Mears Homecare Limited

Bramble Court

Inspection report

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Date of inspection visit: 29 & 30 October 2015
Date of publication: 18/02/2016

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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 29 and 30 October 2015. This was an announced inspection.

Bramble Court is a domiciliary care service which provides personal care and support with domestic tasks to people living in an extra care scheme. At the time of this inspection 43 people were using the service.

No registered manager was in place at the time of our inspection, although an acting scheme manager was in place who had been at the service for several years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records to support and evidence the safe administration of medicines. We found gaps and inaccuracies in medicines records. The

Summary of findings

registered provider did not have systems in place to identify issues with medicines records in a timely manner. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe as care staff were always on site, and they responded quickly when people needed help. One person said, "I am very happy with everything here. I have made lots of friends and I am safe here."

Staff completed safeguarding training as part of their induction, and this was updated annually. Staff knew how to report concerns and were able to describe different types of abuse. Staff told us when they raised safeguarding concerns with the previous manager they didn't find out what happened as a result. Staff felt this was a missed opportunity to improve care practice. Staff said they had confidence in the acting manager to investigate such concerns thoroughly.

There were enough staff employed to carry out the visits required, and thorough background checks were carried out before people started working at the service.

Accidents and incidents were recorded and dealt with effectively by the provider. Risks to people's health and safety were assessed and reviewed regularly. A business continuity plan was in place in the event of emergencies.

Staff completed regular refresher training to keep their skills up to date. Staff received spot checks, supervisions and appraisals regularly, although the records of these sometimes lacked detail, and areas of development for staff were not always identified.

The acting manager understood the requirements of the Mental Capacity Act 2005 (MCA), and told us no one was subject to a court of protection order. Staff received training in MCA and knew what to do if people's capacity changed.

People's food and fluid intake was monitored to support their nutritional wellbeing. People were supported to attend health related appointments.

People spoke positively about staff maintaining their privacy and dignity. Most people told us staff encouraged them to be as independent as possible. People's relatives said staff were caring and respectful.

Care plans reflected people's background, needs and how they preferred to be supported, so staff could provide care in a way that was appropriate to their individual needs. Care plans were kept in people's homes so they could be referred to at any time.

People knew how to complain, although several complaints had been made in the last year about the previous management team, which had not been resolved to people's satisfaction. People told us they had confidence in the acting manager to investigate complaints thoroughly in the future.

The registered provider had systems in place to assess the quality of care people received, but these were ineffective in relation to medicines records and safeguarding concerns. Despite regular checks being made in these areas issues were not identified.

Staff told us there was a positive and open culture at the service, and the acting manager was approachable.

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?

Requires improvement

The service was not always safe. The registered provider did not have accurate records to support and evidence the safe administration of medicines.

Monthly audits of people's medicines administration records were carried out which failed to identify inaccuracies.

Staff had a good understanding of how to safeguard adults. Recruitment checks ensured new staff were suitable to care for vulnerable adults.

People told us they felt safe. They said care staff responded quickly when people needed help.

Is the service effective?

Good

The service was effective. People told us they had confidence in staff to care for them effectively.

People's nutritional needs were monitored and people were supported to have enough to eat and drink.

Staff understood the Mental Capacity Act 2005 (MCA) and how to apply this to people in their care.

Staff received regular spot checks, supervisions and appraisals.

Is the service caring?

Good

The service was caring. People told us they were happy with the care and support they received.

People were supported to be as independent as possible.

Family members told us staff were caring and respectful.

People were given information about how to access independent advice such as an advocate.

Is the service responsive?

Requires improvement

The service was not always responsive. Several complaints had been made in the last year which had not been resolved to people's satisfaction.

People were given clear information about how to make a complaint.

People told us staff were responsive to their needs.

Care plans were detailed and reflected the needs and preferences of individuals. They were reviewed regularly and updated when needed.

People had the opportunity to provide feedback about their care through an annual survey and visits by senior staff.

Summary of findings

Is the service well-led?

The service was not always well-led. The registered provider did not have systems in place to identify and investigate inaccuracies in medicines records.

The registered provider did not have systems in place to identify that outcomes and recommendations of safeguarding concerns were not always recorded.

The registered manager had recently left the service, although an acting manager was in post.

Staff told us they had a good team and the atmosphere at the service was positive.

Requires improvement

Bramble Court

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 29 and 30 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, and we needed to be sure someone would be in. The inspection was carried out by two adult social care inspectors and 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 service. The expert by experience supported the inspection by speaking to people in their own homes to gather their experiences of their care and support.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

We spoke with eight people who used the service and four relatives who were visiting the service. We also spoke with six members of care staff. We looked at a range of records which included the care records for seven people who used the service, medicine records for 10 people, recruitment records for seven staff and other documents related to the management of the service.

Requires improvement

Is the service safe?

Our findings

Medicines were not always managed in the right way. We viewed the medicines administration records (MAR) for 10 people who used the service. Some of these medicines records were inaccurate and incomplete. We found gaps on the MAR for all 10 people. This was because staff had either recorded an incorrect non administration code when medicines had not been given, or staff had not signed to confirm medicines had been given. There were also occasions when people had not received their medicines because they weren't available and care staff had failed to follow this up. For example, one person was prescribed a particular medicine four times a day. The MAR recorded the medicine being given twice on two days and not at all for six days. We were unable to confirm whether the person had received their medicine.

The systems in place to monitor the quality of medicines administration did not support the safe management of medicines. This was because effective checks were not in place to ensure medicines records were completed accurately and action taken to deal with any concerns. Despite monthly medicines audits and checks being in place, unexplained gaps and errors on MARs had not been identified. This meant the registered provider's quality assurance processes had been ineffective in identifying and investigating errors on the MARs.

The system for ordering people's medicines was inconsistent. There was no clear process in place for identifying when people's medicines needed to be ordered and who was responsible for doing so. This increased the risk of people not receiving their medicines on time.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe because care staff were always around and responded quickly when they used their call buttons. One person told us, "The calls are responded to very quickly even overnight." Another person said, "I am very happy with everything here. I have made lots of friends and I am safe here." People also said their families felt they were safe there. One person told us, "My family are very happy that I am safe here." Another person said, "It's peace of mind for my family."

Staff told us there were enough staff on duty to keep people safe. Staff told us they were willing to cover extra shifts when required, and the acting manager confirmed this. The acting manager said the service always tried to ensure continuity of care for people even when they were short staffed, and had never used agency staff.

Staff had a good understanding of safeguarding issues, particularly how to recognise signs of potential abuse in adults. For example, changes in a person's mood and sleeping habits. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults as part of their induction training and this was updated regularly. Staff knew how to report concerns and told us if they had any concerns they would raise them immediately. Staff said they had confidence in the acting manager to investigate such concerns thoroughly.

There were thorough recruitment and selection procedures in place to check new staff were suitable to care for and support people who used the service. Background checks had been carried out and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

A range of risk assessments had been carried out to help keep people safe. These included assessments of the person's home environment such as electrical appliances, gas appliances and fire safety and other potential risks such as falling and mobility.

The registered provider had systems in place to log accidents and incidents, which were done correctly, and these were analysed to look for trends.

Good

Is the service effective?

Our findings

People had confidence in staff to care for them and support them in the right way. One person told us, "Staff are trained and they do a good job." Staff told us all the training they get is relevant as it all gets used in the service. Staff told us they received the training they needed to carry out their role, and their training was up to date. Staff told us they received appropriate training and opportunities to shadow established care staff before doing calls on their own. Training records confirmed new staff completed a comprehensive induction course which included safeguarding adults, administration of medicines, fire safety and infection control. Records confirmed staff had also completed training in dementia awareness, moving and positioning and nutrition.

The registered provider used a computer based system to identify staff training needs. The system highlighted when a staff member needed to update their training. The system did not allow calls to be allocated to a staff member if their training was out of date. This meant only trained staff were scheduled to provide care to people.

Records confirmed supervisions, spot checks and appraisals took place regularly, although the records of these sometimes lacked detail, and areas of development for staff were not always identified. Staff told us they felt supported by the new management team.

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. People can only be deprived of their liberty to receive care and treatment when this is their best interests and legally authorised under the MCA.

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. The acting manager told us no one who currently used the service was subject to any restriction of their freedom under the Court of Protection, in line with MCA legislation.

Staff received training in MCA and understood the concept of ensuring people were encouraged to make choices where they had capacity to do so. Staff told us most people at the service had capacity to make their own decisions. Staff understood if there was doubt over someone's capacity they would contact the person's family, the mental health team and social services. This meant staff knew how to seek appropriate support for people should they lack capacity in the future.

People's food and fluid intake was monitored to support their nutritional wellbeing. Care staff completed daily notes which recorded what meals had been prepared and how much people had eaten. Staff described the range of support they gave people with eating and drinking, from supporting people to cook a full meal to practical assistance with eating and drinking. Staff said they saw people three or four times a day and knew people's eating habits well, so they would notice immediately if there were concerns with nutrition.

There was a restaurant on site which was well used at lunch times. Care staff were present in the restaurant to assist people who needed support at meal times. Staff told us they took meals from the restaurant to people's apartments if that was their preference.

Staff made appropriate contact with healthcare professionals such as GPs, district nurses, and community matrons when the need arose. A communication book was used to pass on relevant information to staff. This contained detailed entries which meant all staff could be kept up to date.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said, "The carers look after me very well and they take me to the restaurant for lunch and sort out my medicines." Another person said, "I am very happy with everything here." Family members told us they felt staff were caring and respectful to people who used the service. Care staff were pleasant and friendly, and there were positive interactions between staff and people who used the service. For example, when staff supported people to go the restaurant for lunch people were relaxed and having a laugh with staff.

The acting manager told us, "We deliver the highest level of care we can. We have a person centred approach." A representative of the provider said, "Staff know the residents really well here which is lovely. Staff care about what they do and communication between staff is good."

Most people told us staff encouraged them to be as independent as possible. One person said, "We are very independent here." Another person told us they were worried they would lose their independence when they first moved in, but this hadn't happened.

Staff confirmed they aimed to promote people's independence, but acknowledged that sometimes people had "off days" when they required more support than usual and people sometimes found this difficult. Staff knew people well so they could identify when people weren't their usual selves quickly. Staff told us they took pride in giving people a high standard of care. One staff member said, "We have a really high standard of care here."

We asked staff how they promoted dignity and respect. One staff member said, "You should treat people as you would expect to be treated." Another staff member told us they ensured the bathroom was closed when they gave personal care, and they talked to the person to put them at ease.

In the provider's last survey ('Service User View' published in February 2015), 94% of respondents said their dignity and respect had been maintained at all times. Also, 91% of respondents said the service helped them to achieve the goals in their support plan.

Each person who used the service had a copy of the service user guide and the registered provider's statement of purpose in their care plan. These were kept in people's apartments so they could refer to them at any time. The service user guide contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available and was well advertised.

The service had received written compliments from several family members. One said, 'The staff were magnificent and cared for [relative] with great compassion and affection. Not only this, but they also helped the family immeasurably.' This family described the care team at the service as 'outstanding'. Another person had sent a thank you card which said, 'You all do a fabulous job.'

Requires improvement

Is the service responsive?

Our findings

There were systems to log and investigate complaints, but no outcomes for complaints had been recorded since May 2014 despite several complaints being received. Several complaints had been made in the last year about the previous management team, which had not been resolved to people's satisfaction. Some people told us they did not feel their complaints had been taken seriously or investigated thoroughly by the previous management team. However, people spoke positively about office staff when they had made a complaint. One person and their relative told us they always got "a good response" from the office staff when they contacted them. People told us they now had confidence in the acting manager to investigate complaints thoroughly.

The provider had a complaints policy which was available to people who used the service, relatives and stakeholders. Each person had a copy of the complaints policy in their care files. This was also available in alternative formats.

People's views about the service were sought annually through an annual survey. In the provider's last survey (published in February 2015) 84% of respondents said they felt able to approach staff if they had a complaint or a concern.

People told us staff were responsive to their needs. One person said, "They're really good, they sort out my tablets and help me to shower." Another said, "The carers look after me well and help me with everything I need."

Each person's needs were assessed before their care package was put in place. The care plans were detailed and well written as they showed what care and support was needed to ensure individualised care was provided to people. They contained guidance for staff on people's medicines, personal care and eating and drinking. For example, a list of what food people liked and didn't like. They also contained person centred information relating to people's routines. People kept a copy of their care plans in their own homes so they could refer to them at any time. Care plans were reviewed regularly and whenever a person's needs changed. This meant staff had access to information about how to support people in the right way.

Care staff knew people well and called them by their preferred name. Staff we spoke with understood the importance of person centred care and respecting people's choices and preferences. They also understood the importance of responding to and acting on people's changes in needs. For example, one staff member told us they found a way to communicate with a person who had developed hearing difficulties by writing things down for them. Another staff member said they swapped their calls when they realised a person preferred more mature care staff to support them. There were a number of examples in care records when staff had contacted the GP when they were concerned about people. The acting manager said, "We always put our clients first."

A variety of activities were on offer such as flower arranging, exercise classes, and bingo which were arranged by the housing provider. People said they had the opportunity to take part in such activities if they wanted to. People told us they enjoyed social events, for example when entertainment had been arranged. People told us sometimes activities got cancelled which they found disappointing.

Requires improvement

Is the service well-led?

Our findings

At the time of this inspection there was not a registered manager at the service. The previous registered manager had left in October 2015. An acting manager was covering the management of the service until a new manager was appointed.

At the time of our inspection the acting manager was proactive when we raised concerns about the medicines administration records (MAR) being inaccurate. They informed staff immediately and every person's MAR was checked.

The provider's quality assurance processes were ineffective in identifying inaccuracies in the MAR. At the time of our inspection these issues had not been identified, despite monthly audits being carried out.

The registered provider's quality assurance processes were also ineffective at learning from safeguarding incidents. Although a safeguarding log was kept up to date, it was unclear whether the previous management team had taken appropriate action. Although safeguarding incidents were logged, the outcomes and recommendations from safeguarding investigations were not always logged and passed on to staff if appropriate. This meant lessons weren't always learnt from safeguarding incidents, staff weren't always kept informed and the provider lacked oversight and analysis into safeguarding incidents at the service.

Staff told us there was a good atmosphere at the service and they worked well together as a team.

Staff said there had been issues in the past with the previous management team, but things were "much better now" and they felt happier. One staff member said, "Now it's lovely here." Staff told us it was now "a happy ship" and they felt supported by the acting manager and the provider's quality manager. Staff told us there was a positive and open culture at the service, and the acting manager was approachable.

People told us they had seen recent improvements in the management of the service. One person said, "The new manager is very good, things have got better".

Staff meetings were held every six months, but records of these were incomplete as they did not include a list of attendees, an agenda or who led the meeting. There was no procedure in place for staff unable to attend meetings to be informed of outcomes and key decisions taken.

The registered provider had systems in place to assess the quality of the care provided. For example, unannounced spot checks were made on care staff to ensure they arrived at calls on time and they supported people in line with their care plans and wishes. Care plans were reviewed regularly to ensure they were up to date.

Feedback from people who used the service was sought by means of regular visits to people and an annual survey. Visits were carried out by the provider's senior staff members, usually someone from outside the service. A representative of the provider told us this was to encourage people to give honest feedback. The most recent visits were carried out in August 2015. Feedback from this was largely positive. Where an issue was identified this was investigated and dealt with by the provider appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).