

Mears Homecare Limited

Mears Homecare Limited - Staffordshire

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

This inspection took place on 17 May 2017 and was announced. There have been no previous inspections under this registration.

Mears Homecare Limited – Staffordshire is registered to provide personal care to people living in their own homes who are over the age of 18 years old. There were 28 people using the service on the day of our inspection.

A registered manager was in post and was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe in their own homes by staff who had been trained to recognise when they may be at risk of harm. Staff were confident in what they needed to do to report any concerns they may have about a person's safety. People felt safe with the staff that supported them and were happy their property was kept secure. There were safe systems in place to manage people's medicines and monitor risks associated with their care.

People were supported by staff who were familiar to them. Staff worked within the same localities to make sure people received a consistency to their care by having the same staff. Staff did not start working for the service until background checks had been completed to make sure they were suitable to support people in their own homes.

People had confidence in the skills of the staff that supported them. Staff received training that was specific to people's needs. Staff were supported to make sure they could carry out their roles effectively and meet the needs of the people they supported.

Staff asked for people's consent before they supported them and gave them choices to enable them to make day-to-day decisions about their care. The registered manager and staff understood their responsibilities in ensuring people's rights would be protected if they needed support with making decisions.

People were happy with the care they received and the kind and caring approach of staff. People had positive relationships with the staff that supported them and felt involved in their own care. They were asked how they wanted their care delivered and felt listened to and respected.

Staff promoted people's independence to enable them to remain in their own homes and respected their privacy and dignity.

People received care and support that was discussed and agreed with them. Staff were responsive to people's changes in needs and wishes and provided their care the way they wanted it.

People's opinions on the care they received were sought from the provider, staff and registered manager. This feedback was used to make improvements to the quality of care people experienced. People knew how to make complaints but had not needed to do so. Systems were in place to investigate and respond to complaints.

The service had a positive culture and staff worked for the benefit of the people who used it. The quality of care people received was continually assessed and monitored. Where areas for improvement had been identified, action was taken to ensure these improvements were made and were effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse. Where risks to people's safety were identified, plans were in place and followed to help reduce these risks.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to enable them to meet people's needs. Staff understood the need to gain people's consent before assisting them and how to support them to make choices. Where required, people were supported to eat and drink enough and access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect and felt involved in their own care. They had positive relationships with the staff that supported them because they saw them regularly. Staff respected people's privacy and dignity when they supported them.

Is the service responsive?

Good ●

The service was responsive.

People received the care they wanted and that was reviewed regularly. People were provided with opportunities to make give their feedback, comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well led.

People gave positive comments about the care and support they received from all staff at the service. Staff understood what was expected of them and were supported in their roles. Quality monitoring systems were in place and these were effective in driving improvement within the service.

Mears Homecare Limited - Staffordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2017 and was announced. The provider was given notice because the service provides a domiciliary care service and we needed to be sure that someone would be at the location.

The inspection team consisted of one inspector and two experts 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 our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service and four relatives. We spoke with five staff which included care staff, team leader, care co-ordinator and the registered manager. We viewed care records for three people, three medicine records, two staff recruitment records and records relating to how the service was managed.

Is the service safe?

Our findings

People felt safe with the staff that came to their homes and in the way they were supported. They told us staff supported them to remain safe in their own homes and they knew the staff well, which also helped them to feel safe in their company. People and relatives told us that security of their homes was important and that staff always left their homes secure. One relative said, "I am confident that care staff have my family member's welfare at heart at all times. They never leave without making sure that the key safe is locked securely. [Person's name] is encouraged to do what they can, in a safe manner." Another relative told us, "I know the carers do all they can to make sure [person's name] is safe at all times. They ensure [person's name] has access to everything needed and within their reach before they [staff] leave."

People were supported by staff who understood how to protect them from potential harm and abuse. One staff member said, "Staff need to be aware of how they work. If we rushed people, withheld care or handled them roughly, this is abuse." Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. All told us they would report any concerns to their line manager.

People were protected by staff from the risks associated with their care and their environment. These covered risks to people's wellbeing and safety and risks identified within people's own homes, such as reduced mobility, steps or other environmental factors. One staff member said, "I explain to the person what they risk is and how we can manage it. I check they are ok with what has been identified. It could be about a rug which might be tripped over or a risk to them because they don't have good mobility."

People we spoke with told us that the care staff arrived at the expected time or they were contacted if staff were running considerably late. People were not rushed and staff had sufficient time to carry out tasks required of them safely. One person summed up the care they received and told us, "I am never really sure who is coming. But, it never bothers me because whoever it is, I know will be brilliant because they all are. I am safe, I am cared for, I am respected and I have everything I need." Systems were in place to monitor staff attendance at care calls. These systems were monitored by office staff. Where care staff were running late for their care calls they notified the office staff who, in turn, would notify the person.

People were supported by staff who had received appropriate checks prior to starting work with them. We saw new staff had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people in their own homes. These checks are called disclosure and barring service checks. The provider also checked staff's employment history, obtained references from previous employers and checked their identity.

Some people who used the service required assistance with their medicines, while others told us they looked after their own. They were able to choose the amount of support they required with their medicines, which varied from a reminder or staff administering all their medicines. People received their medicines on time and told us staff signed in their care plans to say they had been given them. Staff received training and had competency checks completed to ensure they were able to support people safely with their medicines.

Is the service effective?

Our findings

People were cared for by staff who had received the training they needed to support them effectively. People and relatives we spoke with told us staff knew how to meet their needs and they were well trained. One relative said, "Yes, they all appear to know what is required for [family member's name]." Another relative told us they had never had a problem with staff not knowing what to do to support their family member.

Staff had access to training which gave them the skills and knowledge to support people's individual needs. Staff considered they had the support and training they needed to carry out their roles. One staff member said, "They [the provider] are very good at training and keeping us up to date. It's good to keep training and refresh ourselves. When we have the training we will do our jobs better and support people better." New staff attended a structured induction programme and was closely monitored during this period. They worked alongside more experienced staff to get to know their roles and the people they would eventually support. They then went on to complete a 12 week 'employee engagement programme' where they had regular observations of their practice and met with their line manager to ensure they were competent within their role. They also were supported to complete their care certificate. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

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. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided. The registered manager had worked to increase staff's understanding of the MCA and the effect it would have on their roles. They said, "I wanted to help staff understand the importance of helping people make decisions and give consent. They do this but they didn't connect it with the MCA." Staff had completed workbooks and attended workshops to increase their knowledge and understanding. This learning was reflected in staff's answers when we spoke with them about the MCA. They understood the principles of the MCA they would need to follow when people would be unable to make their own decisions about the care they received.

People we spoke with confirmed staff asked them for their permission before they assisted them with their care. One person said, "I am never rushed into doing anything. We have plenty of time to make decisions, even something as simple as which shoes I want to wear." Staff we spoke with understood their roles and responsibilities in regards to gaining consent. They were aware of what this meant for the person and how it affected the way the person was to be cared for. One staff member said, "Everyone has the right to make their own decisions, as long as they understand they have the right to make that decision. Everyone is deemed to have the capacity (to make their own decisions) unless proved otherwise."

Where people needed help with meal preparation staff followed the person's choice and offered

encouragement for people to do as much as they were able. Staff told us that where necessary they would support people to ensure their dietary needs were met and would encourage them to make the right choices. We saw systems were in place to assess people's needs if this support was needed or if people had an identified risk. We saw clear direction was given to staff on how to support one person, who was a diabetic, to maintain a healthy diet. Another person had recently been assessed as needing their fluids to be thickened and staff followed the directions from the speech and language therapist.

People and relatives told us they made their own health appointments but staff would support them with this if they asked. When needed staff would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People spoke positively about the care and support they received and were complimentary about the staff that cared for them. They felt they had the opportunity to develop positive relationships with the staff that supported them because they saw the same staff. People knew the staff well and thought they were kind and caring in their approach. One person said, "I have two carers. They always arrive together and on time. I am treated with respect at all times and they are very trustworthy. The care they give is excellent. I am left with everything I need before they leave and yes, I would recommend the company to other people."

Staff worked in the same localities so they saw and supported the same people. One staff member told us this helped them to build relationships with people. They also felt it helped people to have confidence in staff and that they could confide any concerns to them.

People and relatives felt that staff often went above what was expected of them. One relative told us, "I have nothing but praise for the carers who come. They are on time and they do anything I want them to do for [person's name]. They even call at the shop to get essentials if I run out in-between our shopping call, which is once a week. I can always get hold of the office staff if I need to the whole agency is brilliant."

People felt involved in their own care and felt that staff listened to their views on how they wanted their care delivered. They told us staff talked with them about their care and support. One person said, "Yes, staff listen and do what [person's name] asks of them." Prior to receiving care people were visited to discuss their care needs. We saw that people were encouraged to identify what they wanted to achieve to remain independent in their own homes. This included maintaining a healthy diet and support with personal hygiene. Staff supported people to be involved in their care and made sure they made their own choices. One staff member spoke about people they supported and said, "Some people have dementia but we still offer choices. We involve them in making any decisions, we offer choices and will show them the choices if that makes it easier for them. We ask everyone what they would like us to do."

People were supported by staff who respected their privacy and dignity. One person told us, "I couldn't be treated with more respect, all the time." Staff told us they were mindful of people's dignity especially when they supported them with personal care. People's independence was encouraged and promoted by staff. They told us they were encouraged to do what they could for themselves. We saw one person had left a feedback comment following a review of their care. They had been asked if the support they received from staff improved their independence. They had replied, "Could not manage without them."

Is the service responsive?

Our findings

People told us they received their care the way they wanted it and that it met their needs and preferences. People and relatives felt the service was flexible with regards to changing the content, timing and number of care calls they wanted. One person said, "There is never any problem if I need to change my call times. The office staff do all they can to change it and one of them has even been to me if they can't get cover by my regular carer. That's what I call a good service."

People told us they were aware of their care plan and were involved in its development and review. Some people chose to have relatives contribute to the assessment and planning of their care. All people and relatives we spoke with knew their care plans were reviewed at least every six months and told us changes were made as required. The team leader told us that to ensure people's care was individual to them they would sit and talk with the person and their relatives. This meant they could find out about the persons' preferences, wishes, what was important to them and what mattered to them. They said, "I will have a good chat with them. I take my time and sit and have a good natter. I can get more information from them if I'm friendly and take my time in finding out about them." The team leader told us that if any changes in people's needs were identified, care and support would be reviewed at that time. This helped to ensure that changes to people's care needs and support were identified and responded to quickly.

People were encouraged to give their feedback and views on the service they received. They told us they were asked for their views and opinions about the service through telephone calls, home quality visits and questionnaires. One person said, "They do telephone calls pretty regularly to see if everything's ok." The care co-ordinator told us they kept in touch with all the people who used the service. As a minimum, people were contacted by telephone or received a quality visit three monthly. These were to ask them if they were happy with the current care provision and the staff that supported them. They were also asked to comment on whether staff listened to them and respected their wishes. Feedback we saw was positive.

People and relatives knew how to raise a complaint if they needed to. Everyone we spoke with told us they had no reason to make any complaints but they would feel comfortable to do so. The care co-ordinator told us, "If people have any issues we tend to sort them out straight away before it becomes bigger." We saw systems were in place for responding to, investigating and resolving complaints.

Is the service well-led?

Our findings

People gave positive comments about the service they received. They spoke highly of both management and care staff and were very happy with what was done for them, by each staff member. They told us when they needed to contact office staff and management they found them easy to get hold of. One person said, "I have used care agencies for years and none of them are a patch on Mears. I have male and female care staff and this is my own choice. I have a regular team of care staff and they do anything I want them to. They are a brilliant team of people that nothing is a trouble to them at all."

People were encouraged to give their feedback on the service they received and we saw that this feedback was acted on. The care co-ordinator told us that feedback is always used to update ways of working. The registered manager had recently introduced a "Service user participation information sheet". This was sent to all people to ask if they would like to come to take part in interviewing staff, coffee mornings at the office or assist in creating a newsletter. They also were asked if they wanted to speak with staff at training workshops. The registered manager said, "It can really help to bring training to life for staff to hear from the people they support about their experiences. Also if people feel involved in the service it will help to make them feel happy." They told us several people had expressed an interest and they were in the process of facilitating this.

Staff understood what was expected of them and were supported in their roles. They understood how to 'whistle blow' and report poor practice or any concerns they may have and they told us they were confident this would be addressed. They had contact with the care co-ordinator and team leader on a regular basis and had access to support outside of normal office hours. Staff had the opportunity to become 'employee of the month'. This was awarded to a staff member who had been considered to have gone the extra mile within their role.

The registered manager spoke about the values of the service and the organisation as a whole. They told us the provider had developed a "red thread". They told us this was a common thread which runs through the provider's expectations of staff and informs them what is required from them. They said, "If we are motivated and our standards are good, this will always transfer to the service users and how we work for them." One staff member told us they were expected to work with care, consideration and professionalism and this is what the "red thread" meant to them.

The registered manager has been in post since April 2016. Since taking over this post they had worked to improve the quality of care people received. They told us the biggest improvements were to how people's consent was obtained. They also felt person centred care had improved with people's care plans now being more individualised. We saw audit reports from the provider's quality manager which had identified improvements needed and the actions which had been taken to address these. People had benefitted from these improvements and this was reflected in feedback from people from surveys, telephone calls and home visits, which was positive. We saw that since August 2016 there had been a steady increase in improving quality within the service. Quality was continually monitored at location level and this information was relayed to the provider regularly. The provider was kept up to date with what happened at the service and

progress against action plans. They also requested key information on safeguarding's, accidents and incidents, complaints and service delivery.

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of specific incidents and safeguarding concerns. They told us they were supported in their role and had support available from their regional manager and other registered managers within the organisation. They attended monthly manager meetings where they were able to share practice with other managers. They also looked at trends across the organisation, for example with accidents or safeguarding concerns. They told us there had recently been an increase in people experiencing slips, trips and falls. The provider had developed learning resources which were given to staff as a reminder to help keep people safe.