

Mears Care Limited

Mears Care - Carlisle

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 

Overall summary

This inspection took place on the 11th September 2015 and was announced.

Mears Care Carlisle provides care and support for people who live in their own homes. The office is located in Carlisle and it provides services in and around the local area.

The manager of the service was new in post and told us she was in the process of becoming a registered manager. 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.

As part of their recruitment process the service carried out appropriate background checks on new staff.

The service managed medicines appropriately. The service had sufficient appropriately recruited staff available to support people.

All staff received regular supervision and appraisal. There was a clear structure in place to achieve this.

The service demonstrated that they were aware of people's capacity but did not always document this correctly in people's written records of care.

People told us that staff were caring and treated them with dignity and respect.

Summary of findings

Care plans were written in a straightforward manner and based on thorough assessments. They contained sufficient information to enable people to be supported correctly.

The manager showed that they had systems in place to manage the service in their absence. There was a quality assurance system in place at the service.

We have recommended that people's level of capacity should be explicit within their written records of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff to provide support to people.

Appropriate checks were carried out during the recruitment process.

Staff were aware of how to recognise and report concerns about vulnerable people.

Good



Is the service effective?

The service was effective.

We made a recommendation that people's levels of capacity be explicitly reflected in their written records of care.

Staff received regular supervision and appraisal

People received adequate support with nutrition, where necessary.

Good



Is the service caring?

The service was caring.

People told us that staff were caring.

People told us that staff treated them with dignity and respect.

There were plans and procedures in place to ensure that people's privacy was protected.

Good



Is the service responsive?

The service was responsive.

Care plans were based on robust assessments

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Good



Is the service well-led?

The service was well led.

The manager had strategies in place to ensure that the service continued to function in her absence.

Staff told us they felt supported by their manager.

There was a quality assurance system in use.

Good



Mears Care - Carlisle

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 the 11th September 2015 and was announced. We gave the manager short notice of the inspection as we wanted to ensure they were available on the day of our inspection.

The inspection was carried out by an adult social care inspector.

Before the visit we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with seven people who used the service. We also spoke with seven staff including the manager, senior carers, and carers.

We looked at five records of written care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We looked at quality monitoring documents.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe when receiving a service from Mears Care Carlisle. One person told us, "Yes I do." Another stated, "Oh yes!"

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to demonstrate their knowledge about different types of abuse how they would raise concerns about them. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We reviewed recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought.

We spoke with people who used the service and asked if there were sufficient staff to support them and if they arrived at their homes on time. All of the people we spoke with were satisfied with this aspect of the service. One person told us, "Occasionally they are late but they always ring and let me know." Another commented, "Sometimes they are late but it is okay I understand."

We looked at the way visits to people's homes were planned. We saw that the service, wherever possible, ensured that the same staff went to the same people. We

did note that the timings documented for visits often ran consecutively with no time given for travel in between calls. We discussed this with the manager and senior staff. They explained that people had agreed that staff could arrive 15 minutes either side of the call time they had been given. People we spoke with told confirmed this

We spoke with the manager and senior staff and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on people's needs. If a person needed more than one member of staff to support them then an extra member of staff was allocated to them. In the event of unforeseen staff shortages senior staff were deployed to cover shifts. We saw written documentation that confirmed this. .

We asked the manager if there were ever any missed calls. The manager regularly monitored the service for this and was able to confirm that this was a rare occurrence.

We looked at the medication records for the service. We saw that there were systems in place to ensure that medicines were managed safely. The service was aware of the different levels of support that people required and their medicine support plans correctly reflected this.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. This included a detailed business continuity plan that was implemented should severe weather occur. Each person who used the service was assessed as to their levels of dependency. Those who had a high dependency, for example those with no relatives or carers, were given priority over others in the event that the service could not function normally. Staff gave examples of working in conjunction with emergency services to reach people's homes during snowy weather.

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought the staff knew how to support them properly. One person told us, “Yes they know what they are doing.” Another added, “They know what they are doing and they ask you what you want done.”

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by their manager. One said, “It’s proper training.” Another stated, “Training is good I feel well supported.”

We looked at supervision and appraisal records for staff. The service policy stated that all staff received three supervisions per year and an appraisal. Two of the supervisions involved staff being observed whilst they worked. Supervisions and appraisals were carried out by the manager and her senior staff. We saw that all supervisions and appraisals were up to date.

We looked at training records for the staff and saw that they had received training that the provider judged appropriate. This included infection control, moving and handling and health and safety. Some staff needed to complete refresher training. The majority of staff had undertaken additional training leading to vocational qualifications. New employees completed a comprehensive induction which included learning from experienced staff.

We examined how the service supported people to make their own decisions. People we spoke with lived as

independently as possible in their own homes and were keen to remain there with the support of the service. We saw that the service supported people in making their own decisions. The service was involved in making best interests decisions for people who lacked the capacity to make certain choices. However when we looked at people’s assessments in their written records of care we noted that capacity assessments were not being undertaken. The service relied on documentation provided by social workers to determine people’s capacity. The Mental Capacity Act guidance outlines the need for people’s capacity to be established when receiving care and support from health and social care providers.

We recommend that the service explicitly reflect people’s levels of capacity within their written records of care.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that the service operated both day and night. This helped ensure that people who required support with their meals were provided with it throughout the day. Support varied from cooking people’s meals to leaving food within easy reach. Not everybody who used the service required this support. Information about people’s nutritional intake was documented by staff on a daily basis.

We saw from the written records that when necessary the service regularly involved other health and social care professionals in people’s care.

Is the service caring?

Our findings

We spoke with people who used the service and asked them if they thought the service provided good care. One person told us, “Yes they are caring.” Another person commented, “The carers are wonderful.”

We spoke with staff and people who used the service and they assured us that the service provided professional staff who had a caring and friendly attitude. We read daily records written by the staff that reflected this. We also observed staff taking phone calls from people who used the service. Staff were pleasant and polite at all times and were keen to resolve any issues people had raised.

The service ensured that people lived as independently as possible. This was because the service was designed to ensure that people lived safely and independently in their own homes.

Due to the nature of the service provided staff often had to access people’s property with a key. This was because some people had mobility problems and had agreed for

staff to have access to their homes so they were able to be supported. There were written plans in place to ensure that staff alerted people to their presence once entering the home. Staff we spoke with knew that maintaining people’s privacy and dignity was important. People we spoke with told us that staff were always respectful of them. One person said, “They always treat me with dignity and respect.” Another person confirmed this and added, “But we always have a laugh.”

We noted that the service had robust policies that referred to upholding people’s privacy and dignity. These policies were linked with staff training and referred to in the staff handbook. In addition the service had policies in place relating to equality and diversity, this helped to ensure people were not discriminated against.

We saw that on occasion staff contributed towards the care of people at the end of their lives. The service had arranged suitable training for staff to enable them to support people properly and they worked in conjunction with district nurses.

Is the service responsive?

Our findings

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about Mears Care Carlisle. Everybody we spoke with told us they would contact the office.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

At the time of our inspection there was an outstanding complaint which we discussed with the person who had raised the issue. They told us that they felt that the resolution of the complaint had taken longer than expected. We spoke with the manager who agreed that there had been some delay and stated that this would be rectified.

The manager went on to explain that complaints were often resolved informally. The service did have a record of previous complaints. When we examined this we found

that the service usually complied with its own policy in terms of resolving complaints in a timely manner. We also noted that previous complaints had generated action plans that had been used to improve the service.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. For example people were assessed as to whether they needed support with personal care. An assessment was carried out to identify precisely the support required including whether they required more than one person to support them.

Assessments were used to formulate care plans. For example one person we looked at was at risk of malnourishment. The care plan outlined how this person was to be monitored and supported in order to ensure they took good diet.

We looked at the standard of care plans in the service. We found that they were clear and straightforward. Staff had written daily notes that corresponded with people's plans of care.

People who used the service had access to their care plans as a copy was kept in their homes. Reviews of care plans were carried out regularly and involved the person receiving support. Where appropriate their relatives and other health and social care professionals were invited to these reviews.

Is the service well-led?

Our findings

When we spoke with people who used the service the majority of people did not have an issue with how the service was led. However some concerns were expressed about the manager's ability to manage two services within the county simultaneously.

The manager of this service had been in position for 6 months and also managed another service that we had recently inspected. The manager had already identified this as a possible issue and explained their strategy for covering both services. This included ensuring that there was senior staff in the Carlisle office at all times. We spoke with both the deputy manager and the person who managed the Mears Care Carlisle's night service. They both confirmed that this would be the case.

We saw there was a clear management structure in the service. The manager had a deputy in place and senior

carers who oversaw the running of the service when the manager was not present. The manager reported to an area manager who visited the service monthly and was in regular telephone contact.

When we spoke with staff they were complimentary of the manager's style and told us that they liked working for the service. One member of staff told us, "It's good here, I enjoy it." Another said, "It's great I haven't got a problem"

We saw evidence that questionnaires were sent to people who used the service and their relatives. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created. The manager told us, "If things go wrong I want to know about it so I can put it right."

Audits and checks were undertaken regularly. These included paperwork audits, training audit and spot checks on the staff's performance. The outcomes of audits were analysed by the manager of the service who then used them to improve the way the service was run.