

Mears Care Limited

# Mears Care - London

## Inspection report

114b Power Road  
London  
W4 5PY

Date of inspection visit:  
28 November 2017

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20 December 2017

### 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 took place on 28 November 2017. We gave the provider notice 48 hours before the inspection as the service provided personal care to people in their own homes and we wanted to be certain someone would be available to assist with the inspection.

At the last inspection on 15 December 2015 we rated the service Good.

At this inspection on the 28 November 2017 we found the service remained Good.

Mears Care – London is a branch of Mears Care Limited, a national provider of care services. The Mears Care – London branch provides personal care and support to people living in the London boroughs of Camden, Lambeth, Tower Hamlets and Islington. The branch is known locally as Mears Care – London Central. At the time of our inspection they were providing a service to approximately 150 people, with the majority of these living within Camden and Lambeth. Most people were older adults, some living with the experience of dementia. A small number of younger adults with learning disabilities, mental health needs and physical disabilities used the service.

There was a registered manager in post. 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.

People using the service and their relatives told us they were happy with the care provided. They liked the care workers and told us they were kind, polite and considerate. People told us that care workers did not always arrive at the same regular times each day and they did not like this. The provider's own feedback from people using the service was that people wanted the same regular care workers and this did not always happen. The provider had already taken action to address these two areas of concern. They had introduced a new way of allocating the care workers so that there was more consistency with the care workers and the timings of visits.

People felt safe using the service. They were happy with the support they received when moving around their home and with medicines. The care workers were trained so that they understood about infection control, safe manual handling techniques and how to administer medicines. There were clear procedures in respect of these areas and the provider carried out regular checks to make sure care workers were following these. There were procedures regarding safeguarding adults and we saw evidence that the provider worked with the local safeguarding authority and other organisations to help protect people from the risk of abuse.

There were enough staff employed to care for people and meet their needs. The registered manager explained that they were recruiting new staff so that they could offer more specialised services, such as

reablement support (short term care packages designed to support people to regain skills following a fall or hospital admission). New members of staff had an induction into the service, training and information to help them understand their roles and responsibilities. The provider organised regular assessments of the staff to make sure they were competent and had the skills they needed. The staff had opportunities to refresh their knowledge with annual training updates.

People's needs were assessed and planned for. They were consulted as part of these assessments and had consented to their care and treatment. Care plans were clear and had information about how to meet individual needs. People using the service were given a pack of information, which included their care plan and details about the service they could expect. The provider arranged for regular reassessment of people's needs to make sure care plans were current and reflected any changes. The provider worked closely with doctors, community nurses and other healthcare professionals to make sure people's care needs were being met. We saw evidence that they had alerted healthcare professionals to changes in people's needs and requested additional support when necessary.

There was a clear management structure within the branch and wider organisation. The staff were aware of this and felt communication within the organisation was good. Records were appropriately maintained and up to date. The provider had systems for monitoring the quality of the service, which included asking people using the service and other stakeholders for their views. We saw that the provider had listened to these and responded by making the changes which people had asked for. There were other improvements which the provider had introduced, for example, additional monitoring of people's condition and health. Their regular review and assessment of the services offered at this branch and others allowed the provider to identify where changes were needed. The provider had learnt from incidents and had made changes to prevent further occurrence of these.

## 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 remained safe.

There were procedures designed to safeguard people from the risk of abuse.

The risks to people's wellbeing had been assessed and planned for.

There were enough suitable staff to care for people and meet their needs.

People received their medicines as prescribed and in a safe way.

The provider had systems for preventing and controlling the spread of infection.

The provider had learnt from things that went wrong and made changes to service as a result of these.

### Is the service effective?

Good ●

The service remained effective.

People's needs were appropriately assessed taking consideration of their wishes and choices.

People were cared for by staff who were appropriately trained, supported and supervised.

The provider was acting within the principles of the Mental Capacity Act 2005.

The staff worked with other professionals to make sure people's healthcare and nutritional needs were being met.

### Is the service caring?

Good ●

The service remained caring.

People were cared for by staff who were kind, considerate and respectful.

People were supported to make choices about their care and be as independent as they wished.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service remained responsive.

People received care which was personalised and met their needs. There was evidence that people's needs were monitored and the provider responded to changes in these needs.

People knew how to make a complaint and felt confident these would be responded to appropriately.

### Is the service well-led?

Good ●

The service remained well –led.

There was a positive, person-centred culture which allowed people using the service and other stakeholders to share their views and experiences.

The provider had responded to feedback about the service and made changes which reflected this.

There were appropriate systems for monitoring the quality of the service.

The provider had worked with other organisations to provide a better service to the local community.

# Mears Care - London

## 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.

The inspection took place on 28 November 2017. We gave the provider notice 48 hours before the inspection as the service provided personal care to people in their own homes and we wanted to be certain someone would be available to assist with the inspection.

The inspection visit was conducted by one inspector. As part of the inspection we contacted people who used the service and their representatives through surveys and by telephone for their feedback. Some of the telephone calls were conducted by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, notifications of significant events and safeguarding alerts, complaints and comments we had received about the service and contact from local authority safeguarding and commissioning teams.

The registered manager had completed a Provider Information Return (PIR) on 5 May 2017. The PIR 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.

We spoke with 10 people who used the service and five representatives (family members and friends) of other people who used the service. We received feedback via surveys from 10 different people who used the service and one friend/relative. We had feedback via our share-your-experience webforms from one care worker and two relatives of people who used the service.

During the inspection visit we met the registered manager, a care coordinator, two visiting officers, a quality manager and the electronic call monitoring coordinator. We also met two senior managers who represented the provider. We looked at the care records for seven people who used the service and the recruitment,

training and support records for five members of staff. We also viewed other records the provider used for managing the service which included, records of safeguarding investigations, complaints, quality monitoring and information sharing with the staff.

## Is the service safe?

### Our findings

People who used the service and their representatives told us that they felt safe. One person commented, "I always felt very safe when my carers were there." Another person told us, "I feel very safe when they're with me."

The provider had procedures designed to safeguard people from abuse. The staff had training in these and additional information provided to them about how to recognise and report abuse. The provider had responded appropriately to allegations of abuse and had worked with the local safeguarding authority to protect people and investigate these allegations. We saw records that showed that thorough investigations had taken place and action taken to help prevent further harm.

The provider had procedures for the staff supporting people with shopping. These included the staff obtaining receipts and recording any expenditure. The provider audited these records once a month to make sure any discrepancies were identified and acted upon. People who were supported by the staff shopping for them told us they were happy with this arrangement and that the staff were reliable and honest.

The provider had assessed the risks to people and created plans which were designed to support them to stay safe. For examples, initial assessments of care looked at risks associated with people's living environment, their physical and mental health, skin integrity and nutritional needs. The assessments captured specific details about these needs and the care people required. The assessments were regularly reviewed and updated. Assessments of people's environment considered how they would be kept safe in event of a fire and whether equipment they used was safe and had been serviced. Where people had specific instructions from healthcare professionals these had been incorporated into their risk assessments and care plans, for example when transferring from their bed to chair, or when eating and drinking to prevent the risks of choking.

There were enough staff to meet people's needs and keep them safe. The registered manager told us that they did not accept new packages of care unless they had the staff to provide this. The registered manager told us they were recruiting for additional staff to help provide a better service to current people using the service and also in order to be able to offer specialised teams to support different needs in the future, such as increasing the support offered to people with learning disabilities and people recovering from a hospital stay or accident.

People using the service gave us mixed feedback about whether the care workers arrived on time. Some people commented that the care workers were regularly late. Others told us that they arrived on time. People commented that the care workers always stayed for the agreed length of time even if they had arrived late. We looked at the records of care provided for seven people using the service over a two week period. We could see that for some people the timings of visits varied significantly each day. For example, some people's visits had a start time ranging between two hours. The provider's own quality monitoring



feedback had identified that some people did not have the same regular care workers and that they did not like this. We discussed these issues with the registered manager. They explained that they had already started to address these issues which were largely down to the way in which work was allocated. They had worked closely with senior staff within the branch to reallocate the work in a way which provided greater consistency of care workers and the timings of visits. In addition, they had improved the way in which they monitored this so that they could identify where problems occurred.

The provider used an electronic call monitoring system where the staff logged in and out of visits to people's homes. There were allocated senior member of staffs who monitored the system at all times and were alerted to any late calls and any problems.

The provider had procedures for the safe recruitment of staff which included checks on their suitability, eligibility to work in the UK, references from previous employers and a Disclosure and Barring Service check which identified any criminal records.

People using the service received their medicines as prescribed and in a safe way. People who were supported with their medicines told us they were happy with this support. Some of their comments included, "They get my medicines out for me and make sure I take them", "The main reason they come is because of my medicines and I am happy with the way they sort it out" and "They always make sure [person] gets their medicines on time."

The staff responsible for administering medicines received training in this. The senior staff observed them administering medicines and assessed their skills. There were regular reassessments. The staff also had to complete written tests to show they had understood the training they had received. People's individual medicines needs were recorded clearly. These records were updated regularly and if there were any changes in their medicines. People had signed their consent to have medicines administered, or their representatives had agreed to this in their best interests. The staff completed medicines administration records. The provider collected these each month and audited them. The audits identified if there were any discrepancies. There were action plans where problems were identified. These included additional training and support for the staff. The provider had worked closely with other professionals to make sure medicines management was safe and appropriate. For example, we saw evidence of consultation with doctors, pharmacists and others within people's care files to discuss changes in people's medicines. The registered manager told us about how the doctor had requested a change in the way one person's medicines were administered. The registered manager had requested that the community nurses give the staff caring for this person specific training to help them to understand the changes.

People were protected by the prevention and control of infections. People who we spoke with told us that the care workers always wore gloves and aprons when providing care and that they disposed of these appropriately. The provider supplied the staff with this equipment and they were able to request additional equipment when needed. The provider had a procedure regarding infection control and the staff had specific training in this area. The provider carried out regular observations of the care workers. These observations included an assessment about how well they followed good infection control and hygiene procedures.

The provider was able to demonstrate that they had planned for different emergency situations. They had a contingency plan which had been reviewed and updated in November 2017. This explained how incidents would be responded to. There was evidence the provider had learnt from things that had gone wrong in the past. For example, the registered manager explained that the way in which staff had taken their annual leave entitlements in 2016/2017 had caused a problem when too many staff had wanted leave at the same time.

Following on from this the provider had put in safeguards to make sure annual leave was planned in advance so that staffing levels would not be adversely affected in the future. The provider had also identified problems with the times of care visits and the way in which staffing had been allocated. They had responded to this by making changes about the way in which care was allocated and monitored to help reduce the risk of this and to quickly identify when things were going wrong.

# Is the service effective?

## Our findings

People's needs and choices were assessed and care was delivered in line with recognised good practice standards. People told us that they had effective care. Some of their comments included, "They provide a support service which really helps me and they are very good", "They are a very good service" and "They will do anything for me, they are very helpful." The provider carried out assessments of people's needs. These assessments were comprehensive and included information about people's preferences and choices.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. New staff undertook an induction into the service by completing a range of training and shadowing experienced members of staff. The training was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The provider had their own training department who organised and delivered the training. They assessed the staff skills and knowledge for each aspect of their learning and this was recorded on their files. Training refreshers were provided annually and for staff where the provider had identified they needed additional training.

The staff were provided with written policies and procedures and a handbook about their role and responsibilities. The staff who we spoke with told us they had the information they needed to do their jobs. There were regular team meetings for all staff, newsletters and information sent by post and email to remind them about good practice. Team meetings included discussions and sometimes quizzes about key procedures.

The provider assessed the staff competencies in the workplace by carrying out regular observations of how they worked. These observations were not announced in advance and the provider checked the staff performance in different areas. Areas for improvement were recorded and addressed through additional supervision or training. The staff also took part in planned supervision meetings and appraisals where they discussed their work with their line manager. We saw that these meetings took place regularly.

The staff within different teams and services in the organisation communicated effectively and worked well together. For example, the provider's quality monitoring teams and training department liaised closely with the registered manager to discuss any areas for development. The provider effectively used IT systems to communicate and monitor the service. For examples, all departments could use the systems to monitor whether care was being delivered as planned so that senior managers could request assurances from the branch staff if improvements were needed.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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) 2005. We found that they were.

People had consented to their care and treatment and this was recorded. There was evidence the provider had liaised with people's representatives to make decisions in their best interest when people lacked capacity. The staff received training in the MCA to make sure they understood this.

The provider worked with other professionals to make sure people's healthcare needs were met. People's healthcare needs were recorded in care plans. There was evidence the staff monitored these during each visit and recorded people's wellbeing within communication logs. When the staff had identified a concern about someone's health they had reported this to the office staff who had taken action. This had been recorded. We saw examples of joint working with other organisations to provide the right care and support for each person. For example, one person's care file showed evidence of close working with the person's doctor, a hospital where they had been treated and the pharmacist to make sure the person received the right consistent support. The registered manager explained that the care workers for this person had communicated closely with visiting community nurses so that they could attend to any areas of concern identified by the care workers about changes in the person's health condition. In another care file we saw evidence that the care workers had identified concerns regarding the way a person was supported to move. The provider had liaised with the person's occupational therapist in order to make sure the person was reassessed so that they had the right equipment.

People who were supported at mealtimes told us they received the support they wanted and needed. They told us that the care workers offered them choices and prepared the meals they wanted. Where people were considered at nutritional risk this had been recorded and the staff had clear guidance on how to support the person.

## Is the service caring?

### Our findings

People using the service were cared for by staff who were kind, respectful and compassionate. They confirmed this as did their representatives. Some of the comments we received included, "I assure you all the carers are really lovely people. I always feel better simply for seeing them", "'I normally see the same carer and I'm very happy with her", "I've had the same carer throughout and I've never had a problem with her, she's like a part of my family now", "My regular carer is very very good. We have a good working relationship and I can't fault them at all", "All the carers are nice and kind", "They are very chatty and we are always laughing and joking" and "I am so happy, they will do anything for me, they are very helpful."

Shortly before the inspection the provider had contacted all of the people using the service by telephone or through a survey to ask for their feedback. A small number of people had identified a concern with care workers. The registered manager told us they had responded to these individuals. The majority of people had said that they were happy with comments including, "They are very good for me", "They are my friends and they help a lot" and "All my carers smile and are friendly."

In one person's care file we saw a letter from the person's GP commending the care workers who supported the person. The letter included the comment, "In my opinion [staff member] is one of the best carers I have come across."

People using the service told us that the staff respected their privacy and dignity. They explained that care workers knocked on doors, asked their opinions and made sure care was delivered in private. People told us that the care workers always offered them choices about where they provided care, whether they wanted showers or baths, what they wanted to eat, where they wanted to sit and what they wanted to wear. We saw that care workers had recorded people's choices and when they refused care in the communication logs. People told us that they were supported to do things for themselves where they were able. One person commented, "They help me maintain my independence." The provider's own feedback from people included the statements, "I am getting better with their support", "My carers respect me a lot and do everything according to my wishes" and "[My relative] has improved due to the care you have given her."

The registered manager told us that they had asked care workers to identify people who were at risk of isolation, had limited means and those who had no family. As part of a project to support these people they were being invited to a community event close to Christmas and being presented with Christmas hampers.

## Is the service responsive?

### Our findings

People received personalised care which responded to their needs. People explained that their needs were being met and their wishes were respected. The provider had designed care plans based on people's assessed needs. These included specific instructions for the staff on how to support people. There was information about their preferences and people had signed the plans to show their agreement with these.

People told us that they had information about the service and their care plans kept in their homes so that they could look at these when needed. The provider employed visiting officers (senior members of staff) who carried out assessments of people's needs when these changed. They regularly visited people to review their care and to discuss any changes they wanted. There was evidence that the provider had responded to changes in people's needs. For example, when people had become ill or after a stay in hospital the provider had reassessed and updated their care plans.

The provider had introduced a new system for evaluating and monitoring people's condition during all care visits. The care workers used a standard scale to assess any changes in their health, nutritional intake, skin condition and emotional state. They recorded any changes and concerns in the person's communication log and also contacted the agency offices. The provider's representatives told us that they had provided training and information for all staff so they understood how the system worked. They explained that the standard scale meant that changes and deviations from the norm could be identified by all of the staff and responded to appropriately. The staff continued to record details of the care they had provided in log books.

People using the service and their relatives told us that they knew how to make a complaint. Some of their comments included, "I've no concerns at all, I'm very happy with the service", "I've never had any concerns and never needed to complain", "I would speak with my carer if I needed", "The office staff have always been very helpful when I have rung about a problem" and "I think communication has improved and they respond to concerns." The provider's records of complaints and concerns indicated that they had responded to these appropriately by carrying out investigations and taking action to improve the service.

## Is the service well-led?

### Our findings

People who used the service and their representatives told us that they felt they received a good service. A small number of people had given feedback directly to the provider about areas of concern they had. These included poor communication from the provider about changes to the service. We spoke with the registered manager and provider's representatives about this. They explained that they were in the process of improving the telephone systems so that anyone calling the service, both within normal working hours and during the evenings and weekends, would receive an immediate response. The registered manager also told us that they had agreed to send rotas giving information about allocated staff to any person who requested these so that they knew who would be caring for them in advance.

The provider had a culture which was person centred and invited feedback from people using the service. They made regular contact with people by telephone, in person and through surveys to ask about their opinions of the service. We saw evidence that they had acted on this feedback and responded to concerns. For example, recent feedback had identified a concern people had with the consistency of care workers. The provider had changed the way that work was allocated in order to establish a small group of regular care workers for each person.

The provider had a clear and credible strategy for improvements both at branch and organisational level. There was a branch action plan which was reflected in the registered manager's personal objectives and included making improvements which would affect individual people and also the wider community. For example, the registered manager was liaising with other organisations to improve the training, support and information for the staff to be able to create a reablement team within the branch. This team would specialise in supporting people who needed a short term package of care to develop skills for independent living. The provider's strategy included making improvements in the way technology was used so that they could improve monitoring of the service.

The registered manager had started working at the branch three months before the inspection. They had previously managed another branch of the organisation. They were undertaking a management qualification. There was a team of senior staff within the branch. We spoke with the majority of these. They told us that the service was well managed. They said that the registered manager had brought about better communication and team work and they supported each other well. The staff told us they were happy and enjoyed working for the provider.

The provider used electronic call monitoring systems to make sure care visits took place on time and as planned. They also carried out regular reviews of people's care in which they asked for their opinion and feedback about the service. The senior staff conducted frequent spot check visits where they observed how the care workers supported people. Concerns identified through any of these systems were appropriately responded to and included within the branch action plan.

The provider worked with other organisations to make improvements to the service. The registered

manager told us they had attended networking events with local charities supporting older people. They had also worked with the local authorities and housing associations to run community events for people using the service. They had approached and worked with the local job centres to run recruitment events designed at attracting new members of staff.