were involved in the review of their care. There were systems in place to monitor the quality of the service and plan on-going improvements. Staff knew people well and supported them to manage their health care.

People were positive about the way staff treated them and staff were kind and compassionate. Staff listened to people's views and people knew how to make a complaint or raise concerns.

The provider had systems in place to assess and monitor the quality of care and encouraged people and their relatives to give their feedback and used this to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe when they received care and there was an on call system for people to ring in the event of an emergency out of office hours. Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent when providing support although where people may lack capacity it was not clear that decisions were always made in people's best interests. Staff knew people well and had completed training so they could provide the support people wanted. Where the agreed support included help at meal times, this was provided and food was prepared for people.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff provided care and support. The staff were kind and compassionate and provided support in a respectful and dignified way.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People felt able to raise any concerns and staff responded to this to improve the support people received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff were supported in their role and felt able to comment on the quality of service and raise any concerns. Systems were in place to assess and monitor the quality of care to bring about improvements.

Mears Care - Burton on Trent

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 visit took place on 7 and 8 December 2015 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us.

One inspector and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care for older people.

Before the inspection we reviewed the information we held about the service.

We used a range of different methods to help us understand people's experience. We visited six people in their homes and made telephone calls to 18 people. We sent out questionnaires to people who used the service and staff and used this information to make a judgement about the service.

We spoke with eight staff, the registered manager, and received feedback from one health care professional.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Staff knew people well and described how they may recognise possible abuse or neglect. One member of staff told us, "If we have any concerns at all, we record it and complete a body map. It's my job to report it. I could be the only person who they see and I would be letting them down if I didn't do something." The staff understood the procedure to follow to report concerns and the staff were confident these would be dealt with. The provider had informed us of incidents that had taken place and liaised with the local authority where appropriate to take action to prevent possible further harm.

People told us they felt safe when they received care and were satisfied with the security arrangements for their home. Some people had an entry code so staff could enter their home as they were unable to move to the door to open it. One person told us, "The staff always tell us who it is as soon as the door is opening. This is lovely as I can't see the door. I always listen for the door shutting properly when they leave and they away make sure it's closed so I can feel safe again." Where people had a number code to enter the property a secure code was used so it would not be possible for other people to work out the numerical code. One member of staff told us, "We don't write the numbers down. We have a letter code so if anyone saw this, it just wouldn't make sense to them. This code is like a key and we need to make sure we keep it safe."

Risks to people's safety had been assessed staff knew how to provide support to reduce the risk of harm to people. One person told us, "I have help from staff to get out of bed. The manager wrote everything down about how I needed help and that's what the staff do. They never rush me and always use my equipment how it should be used." The care records included identified risks and how to reduce harm and the staff were confident they knew how to support people. One member of staff told us, "It's good that we work in small teams as you get to know everyone really well. We know what people like and how to help them. We need to make sure that when we leave people they are safe. If they have a pendant or use the phone, we make sure they can reach these so if they need help after we have gone they can get it." People told us the staff asked them whether they were happy before they left and one person said, "I wear my pendant so I can call for help and I have my phone here. They always ask me if I've got it. I've never had to use it but you just never know."

People were supported to take their medicines and had creams applied. People we visited showed us that they had their medicines delivered to them in blister packs and these were kept within reaching distance. One person told us, "The staff remind me to take the medicines and record it but I take them myself." Another person told us, "Sometimes it's hard to get them out of the packet and staff help me. I know what I have to take and when but the staff remind me. They are very good with me and help me with my creams. I can't reach all areas and they put the cream on and write this down." We saw staff completed a medication administration record after medicines had been given and recorded any concerns in the daily notes. One member of staff told us, "We have new printed medicines charts now and record if people have taken their tablets. If people don't want to take them we can't force them, but we record it and report it too. We need to know people keep well, so can't just let it go." Another member of staff told us, "Some people need prompting to take their medicines as soon as we start the visit because they have to take them before food. All this is written down so we know what to do." We saw information about the support people needed with

medicines was recorded in people's care records and matched what staff had told us.

When new staff started working in the service, the staff told us that that recruitment checks were in place to ensure they were suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. We spoke with one person who had recently started working in the service. They told us the provider had taken out appropriate references and had confirmed their identity. Checks had been carried out from the disclosure and barring service to ensure they were suitable to work with people.

There was sufficient staff to provide people with the agreed level of support. People told us that the staff were reliable and had always provided the agreed support. One person told us, "We know there is a half hour window, so they may be a bit early or a bit late. If someone needs extra help before us then it's going to make them late but that's what I'd want if I was in trouble." Another person told us, "There have been times when they've been over because I've been a little bit poorly. It's good that they can be flexible." Systems were in place which identified whether people received their support at the agreed time. Staff were required to call when they arrived and left people's homes and senior managers received an alert if they failed to arrive. The registered manager told us, "This means we can make sure people aren't overlooked and also check on the welfare of the staff." There was also an on call system for people to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. One person told us, "We have the number to call if we need them or if staff don't come on time, but I've never been let down."

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us that some people who used the service did not have capacity to make decisions about their care. Staff understood that people could make decisions and where they no longer had capacity, decisions could be made in their best interests. One member of staff told us, "We have challenged support plans where it says people do not have capacity. We know we must assume capacity and if people can make a choice and an informed decision we need to challenge what is wrong." However, it was not clear how some people were making decisions. For example, one person had a learning disability and staff told us they were not able to make important decisions about their care. Information was not readily available about how these important decisions were made. However, the registered manager later obtained this information and they advised us that new systems were to be implemented to ensure it was clear that where people lacked capacity, decisions were only made in their best interests. Other people did not have capacity to make certain decisions and were supported to make these through a Deputyship, as a member of their family had applied to be their deputy. A Deputyship enables people who are authorised by The Court of Protection, to make decisions on their behalf.

People who used the service had a small team of staff who visited them. People told us they felt at ease with these staff and were confident they knew how to provide the care and support they wanted. One person told us, "I have the same carers and my care records say everything about me. I'm happy with the information and how the staff provide the care." Another person told us, "The staff are so thorough and do a check before they go. If I need anything after they have gone, I know they are still in the area and if I give them a call, they will always pop back. They are very good." Staff received individual training to support the specific needs of people they supported. One person told us, "I have a permanent hoist track fitted and the staff met the occupational therapist and we had training here and they learnt how to use this and my sling." Another person told us, "Whenever I get new equipment, the staff come for more training. It's good, as it makes me feel more confident because I know they know what they are doing." Staff told us they had the necessary skills to provide the individual support people wanted and one member of staff told us, "We had training when we started here for care and for moving and handling but we then do more in people's homes. Everyone has different equipment so we need to know how to use it properly."

New staff received an induction into the service and this included training for the skills people would need. We spoke with four new staff who told us, "It's been really good doing this training together. It's good that

we get all this training even before we start working. We're looking at how to use hoists and what to do if we think someone is being abused." Another member of staff told us, "When I started here, I worked with someone else so I could learn what I had to do and the person could get to know me. I didn't take over until I was confident and the manager knew I'd be safe." Staff were observed carrying out care and support in people's home as part of the supervision and appraisal system. One member of staff told us, "The seniors come out with us and check we are doing things right. We talk about it in our supervision so we know how well we are doing."

People retained responsibility for managing their health care and one person told us, "The staff are very helpful and if they think I need the doctor they will tell me." Staff understood where people needed prompting to support with their health care needs. One member of staff told us, "We know when people need extra support because of their health. The care records have all the details of any doctors or the district nurse so if we see something we are worried about, we can help the person call them so they can come out. We would never leave anything and the manager and senior carers are really good at supporting us and giving us advice if we are worried about anything."

Some people needed support to prepare their meals. We saw staff offered people a choice of food and prepared the meal in accordance with how people wanted this. One person told us, "On a Sunday I have a cooked breakfast and it's the highlight of my week. The staff do everything for me and I really enjoy it and can't thank them enough for doing it for me." Another person told us, "They give me my breakfast in the morning and they leave me a sandwich for lunch. They ask me what I want." One member of staff told us, "It helps that we support the same people as we can see if food hasn't been eaten or if people are losing weight. We report this to the seniors and they can arrange to visit people or get the nurse to come out so people keep well. If we saw food had not been eaten, even if this wasn't in the support plan, we'd still report it as it's important."

Is the service caring?

Our findings

People spoke positively about the way staff provided support and told us they were kind and compassionate and provided care that promoted their dignity. One person told us, "The staff help me to have a shower and then leave me to wash myself. When they come back in they always put a towel over me straight away. The carers I have are really good." Another person told us, "They won't open my curtains until I'm completely dressed."

People were happy with how staff supported them and had developed relationships with staff. One person told us, "I have lovely carers. I have three carers and two come at a time. They do everything and anything for you and we have a laugh. Sometimes when one person is on holiday, someone new comes but there's always one person I know. They are like friends coming in." Another person told us, "We have a very good rapport with the staff and it means a lot to us that they show they care." Another person told us, "They're ever so friendly and professional at the same time and as a company, they go a little bit further."

We saw when staff entered people's homes they rang the bell and waited until they were invited in. The staff were friendly and spoke with people before they provided any care and asked about their day and if they were well. One person told us, "It's lovely to hear them and they are always so cheerful. They make my day."

People told us the staff asked for their consent when carrying out any personal care and were very respectful. One person told us, "They always ask, they're very good like that." Another person told us, "The staff are very respectful. They all are." People told us the staff talked with them and ensured they knew what they were doing. One person told us, "I have to be moved on my bed and they always tell me what they are up to. When I'm on my side, I can't see everything and they keep chatting. I love to join in all the chats and gossip too. For me, it's not just about the care. I love their company. They are very good to me."

People told us staff were respectful and polite and saw staff and people interact in a friendly way. We observed the people were relaxed in the company of the staff who were supporting them. Staff explained what they were doing, ensured the person was comfortable and chatted with them. One member of staff asked the person who used the service if they could make their guest a drink. They explained as it was their home it was their decision and did not make assumptions, enabling the person who used the service to be in charge. Staff spoke about people with compassion and one member of staff told us, "You can't do this job if you don't care. I've been supporting these people for a long time. I'm working over Christmas and I love it. It's a special time of year and I like visiting the people, I don't want strangers visiting."

Is the service responsive?

Our findings

People had agreed how they wanted to be supported and had a copy of their care records and support agreement in their home. People told us the support had been agreed with them when they started using the service and when their support had been reviewed. One person told us, "A senior co-ordinator comes and visits and checks records, speaks with you and checks everything is okay or if anything needs changing. I have to say, since the new manager has started everything has been organised so well." Where changes were made, the staff confirmed they were informed and one member of staff told us, "The first thing you do when you start is to look at the records, you can see any changes and at the end we record what we have done." We looked at the care records with two people who used the service and they confirmed the information and daily records had been completed. One person told us, "It's here so I can look what they have written. I don't have any worries."

People received a copy of their care rota each week which included information about the staff who would be providing their care. One person told us, "I always know who is coming and if anything changes they always call and let you know. I need to know who is coming and need to trust them. I don't want somebody strange turning up at my door." Another person told us, "They always stay for the right amount of time. They use the phone to call in an out so everybody can see how long they have spent here."

The registered manager told us that where possible the same staff visited people to ensure continuity of care. One person told us, "It's good that there's a small team as it means if someone is on holiday then there's always someone around who I know. Some visits I don't mind but if it's for personal care then I want someone I know and trust." One member of staff told us, "It's much better that we see the same people, we can see the changes and let people know if we have any concerns."

People were able to raise concerns or make a complaint if something was not right and were confident their concerns would be taken seriously. One person told us, "I'd be able to speak with the carers and the manager. I have made a complaint once and I was very happy with how it was dealt with and what happened." Another person told us, "I have the office number to call if I ever have any problems, but I never have." Another person told us, "If something was making us unhappy, we'd certainly call so it could be put right. I've spoken with many of the staff and we've been very pleased with how they work and are confident that if we had any problems they'd put it right." People had a copy of the service's complaints policy which provided information on how to make a complaint. Where concerns had been raised, we saw the manager had considered the information and responded to them, identifying any outcome or improvement to be made.

Is the service well-led?

Our findings

Staff and people who used the service were positive about the leadership and management of the service. One person told us, "I have a lot of faith in the new manager. They seem to have come in and really got to grips with everything. It seems a more professional service now." Staff we spoke with told us the manager and senior staff were always available and welcomed their views and comments. One member of staff told us, "We can speak with the manager or seniors at any time. We have support in supervision but if we want to discuss anything then we just come into the office."

Staff felt valued and supported by the provider. One member of staff told us, "I won an award for customer service. It's called a Smile Award and we can be nominated for this by a colleague or by people. It meant a lot to me." Another member of staff told us, "It's nice to work for an organisation that cares. The company rented out a theme park and we took our family and everything was free all day. How many companies would do that? It was their way of saying thank you for our hard work and it's really nice to be appreciated."

Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to their managers. One member of staff told us, "We looked at safeguarding and whistleblowing when we started and get refresher training too. A lot of us work on our own but where we work with other staff and saw something that wasn't right, I'd just say anyway. We are in people's homes and we need to be professional and give people the right care. I'd talk to the person too and let them know what I was doing."

The provider carried out quality checks on how the service was managed. A system was in place to record whether people received their support on time and ensured that people received the agreed support time. The system identified if people did not receive their visit and alerted senior staff to ensure people were not left at risk of harm. We saw where concerns had been identified the registered manager had taken action to ensure people were safe. A copy of the quality report was sent to the local authority that commissioned and monitored the quality of the service. We saw the monitoring tool identified people received their service on time and when this had been agreed.

People were consulted about the quality of their care during the review of their support and during any observation of staff practice. People were also asked about their experiences through an annual quality review and within questionnaires. The responses and audits were analysed and information was fed back to people within their newsletter. The newsletter also informed people about any new developments, feedback on the service and information about new staff that had started working in the service. One person told us, "It's nice to know what is happening. I see other people who get some care so it makes you realise there's more to this than the staff that come and help you." The registered manager told us, "It's important that people are kept up to date with developments and it's a good way to share information with people. They can also see photos of us and what's happening too."