

Mears Care Limited

Mears Care - Old Stratford

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Overall summary

This inspection took place on 05 July 2015 and was announced.

Mears Care – Old Stratford is registered to provide personal care for people in their own homes. This domiciliary care agency provides personal care support to people who want to continue living independently in their own home. The agency provides a range of domiciliary support services to people living in the Northampton and Milton Keynes area. At the time of our inspection the service was providing domiciliary care for 119 people.

At our previous inspection on 12 February 2015, we found that one regulation relating to care and welfare and records were not being met. We found that the registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. This

was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at these areas to see whether or not improvements had been made. We found that the provider was now meeting this regulation.

The service did not have a registered manager in place, however a new manager had been appointed and they had started the process of registering with the Care Quality Commission. 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.

Summary of findings

Staffing levels were sufficient to meet people's needs. Improvements had been made to the way staffing was scheduled and allocated and systems had been put in place to oversee staffing.

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?

Staffing levels were sufficient to meet people's needs. Systems had been introduced to monitor staffing, however these were recent changes, therefore it was not possible to tell if these systems were appropriate.

Requires improvement



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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 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 05 June 2015 by one inspector and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to support the inspection.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted and we reviewed the report of their most recent inspection and the action plan associated with it. Statutory notifications include information about important events which the provider is required to send to us by law. We also spoke to the local authority.

During the inspection we spoke to the manager, the regional operations manager, one care co-ordinator and one visiting officer. We contacted six people who used the service and one family member to gain their views on staffing. We also reviewed care records relating to six people.

Is the service safe?

Our findings

During our previous inspection on 12 February 2015 we found that staffing levels were not always sufficient to meet peoples' needs. Relatives told us that it was difficult to get carers at the times they wanted and they did not always get sufficient support. One relative said, "There is not a double up team so I help the carer hoisting my relative, I haven't been trained." Another relative told us, "There is only one carer to hoist my relative". A staff member also told us, "Double ups can be a problem." Although care records stated when people required more than one staff member to attend calls and for what reason, staff did not always work in accordance with the required staff ratios. This meant people were at risk of being injured as insufficient numbers of suitably qualified staff carried out moving and handling tasks.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to the service. We spoke with people who told us that there had been improvements in terms of staffing. One person told us, "They visit at times I chose, they are never late." Another person told us, "They are here on time, I have the same times every day." One person's family member did raise some concerns regarding staff being late for visits, however did express that they were confident that the new management in the service would make positive changes in this area.

Staff were positive about recent developments in the service and felt that they were now working in a more progressive direction. One staff member explained that an idea they had regarding improvements to care rounds had been taken on board and was being implemented. They had suggested grouping calls requiring two carers together and creating one round which two staff members would do together. This would improve continuity and issues with timekeeping. They also expressed that there was a positive atmosphere in the office and that all staff were willing to come in to talk about where the service could improve.

We spoke to the manager and regional operations manager who told us that improvements had been made since our last inspection. They explained that many care plans had been reviewed, and others would be, to ensure people's staffing needs and preferred visit times were recorded and implemented. The manager explained that it was very important that continuity of care be improved so that people were comfortable and confident in the care they received. We looked at records which confirmed this. We also saw that call-log monitoring systems were in place to monitor the time and duration of people's calls. The manager explained that they would use this information as part of staff supervision to ensure people received the right amount of care. We saw that a number of calls were shorter than the allotted time and that the manager had started to take action regarding this. Staff rota's had been updated, along with people's rotas and call rounds were under review to increase efficiency. As the manager and systems were new, it was not possible to tell how effective the monitoring system was during this inspection.