

Mears Care Limited

Mears Care - Hammersmith & Fulham

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 ●

Summary of findings

Overall summary

The inspection took place on 6 June 2017.

Mears Care - Hammersmith & Fulham is registered to provide personal care and support to people living in their own homes. Mears Care Limited is a national provider of care services. The Hammersmith & Fulham branch provides support to people living in the London Boroughs of Hammersmith & Fulham and Wandsworth. At the time of our inspection the majority of people who used the service were adults over the age of 65 years, although there were some younger adults with learning disabilities, physical disabilities or mental health needs. Some people were living with the experience of dementia. There were around 150 people using the service at the time of our inspection.

The last inspection of the service took place on 20 July 2015 when we rated the service Good. We did not find any breaches of Regulation.

The service remained Good when we inspected it on 6 June 2017.

People were happy with the service. They liked the care workers who visited them and thought they were kind and caring. They said that the care workers listened to them and respected their choices. People had been involved in planning and reviewing their care and were happy with the care provided. People told us they could contact the office and speak with them when they needed. They felt safe and they told us they had the support they needed with medicines.

The staff were happy working for the agency. They felt well supported. They told us they had the training and information they needed to care for people. The staff were recruited in a way which ensured they were suitable to work with vulnerable people. The agency checked how the care workers were supporting people and took action when things were not right.

People told us their care workers arrived on time and stayed for the agreed length of time and care workers told us they had enough time to travel between care visits. There were suitable systems for planning care visits and making sure there were enough staff to meet people's needs.

People knew how to make a complaint and felt their concerns were taken seriously. They felt listened to and their care was regularly reviewed. The service was well managed by an experienced registered manager who knew the needs of individual people who used the service and the staff. Records were appropriately maintained, up to date and accurate. There were systems for monitoring the quality of the service and making sure people were happy with the care they received.

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 remains Good

People felt safe with the agency.

There were appropriate procedures for safeguarding people and the staff received training and information about protecting people from abuse.

People received their medicines in a safe way and as prescribed.

The risks to people's wellbeing had been assessed and planned for.

There were enough staff to meet people's needs and keep them safe.,

The staff had been recruited in a suitable way.

Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were appropriately trained and supported.

People had consented to their care and the provider had worked within the principles of the Mental Capacity Act 2005.

The staff worked with other professionals to monitor and meet people's healthcare needs.

Is the service caring?

Good ●

The service remains Good.

People had good relationships with the staff who supported them. They told us the staff were kind, caring and polite.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service remains Good.

People received personalised care which reflected their needs and preferences.

Care was planned in partnership with the person being cared for.

The care visits took place on time by the same regular care workers.

People knew how to make a complaint and were confident that these were appropriately investigated and acted upon.

Is the service well-led?

Good ●

The service remains Good

People felt the service was well-led.

There was a registered manager in post.

The provider had a number of audits and checks to make sure people received a quality service.

People were able to contribute their views and felt listened to.

Mears Care - Hammersmith & Fulham

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 of the service which took place on 6 June 2017. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection visit was conducted by one inspector. Before the visit we contacted people who use the service and staff by telephone to ask them about their experiences. Some of these phone calls were made by an expert-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. The expert-by-experience supporting this inspection had personal experience of caring for older relatives who used care services.

Before the inspection we looked at all the information we held about the provider. This included the last inspection report and notifications of incidents, accidents and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR). The PIR 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.

As part of the inspection we spoke with 13 people who used the service and the relatives of seven other people who used the service over the telephone. We received feedback via email and/or telephone from four care workers. During the inspection visit we spoke with the registered manager, six care workers, a field care supervisor and a care coordinator. We looked at the care records for eight people who used the service, the recruitment, training and support records for six members of staff and other records used by the provider, which included records of complaints and audits.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with the care workers from the agency and the care they received. Some of their comments included, "I've had the same person for a long time so I know who is coming. Yes I feel safe", "Quite safe, I have never mistrusted any of my carers", "It can be scary when the staff change but once I get to know them I feel safe", "I definitely feel safe" and "[My relative] has various healthcare conditions and his carer knows exactly how to deal with him and keep him safe."

Some people received support from the agency with shopping. They told us they trusted the staff and never had problems with the money used and staff obtained receipts for transactions.

The provider had appropriate systems for safeguarding people from abuse. The staff had training in these and information about safeguarding people was discussed as part of the staff induction, in team meetings and in individual supervision sessions. The staff we spoke with were able to describe their understanding about this with one member of staff telling us, "In my opinion, safeguarding is protecting an adult's right to live in safety, free from abuse and neglect. I have had training about it." The agency had responded appropriately to safeguarding alerts in the past, working with the local safeguarding authority to protect people and to investigate and act on allegations of abuse.

There were detailed assessments of risks for each person. These included risks associated with their environment, medical conditions and mobility. The assessments included plans to reduce the likelihood of harm and these were reflected in the care plans. The risk assessments showed that people using the service had consented to the information and plan. They were regularly reviewed.

The people who were supported with their medicines were happy with the support they received. They told us the care workers gave them their medicines on time and in an appropriate way. Information about people's medicines was clearly recorded. There were detailed medicine risk assessments and plans which included information about how to administer medicines. The staff completed medication administration records. These were collected by senior staff and checked to make sure people had received their medicines as prescribed.

The provider had an appropriate contingency plan for different emergency situations where the most vulnerable people who used the service were identified so that care could be prioritised for these people if needed.

There were enough staff to meet people's needs. The registered manager told us that they only accepted referrals to support someone if they had the staffing capacity to meet their needs. The staff team was arranged so that groups of care workers were based in a small geographical area for the majority of their calls so visits took place on time and when needed.

The provider had suitable systems for recruiting new staff. These included checks on their suitability, such as information about their working history, criminal records checks, references from previous employers,

checks on their identify and eligibility to work in the United Kingdom and an interview.

Is the service effective?

Our findings

People were cared for by staff who were appropriately supported and trained. The staff told us they felt well supported and worked well as a team. They told us they had the information they needed to undertake their roles and responsibilities. New staff undertook five days of classroom based training before they started caring for people. The induction training covered different policies, procedures and legislation. There were also practical workshops. The staff's knowledge and competence were assessed at the end of their training. New staff shadowed more experienced workers learning from them about how to care for people. The senior staff assessed their skills over a number of different care visits and these were recorded.

The provider made sure that staff training was regularly updated. We saw evidence of this in staff files. The provider also carried out unannounced checks of each staff members' performance and arranged for supervision sessions to discuss the staff member's work. At these supervision sessions the staff discussed various topics such as safeguarding adults, privacy and dignity and communication. These sessions were recorded. We saw that the provider took action where concerns were raised about a member of staff.

There were regular team meetings and the staff were issued with a handbook and written information about the work. The registered manager told us that they kept in touch via email and text messages with the staff. The staff we met also told us they regularly visited the agency offices. They told us the registered manager or one of the senior staff was always available to speak with.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The staff received training about this as part of their induction. The staff we spoke with were able to tell us about people's right to make decisions and how they needed to respect these. One member of staff said, "The Mental Capacity Act (MCA) is designed to protect and empower individuals who lack mental capacity to make their own decision about their care and treatment."

We checked that the provider was working within the principles of the MCA and found that they were. People's capacity to consent had been recorded, although we found that information around this could be improved to show how decisions were made when people did not have the capacity to consent. We discussed this with the registered manager who told us that this was an area they were developing. Where people were able to, they had signed their care plans and assessments to show their consent. People who we spoke with told us that the staff always asked for their consent before delivering care.

The people who were supported with meals told us that they received the support they needed and wanted. They were happy with the way in which the staff prepared meals.

Information about the different healthcare professionals who supported people was included in their care plans. People's healthcare needs had been assessed and the staff worked with others to monitor these. For example, when people's needs changed or they become unwell there was evidence the staff had notified

doctors, community nurses and specialists who assessed equipment needs.

Is the service caring?

Our findings

People who used the service and their relatives told us that the care staff were kind, caring, polite and respectful. Some of their comments included, "Very kind and caring nice people", "They are very kind, the notice things and when [my relative] needs something", "We have long chats, they are very caring", "Ten out of ten, they are 100%, very kind and caring", "They are friendly and helpful and do whatever we ask them to do", "My carer is kind and has a great sense of humour, they are very gentle", "[My relative] has a carer who is very, very good" and "The main thing is [my relative] likes them and they make him happy."

People using the service and their relatives told us that the staff respected their privacy. Some of their comments included, "I am very lucky I have good carers", "They do what they can, keeping [my relative] covered and closing doors", "They never discuss other clients", "They are excellent in that respect" and "They are very polite and respectful."

People using the service told us that the care staff listened to them and respected their choices. Care plans included information about individual preferences and how people wished to be cared for. There was an emphasis on supporting people to be as independent as they were able and wanted to be, stating when and how people could carry out aspects of their own care. The records of care provided showed that people were able to make choices, refuse care and be independent where they were able to be. Care plans included information about people's cultural, religious and social backgrounds so that wishes and needs associated with these could be respected and understood by the staff.

The staff who we spoke with spoke with genuine fondness and affection for the people who they cared for. They enjoyed supporting people and showed respect and empathy when discussing them with us. They told us that they had received training around dignity, respect and privacy and we saw evidence of this. We also saw that these issues were discussed as part of individual supervision meetings. Observations of care recorded whether the care workers treated people with respect and were polite.

The registered manager told us that the agency had set up donation boxes in key locations for donations to a food bank to support people who used the service who needed additional help in this way.

Is the service responsive?

Our findings

People using the service and their relatives told us that they had been involved in planning their care. They said that their choices were respected and that their care was regularly reviewed. We saw that there were comprehensive assessments of each person's needs. These were reviewed at least annually. People had a care plan which gave detailed guidance for the staff on how to meet their individual needs. These included the person's preferences. The plans were personalised giving clear instructions for staff about how to care for the person. For example, if weakness or injury in one side required them to be moved in a specific way, how the person wished to be addressed and whether the person could undertake any tasks for themselves.

The staff recorded the care they had provided in log books. These were regularly collected by senior staff and checked at the agency offices. The log books we viewed showed that people received care which reflected their preferences, took place at the right time and that people received regular visits at the same time each day.

People told us that the staff usually arrived on time and stayed for the agreed length of time. They told us that the care workers completed all the tasks they were supported to do. Some of their comments included; "Sometimes there are traffic problems but they will notify me if they are going to be really late", "They do everything and more. They always ask if there is anything else I want", "The office always call if they are running late", "They do everything which is expected of them", "Their timekeeping is good", "They are quite dedicated and arrive on time" and "They try to stick to the times but delays are possible because of the traffic."

People told us they had the same regular care workers and that they were happy with this. One person told us, "I have the same carer, he is very proactive and has gained my trust." Another person told us, "They are good people, I am happy with my regular carers."

The registered manager told us that the care workers were assigned to specific postcode areas where they carried out most of their care visits. The staff confirmed this and said that this worked well. They told us they worked with the same regular people. The care workers told us they had enough time to travel between care visits with the exception of when they were covering additional calls if others were on holiday or off work. They said that this sometimes caused problems and they were unable to get to each visit on time.

People using the service and their relatives told us that they knew who to speak with if they had any concerns. They felt the agency listened to them and acted on their concerns. Some people described complaints they had made or concerns they had raised. They told us how these had been rectified and they were happy with the response.

There was a record of formal complaints and the action taken by the agency to investigate these and respond to the complainant.

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought it was well-led. They were happy with the service they received. They told us they were able to contribute their views and they felt listened to. Some of their comments included, "It is a very good service, good for me and a very nice company", "I'm very happy, they keep me well informed", "Mears is a very good service", "They have some decent people", "It's a very good service- they are very caring and willing", "It is a really nice service and really well organised", "We are pleased with the service [our relative] gets, it makes our lives easier", "[My relative's] carer is very good and understands his needs, he is very well trained", "[My relative] is happy and that is what counts" and "I go away a bit so I rely on them to be there for [my relative]. They are flexible."

Other comments from people about the service included, "The local authority who originally introduced Mears and then tried to get me to change to another agency-I fought them and won. They are a very good agency", "I have experienced some not so good carers in the past and I am grateful for the people I have now", "I would like the service to be a bit more flexible at times", "They do not seem to pay the staff enough and they do not have enough good carers", "[My relative's] carer is exceptional" and "There is nothing which needs to be improved."

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

The registered manager was supported by a small team of senior staff. The care workers and senior staff told us that they found the registered manager supportive and knowledgeable. They said that if they needed help this was always available. The registered manager spoke positively about the other staff, complimenting their work and praising individuals. The registered manager had a very good knowledge of the people using the service and their needs. They told us that they tried to visit all of the people using the service to introduce themselves and to ask them how they felt about their care. The registered manager had a good knowledge of the staff and spoke about how they were supported to meet their individual needs, for example, using flexible working arrangements where staff had personal caring responsibilities. Some of the comments staff made about the registered manager included, "[The registered manager] is very thorough", "I love working with [the registered manager]", "[The registered manager] pushes me to do my best" and "She really knows the service users and staff and makes sure the service fits in with them."

The provider regularly contacted people for their feedback about the service. People also had regular reviews of their care to make sure support plans were accurate and reflected their needs. There were audits of records including, medication administration records, support plans, log books and staff records. Some of the comments from people who used the service which we saw in the provider's own quality monitoring included, "[The care workers] treat me with respect", "It would be a great loss of my independence without

my carer", "Communication with the agency is very good", "I just wanted to say how happy I am with the service I receive", "[The care workers] are very polite", "They respect my wishes especially during meals, serving me meals of my choice", "The visiting officer has spent a lot of time clarifying my needs and expectations"

The provider notified the Care Quality Commission of significant events.