

Mears Care Limited

# Longmans Extra Care Scheme

## Inspection report

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## 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

The inspection was completed on 17 October 2018 and there were 14 people in receipt of a service at Longmans Extra Care Scheme when we inspected.

Longmans Extra Care Scheme provides 24-hour care and support for up to 14 people in one bedroom flats. The Extra Care Scheme is managed and maintained by South Essex Homes on behalf of Southend-on-Sea Borough Council. The care and support is provided by Mears Care Limited.

Although there had been a change of registered provider since our last inspection in April 2017, this was in name only. The organisation's 'nominated individual' and the registered manager remained the same. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Our key findings across all the areas we inspected were as follows:

Suitable arrangements were in place to keep people safe and policies and procedures were followed and understood by the management team and staff to safeguard people. Risks to people were identified and managed to help people lead the life they wanted. The domiciliary care service was appropriately staffed to meet the needs of people using the service. Medication practices were safe and ensured people received their prescribed medication as they should. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the service's arrangements for the prevention and control of infection. Arrangements were in place for learning and making necessary improvements when things go wrong.

Staff had a thorough induction to carry out their roles and responsibilities effectively. Staff had the right competencies and skills to meet people's needs. Suitable arrangements were in place for staff to receive formal supervision at regular intervals. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People told us staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of services and professionals.

People told us they were treated with care, kindness, dignity and respect and were supported to maintain their independence where possible. People received a good level of care and support that met their needs. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Support plans were in place to reflect how people would like to receive their care and covered all aspects of a person's individual circumstances. People confirmed there were infrequent social activities provided for them to join in, mainly because of low attendance and people wishing to do their own thing. Information

about how to make a complaint was available and people told us they were confident to raise issues or concerns.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's views about the quality of the service provided and these were positive.

Further information is in the detailed findings below.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Longmans Extra Care Scheme

## **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 the 17 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with eight people who used the service, three members of support staff, the team leader and the registered manager. We also spoke with one person's personal assistant who is not employed by Mears Care Limited.

We reviewed four people's support plans and support records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information, medication administration records and the provider's quality monitoring and audit information.

# Is the service safe?

## Our findings

People's view about the safety of the service and the care and support they received was positive. One person when asked if they were safe, told us, "Of course I feel safe here, staff are very good and will come if you need them." Another person told us, "I feel very safe here because someone will come if I press my button [call alarm] and you don't wait too long." People confirmed they were safe and some told us they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance.

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff demonstrated a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the registered manager or team leader. Staff confirmed they would not hesitate to raise concerns with external agencies such as the Local Authority or Care Quality Commission if the registered manager or team leader did not take their concerns seriously or act appropriately.

Risk assessments were in place and information recorded within people's support plans identified risks, associated with individual's care and support needs. For example, manual handling needs and environmental risks to ensure people's and staff's safety and wellbeing. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

People told us there were sufficient staff available to provide the care and support as detailed within their support plan and to meet their needs. People confirmed there had not been any missed or late calls. People told us staff stayed for the time allocated to ensure care and support tasks had been completed. Comments included, "Sometimes you may wait a couple of minutes for the bell [call alarm] to be answered but they [staff] do come" and, "Yes, staff do come if I press my call button [call alarm], don't have to wait too long."

Relevant checks were carried out before a new member of staff started working at the service. Staff recruitment records for four members of staff demonstrated, safe and thorough recruitment procedures were in place. These included the obtaining of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Additionally, prospective employee's equality and human rights characteristics were recorded and considered when recruiting staff.

People told us they received their medication as they should. One person told us, "My medication is always given to me on time, they [staff] know what time I like to have it." Staff were aware of who required their medication to be administered, who required their medication to be prompted and who could independently administer their own medication to maintain their independence. We looked at the records for four of the 14 people who used the service. The Medication Administration Records [MAR] forms showed they had received their prescribed medication as they should. Records showed that staff involved in the administration of medication had received appropriate training and had had their competency assessed.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, following a recent event whereby one person who used the service had not returned to the service following an external excursion, this had been investigated to look at lessons learned.

# Is the service effective?

## Our findings

Appropriate arrangements were in place to ensure staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared and supported. Staff training records viewed showed staff had received mandatory training in key topic areas and in line with the registered provider's expectations.

Staff told us about the registered provider's arrangements for newly employed staff to receive an induction. Staff confirmed the induction comprised of training in key areas appropriate to the needs of the people they supported, an introduction to the organisation and 'job-role' specific induction at the proposed service. In addition to this staff told us opportunities were given to them whereby they had the opportunity to shadow a more experienced member of staff for several shifts depending on their level of experience and competence. Staff told us they found the latter to be informative and very helpful. Where staff had not attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF], staff had completed the 'Care Certificate' within a specified period. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

Staff told us they received formal supervision at regular intervals and received good support from the registered manager and team leader. We found that supervision records corresponded to what we were told and included additional support through direct observations, team meetings and annual appraisals.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate a good knowledge and understanding of the requirements of the Mental Capacity Act 2005. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. Staff confirmed all people using the service had capacity to make day-to-day decisions.

Where staff were involved in people's nutritional support they did so as required to meet people's needs and in line with their care plan. People told us staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. One person told us, "The staff come in and heat my food in the microwave. They [staff] always put it nicely on the plate." A second person told us, "Staff come in and do meals for you, you tell them what you would like for your lunch and they will serve it up and leave you snacks if you want them." Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their nutrition and hydration needs met. People using the service and staff confirmed, arrangements were in place to enable people if they wished to have a meal together in the main

communal lounge/dining area. For example, a fish and chip supper was organised at regular intervals and people told us arrangements could be made for people to enjoy Sunday lunch together.

Where appropriate people had access to health professionals as required. One person told us, "A GP will come in if you want staff to arrange it, but I can book my own. I know people who have GP appointments made for them by staff, especially if there is no family around." People told us if there were concerns about their healthcare needs they would discuss these with staff or their family members. Staff told us if they were concerned about a person's health and wellbeing they would be relayed to the registered manager or team leader for escalation and action. Records showed occasions whereby GP's, District Nurses, paramedics and Social Workers had been contacted due to a change in a person's healthcare needs.

## Is the service caring?

### Our findings

People told us they were treated with care, kindness and consideration and liked living at Longmans Extra Care Scheme. One person told us, "I love living here because I have everything I want." A second person told us, "My care is very good, the staff will help all they can if you ask them." A third person stated, "I have been here many years and never had any bad care; if I did I would soon complain." Other comments included, "You are well looked after here, nothing is too much trouble" and, "I was previously at another home and staff were not friendly here. I was so pleased when I was told I could move here and they [staff] have been so kind to me."

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence. Staff could tell us who was able to access the local community without staff support or who required staff support. Staff also told us who were independently able to undertake their own personal shopping, who was self-sufficient in cooking for themselves or getting themselves a snack, where people were able to undertake all or certain aspects of their personal care and who could administer their own medication. In addition to the above, some people told us they managed their own financial arrangements. This showed that people were empowered to retain their independence where appropriate and according to their needs, strengths and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state they agreed with the content of the support plan and from completion of quality monitoring forms. Where the latter was completed no issues were highlighted and only positive comments were noted. Comments included, "The carers and team leaders keep me updated" regarding changes to the care and support I receive.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They suggested to us their care and support was provided in the least intrusive way and were always treated with courtesy and respect. Our observations showed staff respected people's privacy and dignity. We saw that staff knocked on people's doors or rang their doorbell before entering and staff were observed to use the term of address favoured by the individual. In addition, people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People could wear clothes they liked that suited their individual needs and staff were seen to respect this. Completed quality monitoring forms confirmed our observations. Comments included, "The carers respect me, give me privacy if needed."

# Is the service responsive?

## Our findings

People told us they received good personalised care which was responsive to their needs.

The registered manager confirmed recommendations and referrals to the service were made by the Local Authority. Additionally, an initial assessment was completed by the Local Authority and this was used to inform the person's support plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process.

Support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken as part of social hours allocated. Records also showed that key assessments relating to medication, moving and handling and the environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were knowledgeable about the needs of the people they supported and this was reflected from the information recorded within people's support files.

People confirmed intermittent social activities were provided for them to join in. These included 'themed' meals, for example, fish and chip evening or 'take away' at a weekend. Additionally, movie afternoons were planned and people told us they could sit within the communal lounge to chat with their friends or visitors. Although some people told us they enjoyed these experiences, these were not well attended. However, following discussions with staff and people using the service, some people were allocated 'social hours'. This enabled staff to spend one-to-one time with a person undertaking specific tasks they required, for example, cleaning their flat, supporting the person with personal shopping or going out for refreshments. One person told us, "I have some 'social hours' and staff will take me to a café for coffee or to the shops."

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that effective arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. People spoken with confirmed they knew who to approach if they had any concerns or complaints. One person told us, "I have been here a very long time and have never had to complain." A second person told us, "I would know how to complain if I had to." Where one person was not happy with some aspects of the service provided, they had raised this externally, however the registered manager advised they were not aware of the complaint.

A record of compliments was maintained to recognise the service's achievements.

## Is the service well-led?

### Our findings

Staff told us they felt valued and supported by the management team. One staff member stated, "The manager here is very supportive if you have a problem. I have had personal issues and they have helped and advised me so much, I would not have coped without them." They told us the registered manager and team leader was approachable and there was an 'open culture' at the service. Staff spoken with confirmed they enjoyed working at the service. One member of staff stated, "I love working here, particularly like the people I support." A second member of staff told us, "I really enjoy coming to work."

We found that arrangements were in place to assess and monitor the quality of the service provided. The registered manager told us information was collected and recorded in a variety of ways. This included the completion of a business report. Information for this was collated each month and submitted to the registered provider for review, scrutiny and action. Additionally, a 'weekly check' was completed by the registered manager and this looked at emerging themes, such as issues and concerns that required resolution, medication and a review of the premises. The registered manager told us this helped them to drive improvement and to ensure the service continued to deliver good quality care. Staff confirmed they received praise and 'thanks' from the registered manager. A compliment was also displayed from the Chief Executive, thanking staff for their commitment and for going 'the extra mile' during the adverse weather conditions in March 2018.

The monitoring of staff was completed through the registered provider's formal supervision and 'observation of practice' arrangements. Records were maintained in relation to the topics discussed and the outcome of the observations. The registered manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the registered provider about the quality of the service delivered. These were undertaken through the completion of 'quality reviews' and through an annual quality assurance survey. The latter was completed in 2018. People rated the quality of the service as either 'outstanding', 'very good' or 'good' and no negative comments or areas for corrective action were highlighted. Overall, of 10 questions posed, these scored between 94% and 100%. Comments included, "Happy with my service", "They [staff] are a good bunch, lovely girls and always make me laugh" and, "I am very happy here and well looked after, the carers are amazing."

Staff meetings were held at regular intervals and minutes of meetings were readily available. Staff told us they had a 'voice' and could express their views freely without fear of consequences. Minutes available showed discussions had been held relating to the registered provider's policies and procedures. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved. A discussion had also been held with staff regarding the General Data Protection Regulation [GDPR] which came into effect on 25 May 2018. This was to ensure the service complied with the regulations relating to peoples' personal data. Staff also received 'key' information about the service and the organisation through regular memos to keep them aware of what was happening both at service and provider level. For example, between May 2018 and September 2018, staff were advised to access 'Mears Connect' to familiarise themselves about what was happening within the organisation.