

Mears Homecare Limited

# Westwood Extra Care Scheme

## Inspection report

Eastwood Old Road  
Southend  
Essex  
SS9 4RZ

Tel: 03333218309  
Website: [www.careuk.com](http://www.careuk.com)

Date of inspection visit:  
13 April 2017

Date of publication:  
05 May 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

Westwood Extra Care Scheme provides 24 hour care and support for up to 15 people in one bedroom flats. The Extra Care Scheme is managed and maintained by South Essex Homes on behalf of Southend-on-Sea Borough Council. The care and support is provided by Mears Homecare Limited.

At the last inspection on 17 and 18 February 2016, the service was rated Good. At this inspection we found the service remained Good and was meeting the fundamental standards. There were 11 people using the service.

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

- ☐ Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures. Risks to people were identified and managed to help people lead the life they wanted. The scheme was appropriately staffed to meet the needs of people using the service. People received their medication as prescribed and in safe way. Recruitment procedures were followed to ensure the right staff were employed.
- ☐ Staff had a thorough induction to carry out their roles and responsibilities effectively. Staff had the right competencies and skills to meet people's needs. Suitable arrangements were in place for staff to receive formal supervision and an appraisal. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. People receive appropriate healthcare support as and when needed from a variety of services.
- ☐ People told us they were treated with compassion, kindness, dignity and respect. People told us that they received a good level of care and support that met their needs. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.
- ☐ Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. People confirmed there were occasional social activities provided for them to join in. Information about how to make a complaint was available and people told us they were confident to raise issues or concerns.
- ☐ Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought

people's views about the quality of the service provided and had many positive comments to make about the staff and the registered manager.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service is rated safe.

People were protected from harm. People had confidence in the service and felt safe.

Risks to the health, safety and wellbeing of people who used the service were appropriately managed.

There were safe and robust recruitment procedures in place and sufficient numbers of staff were available to meet people's care and support needs.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs.

Staff understood the key requirements of the Mental Capacity Act 2005 and staff's practice showed they considered people's capacity to make decisions.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service remains caring.

People received care and support from staff that was kind and compassionate. People felt their care was provided in the way they wanted it to be.

People were treated with dignity and respect.

People were supported to express their views.

### Is the service responsive?

Good ●

The service remains responsive.

Support plans identified people's needs and how these were to be met and delivered by staff.

The provider took account of complaints and comments so as to improve the service.

### Is the service well-led?

Good ●

The service remains well-led.

Staff were supported by the registered manager and team leader.

There were a range of quality monitoring systems in place to ensure that care was delivered appropriately, that the service continuously improved and that people were satisfied with the service they received.

# Westwood Extra Care Scheme

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was a comprehensive inspection. The inspection was completed on 13 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report [PIR]. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with five people who used the service, one person's relative, three members of support staff, the team leader and the registered manager.

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



## Our findings

At our last inspection in February 2016, improvements were required to manage people's medicines safely and to an acceptable standard. The provider sent us an action plan on 14 March 2016, and this provided detail on their progress to meet regulatory requirements. At this inspection we found that the improvements they told us they would make in relation to medicines management had been made.

People's feedback about the safety of the service was confident and they told us that they felt safe. One person told us, "I feel safe as long as my curtains are pulled and the windows are shut at night." Another person told us, "Oh yes, I am safe here and have no concerns at all." One relative told us they had peace of mind and had no concerns about their member of family's safety and wellbeing. Some people told us that they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance.

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a member of the management team. Staff were confident that the registered manager would act appropriately on people's behalf.

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

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last six months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. Relevant checks were carried out by the provider before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS].

People told us there were always sufficient numbers of staff available to provide the care and support as

detailed within their support plan. People told us that staff stayed for the full amount of time allocated so as to ensure care and support tasks had been completed. People and those acting on their behalf confirmed that there had not been any missed calls.

People told us they received their medication as they should. We looked at the records for four people visited when conducting 'home visits' as part of the inspection process. Records showed that people had received their medication as they should and these were kept in good order.



## Our findings

Staff told us that appropriate arrangements were in place to ensure they received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in key areas as part of their initial induction and refresher training thereafter.

One member of staff advised that their induction had been comprehensive. Staff received a five day induction comprising of training in key areas, an introduction to the organisation and job-role specific induction at the proposed service. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent.

Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face supervisions and 'home visit assessments.' The latter is where the provider's representative can observe a member of staff as they go about their duties and ensure that they are meeting their standards and expectations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. One person told us, "The staff always allow me to make my own choices." Staff confirmed that the majority of people living at the scheme had capacity to make day-to-day decisions.

Where staff were involved in people's nutritional support they did so as required to meet people's specific needs and preferences. People told us that staff supported them as needed with meal preparation and the

provision of drinks and snacks throughout the day. Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their nutrition and hydration needs met. Arrangements were in place to enable people if they wished to have a meal together in the main communal lounge/dining area.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. Staff told us that if they were concerned about a person's health and wellbeing they would be relayed to the team leader or registered manager for escalation and action. Records showed occasions whereby GP's, District Nurses and Social Workers had been contacted due to a change in a person's healthcare needs.



## Our findings

People told us that they were treated with care and kindness. One person told us, "The girls are very good." Another person told us, "The staff are kind and I receive the support I need." When asked if they would recommend the service to others, people confirmed they would not hesitate. People told us they had a good rapport and relationship with the staff who supported them. One relative confirmed that they were more than happy with the care and support provided for their member of family.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with aspects of their personal care. One person told us they managed their personal finances independently. Another person told us, "The staff help me and support me to do as much as I can myself." This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process and had signed to state that they agreed with the content of their support plan. Where 'quality reviews' had been completed, people described the quality of the service as either 'Good' or 'Excellent'.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. People told us that although staff used the 'key safe' to gain entry to their flat, staff always called out to them to let them know they were entering and to confirm who they [staff] were. Our observations showed that this happened and staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to announce who they were. People told us that staff used the term of address favoured by the individual when communicating with them.



## Our findings

People told us that they received good personalised care and support that was responsive to their needs. The registered manager told us that recommendations and referrals to the service were made by the Local Authority. An initial assessment was completed by the Local Authority and this was used to inform the person's initial support plan.

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

People confirmed there were occasional social activities provided for them to join in. These included 'themed' meals, for example, fish and chip evening or 'take aways'. Additionally, film evenings were planned and people told us that they often sat within the communal lounge to chat with their friends. People told us that they enjoyed these events.

Suitable arrangements were in place to ensure people using the service were aware of the complaints system. We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person stated if they were not happy, they would not hesitate to talk to a member of the management team.



## Our findings

A registered manager was in post and they were formally registered with the Care Quality Commission on 25 January 2017. The registered manager confirmed they were registered for two services and divided their time accordingly between each one. 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.'

Staff told us that they felt valued and supported by the management team. They told us that the registered manager was approachable and there was an 'open and inclusive culture' at the service. Staff confirmed that they enjoyed working at the service, that communication was very good and that they felt listened to by the registered manager.

We found that arrangements were in place to assess and monitor the quality of the service provided. The registered manager told us that information was collected and recorded in a variety of ways. This included the completion of a business report. Information for this was collated each month and submitted to the provider for review, analysis and action. Additionally, the registered manager completed a 'weekly check form' that looked at emerging themes, issues and concerns, medication and a review of the premises. The registered manager told us that the above helped them to drive improvement and to ensure that the service delivered high quality care.

The monitoring of staff was completed through the provider's formal supervision and 'home visit assessment' arrangements. Records were maintained in relation to the topics discussed and the outcome of the 'home visit assessments' undertaken. The registered manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the provider about the quality of the service delivered. These were undertaken through the completion of 'quality reviews' and through an annual quality assurance survey. The latter was completed in September 2016 and 10 out of 12 satisfaction surveys were completed and returned. People rated the service as either 'outstanding' or 'very good' and no negative comments or areas for corrective action were highlighted.

Staff told us that regular formal staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care and support related matters. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved.