

Mears Care Limited

Mears Care Stoke

Inspection report

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Date of inspection visit:
17 May 2017

Date of publication:
04 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We completed an announced inspection at Mears Care Stoke on 17 May 2017. This was the first ratings inspection since the service registered on the 13 November 2015.

Mears Care Stoke are registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 206 people in their own homes.

There was a registered manager at the service. 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 and the registered manager understood their responsibilities to keep people safe from harm where abuse may be suspected.

People's risks were assessed and followed. Staff knew people's needs and carried out support in a safe way.

There was a system in place to monitor incidents and accidents and actions had been taken to mitigate the risks and ensure that people were protected from the risk of further occurrences.

There were enough suitably qualified staff available to meet people's assessed needs. The provider had an effective recruitment system in place to ensure staff were suitable to provide support to vulnerable people.

We found that people's medicines were managed and monitored in a way that kept people safe from harm.

Staff received training which was updated regularly to ensure they had the knowledge and skills required to meet people's needs effectively.

People consented to their care and where they were unable to consent mental capacity assessments and decisions had been made in the person's best interests had in line with the Mental Capacity Act 2005 (MCA). Staff showed they understood and applied the requirements of the MCA. This meant people's rights were protected as the provider was appropriately applying the principles of the MCA.

People were supported to eat and drink sufficient amounts and were offered choices. Staff understood people's nutritional needs and preferences when they supported people with their diet.

People were supported to access health professionals when required and referrals for advice were sought by the registered manager, which ensured people's health and wellbeing was maintained.

People received care that was caring and compassionate and they were enabled to make choices about their care. People's dignity was maintained when they received support from staff.

People were supported by a consistent team of staff who knew their needs and preferences well. People were involved in the planning and review of their care, which was planned and carried out in a way that met their preferences.

People told us they knew how to complain and the provider had an effective system in place to investigate and respond to complaints.

People and staff felt able to approach the registered manager and staff felt supported to carry out their role.

Feedback was sought from people and staff, which was acted on by the registered manager to make improvements to service delivery.

Effective systems were in place to assess, monitor and manage the service. The registered manager was committed to making improvements to the quality of the service and the provider had an overview of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm, because staff were aware of the signs of abuse and the actions they needed to take.

People's risks were planned, managed and monitored to ensure their safety.

There were enough staff available to meet people's needs. The provider had carried out appropriate checks to ensure staff were suitable to provide support to vulnerable people.

Medicines were administered as prescribed and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction and received regular training to ensure they had the knowledge and the skills to provide effective support.

People consented to their care and where people were unable to make certain decisions assessments were in place to ensure they were supported in their best interests.

People were supported with their nutritional needs and were supported to gain health advice where required.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff. People's privacy was upheld and were supported in line with their choices in a dignified and respectful way.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support by consistent staff who knew people well.

People and their relatives were involved in the planning and reviewing of their care.

There was a complaints policy available, which people understood and complaints received had been acted on appropriately.

Is the service well-led?

Good ●

The service was well led.

People and staff felt that the registered manager was approachable and took account of their views.

Feedback was sought from people and staff to inform service delivery and make improvements where required.

There were effective systems in place to monitor and manage the quality of the care provided.

Mears Care Stoke

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2017 and was announced. We gave the service notice of the inspection because it was a domiciliary care service and we needed to be sure that the registered manager and staff would be available for us to speak with.

The inspection team consisted of two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 used the returned PIR to help in the planning of our inspection. We reviewed other information that we held about the service. This included notifications we received about incidents and events that had occurred at the service, which the provider was required to send us by law. We also gained feedback from commissioners to help us plan the inspection.

We spoke with twenty one people who used the service and four relatives, seven care staff and the registered manager. We viewed six records about people's care and support. We also viewed records that showed how the service was managed, which included staff training, induction records and records that showed how the service was monitored and managed.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I am very happy with them [the staff]. They are very kind and gentle with me and all are nice and friendly". Another person said, "I feel very safe with them [the staff] when they are here and doing things for me". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the registered manager immediately. We spoke with the registered manager who told us the procedures they followed if they had been made aware of suspected abuse. They were aware of the professionals that they needed to inform and we saw that where there had been concerns about a person's safety they had reported this as required. This meant that systems were in place to ensure people were protected from the risk of harm.

People and relatives told us that staff knew how to support them safely. One person said, "The staff wash me down and help me into bath if I need it. They are very careful when handling me, I feel quite safe with them all". One relative told us, "I am happy with staff. They get my relative showered and changed and are always very careful with him. I have complete confidence with them". Staff were able to explain how they supported people to reduce risks whilst they promoted people's independence. One staff member said, "People's risks are written in the care plans. For example, one person is at risk of not eating enough and I encourage them to eat. They are also on dietary supplements, which I give to them". We viewed records that showed people had been assessed for risks to their health and wellbeing. These included people who were at risk of falls, risks to a deterioration of people's skin and possible risks within the person's home. The assessments gave staff information and guidance on how people's individual risks needed to be managed and we saw that these were followed as planned.

People told us that staff helped them with their medicines. One person said, "I just have medication at night. I have a blister pack and they get them out for me and give them to me. I can't do as I have shaky hands. I have full confidence in them". Another person said, "I am diabetic and have to have my tablets 4 times a day at certain times. They come and make sure I get them on time". Staff we spoke with told us that they felt competent to support people with their medicines and regularly received competency checks to ensure they were administering medicines correctly. The records we viewed confirmed this. One staff member said, "I have received medicines training and a manager comes out to check we are giving people their medicines correctly". We viewed medication administration records (MARs) for people who were supported with their medicines. We saw that staff had recorded when medicines had been administered and when creams had been applied. This meant that people were protected from harm because medicines were administered, recorded and managed safely.

People we spoke with told us that there was enough staff available to support them and that they stayed for the required time. One person told us, "I have never had any late or missed calls, they are on time and they never rush me. They are very good". Another person said, "The staff are very good. They stay their time and don't rush me at all". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "There is enough staff and we all pull together and cover when needed. There are

small groups of staff for each area, which means people have consistent carers". We spoke with the registered manager who told us that they had a good team of staff and where there was sickness at late notice the permanent staff covered the hours to provide consistency in care for people. This meant that there were sufficient staff available to meet people's needs.

We saw that the provider had a recruitment policy in place and the registered manager had followed safe recruitment procedures. The registered manager had undertaken checks that ensured staff that were employed at the service were suitable to provide support to vulnerable people. These checks included criminal record checks and references obtained from previous employment.

We saw accidents that had occurred whilst people were using the service were recorded by staff and monitored by the registered manager. We saw that the registered manager analysed accidents for any trends, which ensured the appropriate action had been taken to lower the risk of a further occurrence. For example, a person had fallen and we saw that action had been taken to re-assess this person's needs and their risk assessment and care plan had been updated, which ensured staff had up to date information to support them safely.

Is the service effective?

Our findings

People told us they were supported by trained staff who knew how to support them effectively. One person said, "Their [staffs'] skills are great in my opinion. They are careful how they handle me and very thoughtful, nothing is too much trouble for them". Another person said, "Their skills are very good in my opinion". Staff told us they had received an induction before they provided support to people on their own. One member of staff told us, "I had an induction, which was very good. This included plenty of training and the trainer was very good, I learnt a lot. I also shadowed other staff so that I could meet people and they knew who would be supporting them". Staff told us that they had received training, which was updated regularly and the records we looked at confirmed what staff told us. One staff member told us how the medicines training they received had helped them to administer medicines safely and another staff member told us that they had received training in palliative care. They told us this had ensured that they were able to care for people effectively when they were at the last stages of their life.

People we spoke with told us that staff prepared meals and drinks for them. People told us that staff prepared food that they had chosen and there was always a drink available for them. One person said, "The staff make me a cup of tea and do my breakfast for me. They also cook my lunch for me after I have chosen what I fancy and then they do the washing up". Another person said, "Staff make me toast first thing and a drink, and get me a sandwich or whatever I like for lunch. For tea I have frozen meals and at night they always leave me with a drink and something to eat and always make sure there is water in the kettle". Staff we spoke with were aware of people's dietary needs and how they needed to support people to eat and drink in line with their preferences. For example, staff explained how one person was at risk of malnutrition and they gave encouragement and dietary supplements to help them maintain a healthy weight. This ensured that people were supported to eat and drink enough to keep them healthy.

People told us they felt staff knew how to support them if they were unwell. One person said, "I have absolutely no doubt in my mind that they would help me if I needed it". Staff we spoke with explained the actions they took if they thought a person's health had deteriorated. Staff told us how they recognised if people were unwell and the actions they took if they thought a person's health had deteriorated. We viewed the daily records of people who used the service and saw staff had reported deterioration in people's health and wellbeing to the office and the appropriate healthcare professional had been involved. For example, where a person was experiencing difficulties eating they had received advice from the speech and language team to ensure the person was being supported effectively. This meant that people were supported to have access to health professionals when needed.

We found that people consented to their care where able to and where people lacked the capacity to make informed choices staff and the registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. Staff were aware of the actions they needed to take when a person lacked capacity to make

decisions. One staff member said, "If people have difficulty making decisions I give choices in different ways, such as; showing people what there is to wear and what they might like to eat. This helps people to make decisions". We saw that mental capacity assessments had been completed for people. These gave staff guidance on how to support people in their best interests when people were unable to make informed decisions in certain areas of their care. This meant people were supported in their best interests and in line with the MCA.

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate toward them. The comments we received from people and relatives included; "The staff will do anything for me. I have two carers that are shared between me and they are both excellent", and "The staff are all very caring and thoughtful", and "I'm very happy with my care, no complaints. They are caring and careful with me and nice and friendly", and "Very kind and caring, bright, chatty and cheerful. They wash, shower and dress me and are very good". Staff told us how they made sure people felt important and cared for. One member of staff said, "I like to spend time with people having a quick chat as well as helping them with their personal care. It's good because how the calls are arranged I have time to sit with people for a little while and talk about them and their lives. Some people don't have family and we are the only people they see so it's nice to give them my time". Another member of staff said, "I love my job caring for people. The people I support trust me and I like to make sure they are safe and happy. It gives me great satisfaction making people feel cared for".

People told us that they were treated with dignity and respect when staff were supporting them. One person said, "Absolutely, staff always treat me respectfully". One relative said, "The staff are very good and respectful with my relative". Staff told us that they always made sure that people's dignity and privacy was protected when they were providing care and support. One staff member said, "I always ensure I support people with their personal care in private and I talk with people in a polite and patient way to make them feel comfortable". Another staff member said, "I speak with people whilst providing support to make sure they feel comfortable and I always make sure they are supported with the up most privacy and sensitivity".

People were given choices in the support they had and they told us staff always asked them what they needed. One person said, "The staff always ask if I need anything else before they leave and listen to what I say". Another person said, "The staff are very good. If I need a help with putting my socks on I tell them and they do them for me". A relative said, "The girls are good and do listen and respond if my relative wants anything doing". Staff told us that they asked people before they provided support and took account of their wishes. One staff member said, "I always ask people before I support them. If people have difficulty making choices I show them the choices so that they can make choices for themselves". The care records we looked at detailed how support needed to be provided and were personalised to people's individual likes and dislikes, for example; how much support was needed and people's preferred times for their care to be delivered. Records showed that people were supported by staff at their preferred time and people told us that staff were on time.

Is the service responsive?

Our findings

People told us staff knew them well and their preferences were taken into account. One person said, "They know me well and know what I like". Another person said, "The staff know how I like things to be done. The staff know what food I like and the toiletries I prefer to use". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported, such as food choices and how people like their care providing. Staff also understood people's individual routines that they liked to follow and people's hobbies and interests. The records we viewed showed that people's preferences had been gained and recorded to provide guidance for staff to follow on how people preferred their care to be provided. For example; people's preferred times for getting out of bed in the morning and their individual routines. This meant people were supported in line with their individual preferences by staff who knew them well.

People told us that carers arrived on time and they had consistent carers who they knew well. One person said, "I have a small group of carers who come on a regular basis they are kind and consider my every need everything they do I know is for my benefit". People and staff told us that when a new member of staff was recruited they were introduced to people they would be supporting before they provided care so that people knew who would be attending. One person said, "New staff come occasionally to shadow and are shown exactly what to do. I am very happy with them all". A member of staff said, "I shadowed other carers when I first started, which was really helpful because I got to know the group of people I was going to be supporting". The records we viewed showed that people received their care at a time that they preferred by a consistent group of carers.

People and relatives told us they had been involved in the reviews of their care. One person said, "I review my care with them". Another person said, "Me and the granddaughter go through the plans with them. They are very good if anything needs changing at all". We saw that where people's care had been reviewed and their needs had changed, care plans had been updated to reflect people's changing needs or risks. For example; one person's mobility needs had changed and we saw that the risk assessments were reviewed and updates had been made to this person's care plan to ensure staff supported them safely. Staff we spoke with were aware of this person's change in needs.

People and their relatives told us that they knew how to complain and they would approach the staff or the registered manager if they had any concerns. One person we spoke with told us that they had made a complaint on one occasion and they were happy with the way it was dealt with. They told us their care had improved since following their complaint. They said, "I have complained once. I had that missed call some time ago and phoned to complain but it's been ok since". Staff told us they would pass any complaints onto the office and recorded any concerns in people's daily notes. We saw there was a complaints policy in place which was included in the service user guide and was given to people when they started to use the service. We saw that there was a system in place to record and monitor complaints, which had been responded to in line with the provider's policy. This meant there was a system in place to appropriately manage and act on complaints.

Is the service well-led?

Our findings

People told us that the registered manager was approachable. They felt able to raise any issues they had and knew these would be dealt with appropriately. One person said, "All the office staff are very good. The communication has always been good and I've been with them 8 years". Another person said, "I am very happy and they do keep in contact from the office as well". Staff we spoke with told us that the registered manager was approachable and listened to any issues or feedback about people they supported or the service provision. One member of staff told us, "The management team are very supportive and helpful. I can go to either the manager or the senior co-ordinator if I have any problems. Anything I raise is always listened to and sorted". We saw and staff told us that regular team meetings were held to discuss any issues and the registered manager informed them of any updates in regards to care practices. Staff told us they received supervision and they found the opportunity to discuss issues with their line manager useful.

People told us they were asked for feedback regularly in the form of telephone calls and at their care reviews. One person said, "I have given telephone feedback when the office staff have called. I was happy with everything". Another person said, "They [care-co-ordinators] phoned the other day and asked if everything was ok with the care. I get, 1st class throughout". We saw that the quality assurance telephone calls contained compliments about the service provided such as; "Staff motivate me to be more independent and have a good quality of life". This showed that people's feedback and experiences were monitored to help inform service delivery.

We saw that people were also asked for feedback in the form of an annual survey. We looked at the results of the last survey undertaken in June 2016. The returned feedback forms had been analysed and an action plan had been implemented to show the actions the registered manager had taken to the feedback gained. For example; one action was to ensure people understood their care plans. The registered manager had arranged for senior co-ordinators to visit the people who had stated they were unsure about their care plans to discuss their plans of care with them to ensure they understood how they care had been assessed and planned. This showed that the registered manager sought the views of people and used the feedback to make improvements.

The registered manager explained the values of the service. They told us the provider had developed a "red thread". They told us this was a common thread which runs through the provider's expectations of staff and informs them of what is required from them. The registered manager said, "If we are motivated and our standards are good this transfers to people". One member of staff said, "I find my role very rewarding and helping people to have a good quality life makes it all worthwhile". Staff and the registered manager also told us that there was a system in place to gain recognition for good practice and for staff that had gone the extra mile in their role.

Staff were asked for feedback in the form of a survey and we saw that feedback received was acted on to make changes to the effectiveness of the service delivery. For example; as a result of staff feedback we saw that the chief operating officer had set up 'drop in surgery' at each location to ensure they were available to staff to discuss any issues or concerns they had. The registered manager stated that there had been a

positive response from staff and the sessions worked well. This meant that staff feedback was sought and acted on to make improvements.

Staff told us that a senior member of staff had undertaken checks on their performance whilst they were providing care to people and when they had undertaken training. Staff told us that these checks were useful and it meant that they could improve if they were not carrying out the care as required. The records we viewed showed that regular checks were undertaken on staff performance and the outcome of the observations had been discussed with the member of staff.

We saw that the registered manager had a system to assess and monitor the quality of care provided. There were audits in place in various areas, such as medicine management, training, risk assessments and care delivery. We saw that an action plan had been developed which showed the progress of improvements that had been identified. For example; the registered manager had identified that staff knowledge of the Mental Capacity Act 2005 (MCA) needed improving. Action had been taken to provide staff with training and MCA workshops had been held to improve staff knowledge and confidence in this area of practice. The registered manager told us that they felt supported by the provider who was approachable. They also told us that the provider regularly monitored the performance of the registered manager to ensure that they were working effectively and to understand where there may be any trends across the organisation as a whole. For example; the provider had identified that there had been an increase in the number of slips/trips and falls across the organisation. Action had been taken to develop learning materials as a reminder to staff on their actions to take to manage people's risk of falls. The registered manager understood the responsibilities of their registration and the requirement to report any incidents such as; serious injuries and alleged abuse. This meant that the systems in place to monitor and manage the service were effective.