

Mears Care Limited

Mears Care - Surrey

Inspection report

9 Minster Court
Tuscam Way
Camberley
Surrey
GU15 3YY

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01 May 2019

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23 May 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Mears Care - Surrey is a domiciliary care agency that was supporting 75 people at the time of the inspection. Most people received individual care visits; four people received live-in care. Not everyone using Mears Care - Surrey receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People received consistent care and had established positive relationships with their regular care workers. Staff treated people with respect and maintained their dignity when providing their care.

People were involved in planning their care and their rights and wishes were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care was well-planned and co-ordinated by the agency's office team. People told us the office team was proactive in seeking their views about the care they received. The agency's quality monitoring systems focused on the views of people receiving care and their families. Satisfaction surveys were distributed twice each year and people were contacted regularly to ask for their feedback. The office team carried out regular spot checks, which included observations of the care that staff provided. There were systems in place to ensure learning took place from incidents and that improvements were made as a result.

Staff monitored people's health and reported any concerns promptly. Staff communicated effectively with other professionals, such as GPs and district nurses, to ensure people received the care they needed. People at risk of failing to maintain adequate nutrition were monitored and referred to healthcare professionals if necessary.

Staff had access to the induction, training and support they needed to provide people's care. This included specialist training where necessary to meet people's individual needs. Some staff suggested further training they would find beneficial. The registered manager agreed to investigate the availability of this training. Staff were well-supported by the registered manager and office team. They had opportunities to discuss their performance and development needs at supervision meetings with their managers.

People's needs were assessed before they used the service and measures put in place to mitigate any risks identified. Assessments formed the basis of personalised care plans which reflected people's individual needs and preferences. Care plans were reviewed regularly by the office team, who ensured they took account of people's views during this process.

People's medicines were managed safely. Staff received training in infection control and used gloves and aprons when necessary to protect against the risk of infection.

The provider operated safe recruitment procedures, including making checks to ensure staff were of good character and suitable to work in health and social care.

The service met the characteristics of Good in all areas; more information is in the full report, which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The agency was previously registered with CQC under a different legal entity. The last inspection under the previous legal entity was on 7 September 2016 when the service was rated Good in all domains. The report of the last inspection was published on 1 November 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Mears Care - Surrey

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

This service is a domiciliary care agency providing personal care and support to people living in their own homes. The agency is registered to support older people and younger adults, people living with dementia, people with learning disabilities or autism, people with physical disabilities and people with sensory impairment.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team:

The inspection was carried out by one inspector.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to ensure the registered manager was available to support the inspection. The inspection site visit activity started and ended on 1 May 2019. We visited the office location on 1 May 2019 to speak with the registered manager and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the office visit we checked care records for five people, including their assessments, care plans and risk assessments. We looked at five staff files and records of staff training and supervision. We also checked

records including accident and incident records, quality monitoring checks and audits.

After the inspection, we spoke with four people who used the service and five relatives to hear their views about the care and support provided by the agency. We received feedback from three staff about the training and support they received from the agency to carry out their roles.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People told us they felt safe when staff provided their care. Relatives said they were confident in the skills of their family member's care workers. One relative said of their family member, "I feel he is in safe hands."
- Risk assessments were carried out before people received care and measures were put in place to minimise risks. Areas assessed included medicines, mobility, falls and the home environment. Additional risk assessments were carried out according to people's individual needs, such as when staff accompanied people on outings. Staff receive training in the use of any equipment involved in people's care, such as slings and hoists.
- The provider had a business contingency plan to ensure people's care would not be interrupted in the event of an emergency, such as IT failure or adverse weather affecting staff travel. The registered manager had taken action to assess the potential effects of Brexit, including contacting pharmacies about the continuing availability of medicines.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- There were enough staff employed to meet all the agency's care commitments. The registered manager reported that the recruitment of new staff was challenging but that many of the current care team had been with the agency for some years. All the office staff, including the registered manager, were able to cover care calls if necessary as they were up-to-date with their training and knowledge of people's needs.
- The agency carried out pre-employment checks on staff which included obtaining proof of identity and address, references and evidence of eligibility to work in the UK. The provider also obtained a Disclosure and Barring Service (DBS) check for each member of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check. The recruitment process also included submission of an application form and a face-to-face interview.
- Staff received safeguarding training in their induction and regular refresher training in this area. Care staff told us that the registered manager and office staff listened to any concerns they had about people's safety and well-being.
- People and their relatives told us they could rely on their care workers, which was important to them. They said their care workers almost always arrived on time and that they were informed if their care worker was running late. One person told us, "They are very reliable. They are usually here within 10 minutes [of the scheduled call time]." A relative said, "Their time-keeping is very good; we've had no problems there."
- The agency had effective systems of rostering and call monitoring, which meant people received a service they could rely on. Care staff logged in and out of calls using an app on their smart phones which meant office staff would be alerted if a care worker failed to arrive at a visit. The registered manager said the app was also useful for ensuring effective communication between care staff and the office about any changes in people's needs. The registered manager told us that staff reported any concerns they had about people's safety or well-being through the app, which meant office staff were aware of these issues straightaway.

Learning lessons when things go wrong

- Any accidents or incidents that occurred were recorded by staff. Records of incidents were reviewed and actions taken to minimise the risk of them happening again. The provider employed a regional safety, health and environment manager whose role included the analysis of accidents and incidents and 'near misses'. We saw that the safety, health and environment manager had carried out investigations where adverse events had occurred and recorded any learning to be taken from the incident. For example, one person had suffered an injury as a result of staff not following their care plan correctly. The member of staff was retrained on the support the person needed and their practice observed by one of the agency's visiting officers to ensure they were providing safe care.

Using medicines safely

- People who received support with medicines and their relatives said staff managed this aspect of their care safely. Staff attended medicines training in their induction and their competency was assessed before they supported people with their medicines. Staff told us the training they had received had equipped them to manage medicines safely. One member of staff said, "I administer meds and receive regular training for this and also have spot checks by senior staff." Another member of staff told us, "Medication training is refreshed regularly and to a good standard."
- Any risks to people in relation to their medicines and any specific guidance for staff were recorded in their care plans. Medicines administration records were checked and audited regularly to ensure staff were administering medicines correctly. Where errors occurred, these were identified and addressed. The registered manager advised that the most common issue identified was gaps on medicines administration records. The registered manager said any gaps were investigated to establish whether the error related to administration or recording.

Preventing and controlling infection

- Staff attended infection control training in their induction and regular refresher training. Their infection control practice was observed during spot checks by the agency's visiting officers. People told us staff kept their homes clean and used personal protective equipment, such as gloves and aprons, when providing their care. The registered manager said staff also wore protective shoe coverings if people wished.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began to use the agency to ensure the service could provide the support they required. Following the assessment, a care plan was developed based on the outcomes people hoped to achieve from their care. The registered manager explained how the agency involved people and their families in assessments and planning their care, saying, "We take advice from them. We do ask specific questions but we let them talk and we get family input. We give it a couple of weeks then go back and ask if there's anything we can improve on or anything they want to change. We can then tweak the care plan if we need to."

Staff support: induction, training, skills and experience

- Staff had the induction, training and support they needed to carry out their roles. All staff had an induction when they joined the agency, which included training in manual handling, first aid, fire safety and food hygiene. Staff told us the induction had been comprehensive and prepared them for their roles. One member of staff said, "I had a very intense induction despite having been working in care for years before I applied for this role." Staff were expected to complete the Care Certificate within 12 weeks of joining the agency. The Care Certificate is a set of nationally-agreed standards that health and social care staff should demonstrate in their work.

- Following their induction, staff had access to ongoing training. The agency had an on-site training facility and access to trainers employed by the provider, which meant the majority of training was provided in-house. In addition to mandatory training, staff received training specific to people's needs. For example, staff who supported people with epilepsy had received training about the condition and how it affected the individual they cared for. Staff told us they had the training they needed to provide people's care but also highlighted areas in which they would benefit from further training, including dementia, mental health and learning disabilities. We discussed this feedback with the registered manager, who agreed to investigate the availability of further training in these areas.

- Staff met regularly with their managers for one-to-one supervision, which they told us was useful. One member of staff said, "I meet with my manager on a regular basis. It's a time for reflection. They are always happy to chat on the phone if I have any concerns." Another member of staff told us, "There is supervision, which is useful, there are spot checks and I do receive feedback." Staff also had an annual appraisal once they had worked at the agency for 12 months.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health effectively and the agency was proactive in highlighting any concerns about people's health to relevant professionals for follow-up. The registered manager told us, "We will often

call the OT [occupational therapist] if we have concerns about someone's mobility, they will come out and assess quickly, or we will call the out-of-hours GP if someone needs an emergency home visit."

- Support plans demonstrated that the agency had worked co-operatively with healthcare professionals to provide people's care, including district nurses regarding pressure area care, GPs, speech and language therapists and occupational therapists.
- The agency had developed a 'hospital passport' for people, which contained important information about their needs for medical staff should they require hospital admission.
- A relative told us the support of their family member's regular care worker was valuable in managing their family member's healthcare needs. The relative said, "[Care worker] supports me to look after her. [Care worker] will come with me to her appointments, she backs me up with the doctors."

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed in their initial assessments and any dietary needs recorded in their care plans. The registered manager told us staff monitored people's dietary intake if they were at risk of failing to maintain adequate nutrition and referred any concerns they had to healthcare professionals. The registered manager said, "We will monitor [people] if they don't eat well and we will get the GP or district nurses involved if need be. They sometimes provide Fortisip [a nutritional supplement]."

- Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA.

- Staff received training on the principles of the MCA in their induction and regular refreshers. People recorded their consent to their care plans and said staff respect their wishes regarding their day-to-day care. The registered manager said the agency would request the local authority to carry out a mental capacity assessment if there was doubt about a person's capacity to consent to a specific aspect of their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff who supported them were kind and caring. They said staff helped them live their lives as they wished. One person told us, "They are all very amenable, I am very happy with them." Another person said, "They are very helpful. I can't knock them. They do little extras to help me out, like they will fold up my washing for me and put it in the cupboard." A third person told us, "I rely on them to get me up, washed, dressed and ready for the day; I'd be lost without them."
- People told us they saw the same staff regularly, which was important to them. One person said, "I have one main carer for two or three days and a couple of others who come on the other days. I see the same carers over the course of a week. They are all nice people." Another person told us, "I have specific carers on specific days. I am very happy with them."
- Relatives said their family members benefited from the consistency of care the agency provided. One relative told us, "We have the same people come regularly, which is great." Another relative said of their family member, "She sees the same carers 90% of the time, which is important."
- One relative told us seeing the same member of staff consistently was vital to the success of their family member's support. The relative said their family member suffered from social anxiety and needed the support of a regular care worker with whom they could establish a relationship. The relative told us, "[Family member] needs that consistency because she finds it hard to establish relationships with people but she gets on really well with [staff member], she trusts her."
- Relatives said their family members had established positive relationships with the staff who supported them regularly. One relative told us, "[Family member's] carer is lovely, she really cares about [family member]. She's not only [family member's] carer, she's her friend." Another relative said, "[Family member] gets on with them really well. She enjoys them coming."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and dignity. We asked people and relatives whether staff maintained people's privacy and dignity when providing their care. One person told us, "Very much so. They are very good that way." A relative said, "Absolutely. I wouldn't have them here if they didn't."
- The agency had a set of values which staff were expected to demonstrate in their care practice. We asked staff what they agency's values were and received responses including, "The agency's values are to provide high quality care, dignity and respect to each service user", and "The agency's values are to provide safe and secure person-centred support." The registered manager told us, "I pride myself on the quality we give and I expect that from the staff. I expect them to treat people how they would expect to be treated, and they do."
- People were supported to remain independent where this was important to them. People told us staff supported them to manage aspects of their own care where they were able to carry these out.
- Staff had supported some people who were at risk of becoming socially isolated to meet and engage with

other people. For example, staff had supported two people to attend day centres and arranged for another person to go on coach trips with others. A relative told us the support provided by their family member's regular care worker enabled their family member to be part of their community and to enjoy a range of activities. The relative said, "They go out and about all over the place together."

Supporting people to express their views and be involved in making decisions about their care

- People told us the agency had encouraged them to be involved in planning their own care. One person said, "They are always ready to listen to me, to what I have to say. In that respect, they are very good." Relatives told us their views had been taken into account when their family member's care was planned.
- The registered manager said the agency was committed to providing care in a way that reflected people's individual wishes and preferences about their care. The registered manager told us, "We respect people's choices; it's about the way they want to live."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was planned to meet their individual needs. Care plans were personalised and provided guidance for staff about people's needs and preferences. People and their relatives confirmed they were encouraged to contribute to their care plans and said their views were listened to. Each person also had a 'care passport', which had been developed by the agency. This document summarised the person's individual needs and the support they required, any risks they faced and any professionals involved in their care.
- People told us their care plans were reviewed on a regular basis and that they were asked whether there were any aspects of care they wished to change. They said the agency made efforts to accommodate any requests they made. One person told us they had asked the agency to change a care worker they had been assigned. The person said, "They were quite happy to do that, it wasn't a problem."
- The registered manager told us the agency made regular checks with people whether they wanted any changes to their care plans. The registered manager said, "We are revisiting it all the time, asking, 'Is this working for you? Is there anything you want to change?'"
- Staff told us they were given enough information about people's needs before they provided their care. They said they had enough time to provide the support outlined in people's care plans. One member of staff told us, "All the information we need is in the client's home and is fully detailed with a brief past history which is useful." Another member of staff said, "I feel I'm given enough information about people's needs before I support them, although I have to say that I've known most of my clients for a long time. There is enough time to do everything in their care plans."

End of life care and support

- the agency was not providing end-of-life care at the time of our inspection, although had done so in the past. We saw that people were given the opportunity at assessment to discuss their preferences about their care towards the end of their lives. The registered manager told us that people receiving end-of-life care would have a specific care plan detailing their wishes and preferences and any professionals involved in their care.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how complaints would be managed. This was given to people and their relatives when they began to use the service. The registered manager told us formal complaints were rarely made as regular communication with people by the office team meant any concerns were resolved before they escalated. This was confirmed by the people we spoke with, who said any issues they had raised in the past had been resolved promptly. One person told us, "They are very quick to sort things out. I had a problem with one carer. I reported it and they sorted it as soon as they found out." Another person said, "If you've got any complaints, they are sorted out straightaway."

- We saw from the agency's records that the registered manager had responded in writing to people where necessary to address their concerns. For example, when one person had complained that their care worker did not arrive at the correct time when a visit time had been changed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good oversight of the service, having worked for the agency in several roles, including as a care worker. The office team communicated effectively with one another to ensure care was well-planned and managed. The registered manager told us they received good support from the provider's regional director, who visited the agency regularly and was available for advice by telephone.
- The provider had effective systems of quality monitoring, which ensured that people received consistent, reliable and well-planned care. Quality checks included monitoring the care provided by staff through spot checks carried out by field supervisors. The provider had systems in place to ensure learning took place from events and that this was implemented to improve care.
- Accidents and incidents, complaints and allegations were investigated by the provider's regional safety, health and environment manager. We saw evidence that action had been taken to address any issues identified through investigations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- People told us the agency communicated well with them. They said they were happy with the agency's response when they contacted the office and could access the information they needed. Several people praised the attitude and approach of the agency's care co-ordinators in resolving any issues they had. One person said of the care co-ordinators, "They sort things out for me. They are very helpful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The agency contacted people and their families regularly to seek their views. Satisfaction surveys were distributed twice a year and asked people for feedback about the quality of care they received, the flexibility of the service and the agency's communication with them.
- The results of the most recent survey, carried out in 2019, were positive about many aspects of the agency, including the care provided by staff and the approach of the office team to resolving any issues. We saw that if people had suggested improvements, these had been actioned by the agency.
- People were also asked for feedback at their reviews, through telephone checks and at spot checks carried out on their care workers. People told us the office team was proactive in seeking their views about their care and support. One person said, "They ring to check you're happy with the care you're getting." Another person told us, "They do [spot] checks on the staff and they ask you if you're happy with everything."
- Staff were well-supported by the registered manager and office team. Staff told us the registered manager

and office team were approachable and available if they needed advice or support. One member of staff said, "I think the way the agency operates at the moment is less 'top down', there's much more a feeling of collaboration which makes a better experience for both staff and service users." Another member of staff told us, "I feel the office staff are very approachable and do listen." A third member of staff said, "If I have any queries or concerns the office and on call are always happy to help." The registered manager told us, 'I've always said to [staff] I've got an open-door policy and they do pop in. We have plenty of contact with the carers."

- The registered manager had established links with other relevant bodies, including the local authority, Surrey Care Association and the UK Homecare Association. This meant the registered manager received regular updates regarding best practice and legislation in the care sector. The registered manager also met with managers of the provider's other services at regional managers' meetings. The registered manager told us these meetings were useful opportunities to share ideas and information about how the service could be improved.