

Mears Care Limited

# Mears Care - Old Stratford

## Inspection report

Unit 4  
Furtho Court  
Towscester Road  
Old Stratford  
Milton Keynes  
MK19 6AN  
Tel: 01908268640  
Website: [www.mearsgroup.co.uk](http://www.mearsgroup.co.uk)

Date of inspection visit: 12 February 2015  
Date of publication: 22/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



### Overall summary

This inspection took place on 12 February 2015 and was announced.

Mears Care – Old Stratford is registered to provide personal care for people in their own homes. This domiciliary care agency provides personal care support to people who want to continue living independently in their own home. The agency provides a range of

domiciliary support services to people living in the Northampton and Milton Keynes area. At the time of our inspection the service was providing domiciliary care for 128 people.

At our previous inspections on 02 October 2014 we found that regulations relating to care and welfare and records were not being met. We found that care and treatment was not always consistently planned and delivered in a way that was intended to ensure people's safety and

# Summary of findings

welfare which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also found that people were at risk as the provider did not maintain accurate and appropriate records, this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to provide us with an action plan to address this and to inform us when this was complete. During this inspection we looked at these areas to see whether or not improvements had been made. We found that the provider was now meeting these regulations.

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

We found that people were protected from abuse and felt safe.

Staff were knowledgeable about risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents.

Staffing levels were not always sufficient to meet people's needs. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm.

Where needed, people's medications were managed so that they received them safely.

We found that staff were well trained and had good understanding of their role and key legislation. Staff were regularly supervised by senior staff and management.

Staff were trained in the Mental Capacity Act (MCA) 2005 however its use was not a regular occurrence, due to the levels of capacity of current residents. Policies for the MCA and Deprivation of Liberty Safeguards (DoLS) were in place.

Care was delivered in a person-centred way which promoted their independence, privacy and dignity.

People could make choices about their food and drink and were provided with support when required to prepare meals.

People were supported to make and attend health appointments when required.

Staff were caring and ensured that people's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions and planning their care, and their views were listened to and acted upon.

Staff were knowledgeable about the needs of individual people they supported. People were supported to make choices around their care and daily lives.

We found that the service listened to what people said about the care they received and took active steps to encourage feedback from each person and their families.

Management systems were in place and the registered manager had taken significant steps since coming to post to make improvements to the service. Some systems were not sufficient to meet the needs of people using the service but others had been effective.

# 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 not always safe.

Staffing levels were not always sufficient to ensure that people could be cared for effectively.

People felt safe and that staff had an understanding of safeguarding, whistleblowing and reporting procedures.

Appropriate steps were taken to ensure that risks were managed effectively with input from people using the service. There were detailed plans in place for action to take in the event of an emergency.

Peoples' medication was managed safely and medication administration was closely monitored to reduce the frequency of mistakes.

**Requires Improvement**



### Is the service effective?

The service was effective.

People received care from staff who were well trained and received regular support from management.

Consent was sought before care was delivered and staff understood the steps to take if people were unable to make decisions for themselves.

People were supported to live independently and had support with eating and maintaining a balanced diet.

Access to healthcare and health appointments was supported by the service.

**Good**



### Is the service caring?

The service was caring.

Positive relationships were developed between people and support workers. People regularly saw the same carers and had access to senior staff if required.

People were encouraged to give feedback on the service they received both formally and informally and the service took this into account to improve.

Staff delivered care in a way which promoted people's independence and maintained their privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive.

People received personalised care which was planned with input from the individual. Their specific abilities, needs and wishes were detailed and reviewed regularly with the individual.

**Good**



# Summary of findings

Peoples' views and opinions were listened to. There was a system in place for receiving, investigating and responding to complaints and evidence that care was adapted as a result.

## Is the service well-led?

The service was not always well-led.

There were concerns relating to the effectiveness of staff rotas and the reviewing of staff allocations to meet people's needs.

People and staff were valued by the management and organisation and staff were motivated to perform well.

The registered manager had taken steps to improve the service delivery and had been well supported by senior management and directors.

Checks and audits were in place and completed regularly to address areas of poor performance and drive improvements across the service.

**Requires Improvement**



# Mears Care - Old Stratford

## 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 12 February 2015 by an inspector and an expert-by-experience and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had expertise in elderly care.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted and we reviewed the report of their most recent inspection and the action plan associated with it. Statutory notifications include information about important events which the provider is required to send to us by law. We also spoke to the local authority.

During the inspection we spoke to the registered manager, the regional director, two care co-ordinators and six carers. We also reviewed care records relating to ten people who received care from the provider and twelve staff files that contained information about recruitment, induction, training, supervision and appraisals. Following our visit the expert by experience conducted telephone interviews with 14 people who receive care from Mears Care – Old Stratford and five of their relatives.

# Is the service safe?

## Our findings

We found that staffing levels were not always sufficient to meet peoples' needs. Relatives told us that it was difficult to get carers at the times they wanted and they do not always get sufficient support. One relative said, "There is not a double up team so I help the carer hoisting my relative, I haven't been trained" and another relative told us, "There is only one carer to hoist my relative". A staff member also told us that "double ups can be a problem." Care records stated when people required more than one staff member to attend calls and for what reason. This meant people were at risk of being injured as insufficient numbers of suitably qualified staff carried out moving and handling tasks.

This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that they feel safe. One person said, "Staff members make sure that I'm well and that I'm safe." Another person told us, "I feel safe and comfortable." Relatives also said that their family member was safe. A relative said, "They [staff] keep my relative safe."

Staff told us they had read the safeguarding policy and were able to explain the procedure for reporting safeguarding incidents. They told us they would report incidents to their superior and would escalate their reporting if they felt that appropriate action was not taken. We found that safeguarding incidents were recorded, indexed, logged and analysed. Appropriate notifications were sent and incidents were investigated and formal responses sent. We found that incidents were discussed with those involved and that safeguarding policies were reviewed as a result. This meant that suitable arrangements in place to safeguard people against the risk of abuse and to investigate incidents that did occur and learn from them.

We found that risks to individuals and the service were managed. Staff told us that they worked with people and the main office to manage risks for each individual. One staff member said they talk to people about risks. They told us that risk assessments were available for each person in their home and that staff read these before delivering care. We found that people had their own risk assessments in place in a file which duplicated what was held in their own home. There was evidence of regular

review of risk and the involvement of the person potentially at risk. Accident and incident reporting forms were available for staff to complete and guidance was in place to help them ensure they reported incidents accurately.

We looked at a detailed business continuity plan which detailed steps for staff and management to take in response to a wide range of emergencies, including high levels of staff absence. This meant that general risks were well managed and plans were in place to manage extreme events so that people would be protected from harm.

Staff told us they were aware of what whistleblowing meant and procedures to follow. None of the staff we spoke with had raised a whistleblowing complaint. One staff member said, "I wouldn't think twice about whistleblowing" and another said, "I would follow the handbook guidance."

Staff members told us that rotas were produced for each week. They were completed in advance so that issues or problems with the rota could be resolved without disruption to care delivery. One staff member told us, "I get my timesheet in post for the following week. I go through it and pass on any issues." We saw rotas from the weeks preceding our visit and following it. We saw that people's scheduled visits matched their care plans and that time was allowed for care staff to travel between visits.

We looked at staff files and found that safe recruitment practices were in place. Each staff member had evidence of pre and post recruitment checks including application forms, interview notes, two satisfaction references, identification, Disclosure and Barring Service (DBS) check details and occupational health checks.

Peoples' medicines were managed effectively so that they received them safely. People told us that staff supported them to take their medication. One person told us, "[staff] prompt me with medication" and another person said "[staff] do my legs and sometimes my back."

We looked at medication records for people using the service. We found that there were details of peoples' medication and the way it should be administered in their files which was regularly reviewed and updated. Staff completed a Medication Administration Record (MAR) sheet for each person, detailing if they administered medication or prompted people to take their medication themselves. We found regular audits attached to MAR sheets, showing that management reviewed the administration and recording of medication closely. We saw that over a period

## Is the service safe?

of approximately four months the frequency of missed signatures on the MAR sheets consistently decreased. Where medication signatures had been missed, we saw evidence of letters which had been sent to the individual staff member who had not signed the Medication

Administration Record (MAR) sheet. This showed that where medication audits raised concerns, they were dealt with promptly to ensure people received their medication safely.

# Is the service effective?

## Our findings

People received effective care from staff who had the necessary knowledge and skills to carry out their tasks. People we spoke to told us that care staff were good. One person told us that they have, “Brilliant staff” and another person said, “I’m happy with the care I get, the carers are nice.” Relatives we spoke with were positive about the effectiveness of staff. One relative told us that staff members, “Are trained sufficiently to do the work” and another said, “The carers are good, competent.”

We spoke to staff about their induction at the start of employment. They told us that they, “Felt supported throughout the process and could request additional training to consolidate knowledge if required.” Staff also told us they initially shadowed a colleague for four days before starting on their own. If they felt they needed more time, they could shadow other staff for longer.

Staff told us that they had good training and that the provider employers a trainer who was always available if they were unsure of anything. One staff member stated that “Training is very good.” Staff also told us that management ensured all staff attended training and that if they did not attend training courses they would not be able to work. The manager told us that as well as internal staff training, external courses were arranged for specific subjects and there were future plans work in collaboration with local authorities to deliver their training sessions on site. We looked at staff files and found certificates for training sessions attended. These included subjects such as the Mental Capacity Act (MCA) 2005, Dementia, Parkinson’s, Safeguarding, Learning Disabilities and moving and handling. We also found evidence that staff knowledge and competencies had been tested during the training process.

Staff received regular supervision and support from the registered manager and senior staff to help them perform their role. One member of staff told us that, “Supervision gives us feedback about our performance” and another said, “Supervision is a useful exercise.” We found that people have regular supervisions and annual appraisals which gave them the opportunity to raise any concerns they may have had and discuss the care of people using the service. These sessions were also used to address areas

of performance development and to set goals for the staff member to work towards. In addition, we found records of spot checks where senior staff members observed staff members during call-outs to ensure they were delivering care to the provider’s standards. Staff told us that these checks were a positive experience and that it is, “Nice to have spot checks” as it was done, “In a supportive way.”

We spoke to staff about the implementation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards. Staff had received training in these areas, however had not had to put their training into practice when we spoke to them. They explained to us that they spoke to people and gained their consent before carrying out tasks and we saw evidence in people’s files that they had consented to the plans which were in place. At the time of our visit there were no people being deprived of their liberty and there were no pending applications to the local authority for this. This meant that people were receiving effective care which promoted their ability to make decisions for themselves.

People were supported to have sufficient to eat and drink and to have a balanced diet. People said that staff supported them to prepare meals if necessary and supported people to order pre-prepared meals and heated them during visits. People also told us, “They leave me with drinks and snacks during the day in case I need them.” Care plans contained information about what support people needed in terms of meal preparation and eating and were reviewed regularly. Staff support people to prepare meals and heat food up for people if necessary. We saw that some people had a food and fluid recording chart in their care file, depending on their health needs.

People were supported to maintain good health and have access to health services when they needed them. One person told us, “I am supported if I need to see my GP or a hospital appointment.” Family members were encouraged to be involved and the service worked with them to help people book and attend health appointments. Staff told us that they regularly liaised with professionals such as GP’s and occupational therapists to ensure people received the specific healthcare services they required both in their homes and community settings.



# Is the service caring?

## Our findings

People received care which promoted and developed positive relationships with the staff and the provider. People told us that they were happy with the care they receive. One person said, “They are all very kind to me and helpful” and another person told us, “The care is compassionate, dignified.” Another person said that, “The carers are brilliant and I don’t know what I would do without them.” We also spoke with people about the relationships they had with staff. One person told us, “We sit and chat over a cup of tea and have a laugh together, very nice” and another said “I have a wonderful relationship with them.”

People were consulted when care plans were being written and reviewed. One person told us, “They talk to me about my care and it is what I want or does it need changing so I feel listened to” another said, “They make sure my care plan is what I want”. We saw in care records that people’s views were sought and recorded, for example, one file stated that ‘I am happy with these hours’ and was signed by the service user. One member of staff told us that they, “Talk to them [people using the service] and make them feel at ease” and another staff member told us they, “Make people feel comfortable.” One member of staff told us, “My service users come first” and a care co-ordinator explained that if there were staff absences or complex care needs, they would attend to service users before coming to the office.

We spoke to senior staff about how they allocated staff to visits. They told us that they try to schedule the same carers to visit people to help build up relationships between people being supported and staff. One staff member told us that “weekly rota tends to be the same people” and another said “I like to see the same people regularly, a relationship is built up and you know when something is not right.” Senior staff also told us that they go out on visits to get to know people and spend time taking to them on

the phone when at the office. We looked at previous and current rotas and saw that staff members were allocated to the same group of service users for most visits each week. This meant that people had the chance to build a relationship with somebody they knew well.

We saw evidence that staff members cared about people. We saw that over Christmas staff had prepared gift hampers for people who spent Christmas on their own. We saw photographs of the hampers being given and both staff and service users appeared happy to be spending time together.

People were supported to make their own decisions regarding their care and treatment. People explained that they were able to make decisions, however some had support from staff to do so. For example, one person told us “they help me choose my clothes” and another said, “I pick the food I want and the cook it.” Somebody else stated that, “They complete all their tasks as I like them done.” Staff told us that they were always open to feedback from people using the service, for example, one staff member told us, “They tell me what they want.” We saw in peoples’ care plans that their own wishes were recorded so that appropriate care could be delivered. For example, one plan stated ‘I would prefer no male carers.’ This allowed care co-ordinators to plan staffing and provide care that met that people’s needs and wishes. Information was available in every file regarding the service provision as well as contact information for the branch and there was a comment form in the back of the care plan to allow service users to provide feedback.

People told us that they were asked for feedback, one person told us, “Had a questionnaire to see what [they] think of the service” and we saw evidence that an annual satisfaction survey was completed by the service. The results were collated and produced in a report which allowed management to identify overall areas of strengths and weakness.

# Is the service responsive?

## Our findings

During our previous inspection on 02 October 2014 we found that care and treatment was not always consistently planned and delivered in a way that was intended to ensure people's safety and welfare which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found that the provider was now meeting this regulation as people received person-centred care which was responsive to their needs. People we spoke to said the service was responsive to their needs and wishes. We were told that tasks such as personal care were carried out in the way that each person had requested. People told us that they were involved in planning their care and in the regular reviews to ensure that the care they received was in line with their changing needs. One person told us that they were involved in, "A review of my care plan" and that, "They respect what I say." We looked at people's care plans which also reflected this.

Staff respected people's independence and personal views and opinions and adjusted the care they delivered accordingly. One staff member said, "Everyone's individual, that's the main thing" and another told us, "Everyone's different." For example, one staff member told us that some women may like a little bit of make up or some jewellery, so they spent time doing that. Another staff member told us that they checked the care plan when they entered a person's home to see if there had been any changes since their last visit. If during the visit it became apparent that something had to change the carer phoned the office to inform them of changes, these were then implemented by senior staff.

We looked at care plans and saw that people's individual care needs and wishes were documented. We found details of people's preferred visit times, cultural needs and specific requests, for example one plan stated, 'I would prefer no male carers.' Staff told us that they adapted their approach to meet individual people's communication needs. For example, one staff member described using body language and hand gestures to communicate with a person with sensory impairments. Care plans contained relevant information about the individual's care needs and also gave information regarding areas of strength or where family members provided support, for example managing finances. We found that care plans and assessments were reviewed on a regular basis and that the signature and views of the individual were sought each time the plan was reviewed.

The provider listened to people's views and concerns to improve the quality of care they received. We found that people were encouraged to provide feedback to the provider. A member of staff told us, "Staff support people to raise concerns, the office is available for staff and service users." We also saw that an annual service user satisfaction survey was carried out and the results were compiled to produce graphs and a report.

We found that a complaints policy was in place along with a complaints recording system. Each complaint was filed along with a written response from the organisation and documents supporting the investigation which was carried out. Responses to investigations were also seen, with one relative stating in a letter that 'it is now possible to draw a line under this'. This meant that the service takes complaints seriously and listens to what people say. They took steps to investigate complaints and work with the individual and family members to rectify the situation for people's on-going care.

# Is the service well-led?

## Our findings

During our previous inspection 02 October 2014 we found that people were at risk as the provider did not maintain accurate and appropriate records, this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that there had been improvements in this area and that the provider was now meeting this regulation. People told us that staffing could be a problem as support workers were often late for their allotted visit. We were told that staff can be, “A little late sometimes” by one person, another said, “Sometimes it can be as late as 90 minutes” and somebody else told us, “The carers are always late.” We found that there were systems in place to monitor visits to people’s homes and the registered manager carried out an analysis of planned versus actual care logs and investigates missed or late calls. This meant that there had been a problem with staffing calls and lateness but the provider had taken action to address this and implement a system to drive improvement in this area.

The service provided a positive and open culture however people were unsure of who the registered manager was and were not always confident in the performance of office based staff. One person said, “I don’t know who that manager is” and another person told us, “I don’t rate the office staff, they don’t know what they are doing.” We found that there were not suitable systems in place to ensure sufficient numbers of staff attended all calls on time which resulted in potential harm to people using the service. The registered manager had taken steps to improve systems and processes since coming to post. They have been well supported by the area operations manager and the regional director. This has resulted in improvements to the care delivery and culture of the service. We found that staff were empowered by the provider and various initiatives such as, ‘Carer of the month’, family fun days and a rewards programme were in place to reward staff and motivate them for the future. We also saw that the provider had plans in place to ensure that people currently using the service would receive continuous care with no disruption as the service grew in terms of numbers of people supported.

People told us that there had been an improvement the service under the current management structure. People were able to positively describe their experience of the staff and caring relationships they had developed. One relative told us that, “Things have been improving recently” and another said, “The service has been much better, so I’m pleased about that”. We spoke with staff about developments since our previous inspection. One member of staff said, “In the last 6 months it’s like a completely different company”. Another staff member told us, “[There is an] open culture” and another said, “A bad situation has been pulled around quickly.” One staff member told us that, “We need to treat our service users as our grandparents” and another said that, “Carers are happier, more involved and we all work together.”

One staff member told us that, “Overall communication has improved.” Communication systems were in place to ensure key information about peoples’ care was passed on. Each person had a communication log so that staff could leave updates regarding that person during their visit. In addition, staff meetings were used to update staff on developments and listen to their concerns and views.

The registered manager explained how they had met the action plan put in place following previous CQC inspections. We saw that suitable steps had been put in place to meet the steps in the action plan and to prevent issues raising themselves again in the future.

The registered manager told us that they carried out regular checks and audits to ensure service provision was to a high standard. We saw that staff files were audited annually to ensure they had the required information and, where information was missing, steps were taken to complete the file. In addition to this we saw that there were regular medication audits, communication log audits and daily checks of planned versus actual care hours. This meant the registered manager quickly identified areas for improvement and could correct problems. We saw evidence of letters being sent to staff members to raise concerns and address areas for their attention.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The registered person did not take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.</p>