Mears Homecare Limited

Southampton Community Care Services DCA

Inspection report

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Date of inspection visit:
09 June 2016
16 June 2016

Date of publication:
08 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 09 and 16 June 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Southampton Community Care Services DCA provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 75 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

At our last inspection on 04 and 11 June 2015, we found two breaches of regulations. The service was non-compliant with people's risk assessments and people's care plans. During this inspection we found action had been taken and improvements made.

A registered manager was not in post at the time of 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. The service was currently in the process of registering the manager for the regulated activity of personal care.

People and their families told us they felt safe and secure when receiving care. However, staffing levels were not always sufficient to take into account people's needs and the time were not always provided when people would like them to suit their needs. The manager was aware of our concerns and actions had already been put in place. People's medicines records were not always recorded appropriately by staff leaving some gaps in medicines administration records and information on where to apply cream was not always clear.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff told us they felt supported and received regular supervisions and support. Staff meetings were held quarterly.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. The service had introduced a training tool to be more pro-active known as the 'Mears Prevention System (MPS). People were able to access healthcare services.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in peoples care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the manager and felt they could visit the office any time and be listened to. Staff meetings were held regularly and staff were recognised in these meetings for their hard work and dedication. There were systems in place to monitor quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were not always sufficient to take account of people's needs as some people were receiving care at times that were not always suited to them.

Staff were trained and assessed as competent to support people with medicines. However there were some gaps in medicine administration records and no clear guidance on where creams should be applied.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. Their dignity and privacy was respected at all times.

Is the service responsive?

Good

The service was responsive.

People received personalised care which met their needs. People's choices and preferences were respected.

People's views were listened to. A complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

Staff spoke highly of the manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Southampton Community Care Services DCA

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 09 and 16 June 2016. 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.

The inspection was carried out by two inspectors. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to eleven people who used the service, or their relatives by telephone and visited three people in their own home. We spoke with the manager and nine staff members. We looked at care records for eight people. We also reviewed records about how the service was managed, including five staff training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we identified that risks to people were not always managed appropriately. At this inspection, we found improvements had been made and risks to people were now managed appropriately.

People and their families told us they felt safe. One person told us, "I feel safe and have a schedule, so I know who is coming." Another person said, "I feel 100% safe with my regular carers." A third person told us, "I trust the regular carers with my life." A family member told us, "I feel mum is safe, the service has been very good and reliable, with no break in continuity and no missed calls."

People did not always receive care from a consistent team of care staff or at a time that met their needs. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. However, we received mixed views from people about staffing. One person told us that, "Schedules are better now [person's name] is in control and understands the system and so it is good. However sometimes carer's are changed on the day and a different carer turns up leaving them feel undervalued." Another person said, "They haven't let me down yet. I have the same two people every week. I get send a schedule each week, with some changes but two carers usually cover each other." Another person told us, "Regular carers generally arrive when expected but they sometimes struggle to get cover. They always turn up; I can rely on them coming." However another person told us, "I have had agency cover that doesn't know the ropes." Another person told us, "Generally I have a programme, but I have had recent staffing problems and the programme doesn't always work out and I don't always get notice."

People and their families also told us the carers didn't always arrive at the times they wanted. For example one person told us, "I have to have my care at 19.00 when I am supported to go to bed, but I find it too early and would like to have a call at 20.00, which is better for me." A family member told us, "We discussed the time of the visits with the agency at our last review, but was told there were no other time slots available, which means my mother calls are too close together. We also had concerns from people that they are sometimes rushed and staff are not always staying the full time.

We spoke to the manager about all of the above concerns. They told us, "We were using a couple of agencies as we have been short on staff, which have not provided reliable and competent staff. So we have now gone with one agency and are using a regular bank of reliable bank staff that people are now happy with." They also told us, "We are trying very hard to recruit more staff, so we don't need to use agency staff and in the interim have had to hand packages back to social services to keep people safe and are not taking on any more packages until we are ready with reliable staff. They added, "To get quality right instead of business growth. When we are stable we will look to expand and grow. I don't want to comprise on the quality."

There were safe medicine administration systems in place and people received their medicines when required. One person told us, "Carer's check for sores etc., they know what creams to put on. I had a situation where a whole foot blistered and carer's took immediate care. They used the right creams at the right times they are encouraging." Another person said, "My regular carer makes sure that my medicines are ordered and organised satisfactorily, no problem." People were happy with the support they received with

their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. One staff member told us, "I need to check the care plan, against the MAR chart and blister pack to check it is the right medicines for people." Another staff member said, "I check the information on the blister pack to make sure it matches up, if not I would inform the office." However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. The registered manager told us that they had recently identified this issue as part of their medicine management audits. They explained the actions they had taken to address the issue. They added, "This is being closely monitored and has been brought up in meetings and a memo has recently been send out to all staff."

We also observed some records were not always clear for staff on where to apply creams on people's bodies and more information was need. For example for one person their records stated 'to apply to legs' however this was not clear if this was for all of their legs or just the bottom of the person's legs. We spoke to the manager about our concerns who advised us they would add more information where needed.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, skin integrity, medicines, falls and equipment. For example a risk assessment for the environment, provided staff with information of where to locate the stop cock and fuse box in the person's home. For another person their records advised staff to, check the slings and hoist before each use, with guidelines and when it was last serviced. One staff member told us, "I have had risk assessment training, and if I notice something I will phone the office and the person will be reassessed." We also saw records for a fire safety assessment. This included a fire action plan, which described who is at risk, the best escape route with two routes written out in case one is blocked. Also where the telephone is kept to call fire brigade and the location of window and door keys.

The service had introduced a training tool to be more pro-active around safeguarding for all staff known as the 'Mears Prevention System (MPS)'. This involved staff identifying and reporting concerns to the central office and relevant health professionals. Some example's staff would need to identify were, if someone had problems with their speech or breathing, or concerns with eating and drinking.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I would report any safeguarding concerns straight away to my manager and keep it confidential, not write in the book for other people to see." Another staff member said, "I would report safeguarding whatever it is and tell people first so they are aware."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes.

The service had a business continuity plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, being unable to purchase fuel, or lack of staff in the office. This contained a set of procedures to follow and the main contact numbers for emergency services.

Good

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "Staff know what they are doing." Another person said, "I feel staff are well trained I have a ceiling hoist, and staff know how to use it." A third person told us, "They check how I am, I feel in control of the care."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "Training is brilliant, really, really good. It refreshes and reminds me of things and what is expected of me. It gets you thinking and that's as important as always something new to learn." Another staff member said, "I enjoy training as there are always changes and updates. Our trainer is brilliant, very relaxed, but very thorough as well. Can ask questions and not be afraid to ask." The manager told us, "Staff training is all up to date our computer programming system, won't allow you to allocate a staff member for work if their training is out of date."

The service had appropriate procedures in place for the induction of newly recruited members of staff. People told us, if a new staff member started; they were accompanied by a regular carer and shown how people like things done. New staff were supported to complete an induction programme before working on their own. Training was provided over five days and was classroom based; new staff were ready to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I have supervisions every three months and any problems can get sorted out. They are really good and listen and ask if I have any problems. If I thought there was something, I feel I could voice it." Another staff member told us, "I'm in the process of completing my NVQ 3 staff; I mentioned in my supervision that I wanted to complete it and they put me forward."

People told us they were always asked for their consent before care was provided. Staff said they gained people's consent before providing care. One staff member told us, "We have the care plan in place but I don't assume that's what they want, I will always ask people what they want as things change." Care plans and contracts had been signed by people showing they consented to the care planned and processes used by the service to support the delivery of care.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in

discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide. The manager told us, "We have the tools ready to go for any best interest decisions, but we have none at present."

People were supported at mealtimes to access food and drink of their choice. The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about specific food preferences. One staff member told us, "I always ask people what they want to eat. Sometimes family might leave them out a meal, and the person might say I don't fancy that, so I will say let's see what you've got and get something else."

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed. However, we saw in one person's records that they had a do-not-attempt resuscitation (DNAR) in place. There were no information about where this was kept in the person's home, and the service did not keep a copy of this order on file. This meant that if staff were visiting and it was needed in an emergency staff may not be aware of where it is kept. We spoke to the manager about our concerns, who informed us staff were aware of where it was kept, but they would update the person's records.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I stay with Mears because of the visiting carer's dedication, there is trust and they are professional. They protect my modesty and I feel valued." Another person said, "The regular carers are brilliant I can't find fault with them." A third person told us, "Staff have a caring attitude." A family member told us there was, "Good communication and caring attitudes." Another family member said, "Mother looks forward to the carers coming." Staff told us they enjoyed working for the agency. One staff member told us, "I love my job, just love helping people, I love it all."

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care plan review taking place in their own homes. This was conducted very professionally and the staff member was putting the people at ease. The staff member showed they had thought about how to communicate with each person taking for example poor hearing into account for one person by sitting near them, speaking clearly and checking they understood. They explained why they were there and chatted to put people at ease and their knowledge of people was obvious. They showed an interest in each person and listened carefully. They had a set list of questions for each person but appropriately let the topic of conversation vary depending on what people said. People were given choice all the way through checking if their care plan still met their needs and if they had any changes. People we visited were very happy with the service they were receiving from the agency.

People told us they were encouraged to be as independent as possible. One person told us, "I feel able to be as independent as I can be." Another person said, "They let me do what I can do and help with what I can't." Staff told us how they promoted people's independence. One staff member said, "Independence is important so I always encourage people to do as much as they can, so easy to do it for them. But need to step back and let them do what they can by encouraging them."

Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. They would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff told us, "I always put a towel round people when I'm washing people, and talk to them about their choices and to make them comfortable and draw the curtains." Another staff member said, "I try to give people as much dignity as possible, by putting a towel over them and if I am not needed stand outside the door."

Information regarding confidentiality, dignity and respect formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Good

Is the service responsive?

Our findings

At our last inspection we identified that people's care plans did not include all aspects of peoples health needs to enable staff to support them or to help staff to recognise people's health issues. At this inspection we found action had been taken and care plans were comprehensive and covered people's needs.

People received individualised care which met their needs. One person told us, "I have regular reviews of my care plan [staff members name] has visited and we had discussions. She asks if there is a need for additional things she is a real star and puts herself out." Another person said, "I complained about the change of a carer as I wasn't happy and the office listened and made changes."

People received care that was personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping, dressing and attending appointments. Care plans reflected people's individual needs and were not task focussed. For example, in one care plan we read, 'I like my tea weak, white with half a teaspoon of sugar." People's likes and dislikes and what's important to people were also described in the care plan. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care.

The care plans were updated regularly to ensure a true reflection of the person's current needs. They provided clear guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received. A staff member told us, "Care plan review every six months and telephone review every six months, so always some sort of review every three months." We observed some comments from some reviews and comments included; 'All the carers are polite and courteous all the time and have a laugh with me.' And 'perfectly happy with the service received.' As well as 'first class treatment.'

The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sending out every year seeking their views. We saw the results from the latest questionnaire, which had been completed in December 2015. We looked at the results of the latest survey which were mostly positive. However, people weren't happy when changes on their schedules had been made and they had not been informed of the changes. An action plan had been set up to monitor by the branch manager through quality reviews and informal feedback.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been a few complaints in the past year and these had been investigated thoroughly and the person and their relatives were satisfied with their response. One person told us, "So far I have not felt the need to complain, but have the details should I need to make a complaint in the future." Another person said, "I have phoned up about small things and they have been dealt with. I have no current complaints."

However, there seemed to be some confusion as some people informed us they had complained and they

have not heard back. We checked records and these were not down as formal complaints so their concerns had been addressed by telephone. We spoke to the manager who informed us they would check back with people on the issues we had raised and a new procedure was being sent to people using the service. The manager also told us, "New service user guides are in the process of going out to people that use the service with clear details on the complaints procedure. In our telephone reviews we also ask people do they know how to make a complaint, so we can improve our service." This meant that People's concerns and complaints were encouraged and used as an opportunity for learning or improvement.

Good

Is the service well-led?

Our findings

Most people we spoke to believe the service was well-led. One person told us, "I would recommend the service they are pretty good." Another person said, "It is improving." While other people told us, "Regular staff were good, excellent and punctual" Another person told us, "If the carers are late the office doesn't always let me know." A third person said, "I get a schedule and staff always turn up but schedule not always kept to."

At the time of our inspection the registered manager had left the service, a new manager had been in post since February 2016 and had applied to be registered with CQC. Staff spoke highly of the new manager and felt the service was improving. One staff member told us, "There has been some big changes and it will be better when staffing has been sorted out." Another staff member said, "Mears have really sorted out the office, so we all know who is doing what now." A third person told us, "I feel the manager is trying to make some good improvements and seems fair."

The service promoted a positive culture and had an 'open door' policy. Staff said managers were approachable and were always made welcome at the office. One staff member told us, "The office are getting better about letting people know if staff are running late or any changes." Another staff member said, "Office supportive and have an open door policy. Always say you can just come in and talk to us." A third staff member said, "I can report problems and it's nice to know they will be sorted."

Staff spoke highly of the service and were pleased to work there and felt supported by the manager and team in the office. One staff member said, "I have been off for a while and the support has been amazing from the office, they have been so understanding and checking that I am okay. The manager asked me if there is anything she can do to make the job any easier." Another staff member told us, "Feel supported one morning I got stuck with a person's key safe I called on call and they came straight out and sorted it out for me."

Staff meetings were held every quarter, but can happen more frequently if something needs to be discussed with staff. The manager told us, "Team minutes are split over four days so all staff can attend, and then minutes of all meetings are send to staff." Staff meeting were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. One staff member said, "Team meetings can be informative it keeps me up to date on what is happening."

The service also operated a 'Carer of the month award'. The manager told us, "This is where staff receive a certificate and a bonus to show our appreciation for their hard work. The manager also told us, "When staff come in I ask them if they have had any good feedback about any staff." The manager also informed us of another way the service valued staff hard work and dedication by holding a family day annually. The manager told us, "Mears hold a family fun day once a year for staff and their families, which is free with refreshments, provided to say thank you for all their hard work. This year it is at a national theme park and zoo."

The manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, safeguarding, financial logs, training and health and safety. Where issues were identified remedial action was taken. We looked at a recent audit of records of care provided for people. It was noted that most care staff were still using abbreviations in people's daily record of care records. We saw actions had been set up, which included informing staff through team meetings and a memo had also been send out to staff and this was being closely monitored to ensure improvements would be made. The manager told us they completed their own internal audit on the whole of the service in line with CQC key lines of enquiry.

The manager showed us the actions they had taken with staff not staying the allocated time with people. They told us, "I am aware of staff not always staying the allocated full time with people who use our service and have raised this in supervisions and appraisals. I have also been monitoring each month every staff member hours they actually completed and hours they should have completed as we use call monitoring." Call monitoring is where a service can monitor the time the staff member arrives to a person homes and what time they have left the persons home. Individual letters have been send to each staff member comparing the planned hours that are booked on staff rotas with the actual hours from call monitoring, with a percentage of how many hours have been cut by staff. The manager told us, "This is completely unacceptable and must stop immediately and if I don't see an improvement I will be taking action with staff who don't improve."

The service had also just introduced 'Red ringing'. Staff have been informed that if they see a mistake in the communications log or (MAR) record they must inform the office and circle the mistake. This is then dealt with straight away as the office may not know about it until an audit or review is carried out. The manager told us, "Red ringing is not about getting colleagues in to trouble it is about preventing mistakes becoming serious." A staff member told us, "If we notice on records a missed call or missed medicines we now have to notify the office and on call so they can investigate straight away."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The manager informed us they kept up to date by reading the commission's website and through other professional websites. The manager told us, "I update my knowledge by training as well as industry publications and emails from Mears about the latest developments." They also said they found their line manager "Incredibly supportive." The provider and manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

People benefited from staff who understood and were confident about using the whistleblowing procedure. One staff member told us, "I'm aware of the whistle blowing policy, we had a meeting with the manager to update us, as she was keen to make sure staff are aware." Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.