

Mears Care Limited

Mears Care Huntingdon

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

About the service:

Mears Care Huntingdon is a domiciliary care agency. It provides personal care and support to people living their own flats in the specialist 'extra care' housing scheme in Huntingdon town centre. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 11 people were receiving the regulated activity personal care.

People's experience of using this service:

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection. The provider had systems in place to enable staff to safely manage people's medicines.

The provider had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. People received care from staff who were trained and very well supported to meet people's assessed needs.

Staff supported people to have enough to eat and drink and maintain a healthy weight. They worked well with external professionals to support people to keep well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support.

Staff worked well together. They knew the people they cared for well and understood, and met, their needs. Staff supported people in a gentle and compassionate way. Staff were respectful when they spoke with, and about, people. They supported people to develop or maintain their independence. Care was person-centred and met each person's specific needs. People and their relatives were involved in their, or their family member's, care reviews.

People's care plans provided staff with guidance on how to meet each person's needs. People spoke positively about how staff helped them to maintain and or develop their interests and community links. With support from external healthcare professionals, staff supported people to receive end of life care in their own home.

People and their families felt able to raise concerns which the provider addressed. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. The provider and registered manager promoted a culture that focused on people as individuals. The provider had put robust systems in place to effectively monitor the service and bring about further improvement. Staff worked in

partnership with external professionals.

Rating at last inspection:

The last rating for this service was Good (published 29 April 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Mears Care Huntingdon

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.

Inspection team

One inspector carried out this announced inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because, prior to visiting the service, we wanted to speak with people who use the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 30 September 2019 and ended on 21 October 2019.

During our visit to the service's office and extra care housing scheme, we spoke with four people, one person's relative, and five staff. The staff included three support workers, the team leader, and the registered manager. We sampled a range of records. These included four people's care records. We also looked at a variety of records relating to the management of the service, including audits, investigations and meeting minutes.

We received feedback via email from three external health and or social care professionals, two housing managers, and one relative, during the inspection period.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member felt safe receiving the service. One person said, "[Staff] are always there. I can't move [on my own]. They always make sure I'm safe."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the registered manager would take any concerns they raised seriously.

Assessing risk, safety monitoring and management

- On the whole, people's risk assessments contained guidance to support people and staff to reduce the risk of harm occurring.
- Staff looked for ways that people could continue in their chosen lifestyle activities safely. For example, one person smoked cigarettes in their flat. Staff liaised with the housing company and fire service, resulting in a sprinkler system being fitted in that person's flat that was linked to the fire service. This reduced the risk of harm to that person and others in the scheme.
- Staff encouraged and referred people to use technology to increase their safety and independence. A staff member told us they had received additional training that meant they were aware of, and recommended technology that was available to help people be safe and increase their independence. For example, life-line pendants for a person who was at risk of falls, and a kettle that holds one cup of water to reduce the risk of scalds.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff confirmed the registered manager followed these processes and carried out thorough checks before staff worked with people.
- There were enough staff employed to meet people's care and support needs. People told us staff were reliable. One person said, "They come at the same sort of time." Another person told us, "If I ever ring the bell, they are here in seconds."

Using medicines safely.

- People and relatives were satisfied with the way staff supported them to take their prescribed medicines. One relative told us that staff supported their family member to take their medicines and let them know when the medicines needed to be ordered. They told us, "It runs like clockwork and everyone is happy with how it works."
- Staff received training and senior staff checked their competency to administer people's medicines.

- Staff administered medicines to some people and reminded others to take them. People's care plans guided staff in the level of help each person needed to take their medicines safely. Staff had clear guidance to follow where people were prescribed medicines to be taken 'when required'. Only staff had access to one person's medicines to reduce the risk of the person taking them at the wrong time. However, staff had not documented the risk assessment or best interest decision in relation to this. The registered manager told us they would address this immediately.
- Senior staff audited medicines records to check medicines were given in line with the prescriber's instructions. Where they had identified any concerns, they had investigated and taken appropriate action. For example, providing staff with additional support or training.

Preventing and controlling infection

- Staff completed training in infection control and there were effective processes in place to reduce the spread of infection.
- Staff had access to, and used, disposable protective equipment such as gloves.

Learning lessons when things go wrong

- Senior staff reviewed accidents and incidents and took action to reduce the risk of recurrence. For example, referring people to external care professionals, such as introducing additional equipment, such as pressure sensor mats to alert staff quickly if a person got up, to reduce the risk of them falling.
- Any learning was shared with the staff team via meetings, supervisions and training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs prior to them using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. An external care professional told us staff contacted them promptly if there were any significant changes in people's needs. One person told us they had had a pressure ulcer prior to receiving care from the service. They said, "I'm so grateful that I've never had one since I came here. I put it down to the good care I've got here. [Staff] tell me to move around in my chair."
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance. An external care professional told us, "The registered manager and team have up to date and current knowledge of processes specifically relating to extra sheltered housing."

Staff support: induction, training, skills and experience

- Staff continued to have the training, experience and skill to meet the needs of the people they cared for. People and their relatives told us they felt staff were well trained. One person said, "They know what they are doing." An external care professional told us, "Staff seem to be knowledgeable [and] open to further training for any new [people] with additional needs."
- New staff received comprehensive training and induction into their roles. In addition to practical skills, this included training on attitude and personal skills. The registered manager understood the importance of continuously developing staff members' skills. Staff told us their managers supported them to access additional training relevant to people's needs. One staff member told us the team had completed training to enable them to support a person with a particular health need.
- Staff felt very well supported, both formally through supervision sessions and annual appraisal, and more informally, by the management team. One staff member said, "We support each other, what one doesn't know someone else might, we go to next in line there is always someone to ask. [The registered manager] is very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- The service was not responsible for providing people's food and drink. However, staff supported people to access the dining room and ensured they received meals if they stayed in their flats. Staff supported people to have enough to eat and drink and overall were aware of people's dietary needs. However, some staff were not aware that one person had recently been diagnosed with a medical condition that may be affected by the foods they ate. The registered manager arranged for the person's care plan to be updated immediately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff shared information with each other and external professionals, such as GPs, occupational therapists, and care managers. An external care professional told us, "We receive prompt referrals if people's needs change. [The team leader] is also very good at contacting us for preventative work too, enabling us to get in early and provide the client with early therapy input."
- Staff were proactive at ensuring people received the care and treatment they needed from other professionals. One relative told us, "Staff called the doctor and firmly let them know that my [family member] needed to be seen as soon as possible." They told us staff made sure their family member had everything they needed for an emergency hospital admission.
- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing.
- Staff arranged for people to access information at the scheme on a variety of health topics. One person told us they had attended "health talks" and that there were books and available on various health related topics such as living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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 in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us that staff always obtained their consent before providing care.
- Staff knew how the MCA and DoLS applied to their work. The registered manager told us that no-one using the service was deprived of their liberty.
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives made very positive comments about the staff and the service they received. One person said staff treated them, "Ever so well. They are nice people." Another person said the staff are "They really look after me. They tell me what they are doing. They are really great." A relative told us, '[Staff] have all taken their time to get to know [my family member] personally and they helped to make the transition from [my family member's] home a lot easier than we, as a family, thought it would be.'
- External care professionals made positive comments about staff. One told us, 'The staff have been kind, responsive and professional. They appear to build up a good rapport with [people] and the atmosphere seems relaxed.' Another described them as, 'Gentle and compassionate.'
- Staff told us they would be happy for a family member to be cared for by this service. One staff member said, "I think it's because it's small, it's about the [care staff]. I like the way this particular place works. We have time to go above and beyond."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were fully involved in the planning and review of their care and support. They said staff respected the decisions they made about their care. One relative praised staff for always treating their family member with dignity and respect, always listening to them, and giving them privacy. They told us, 'I have to say that this is the happiest I have seen my [family member] in years. My [family member] feels as though [they] are among friends and I can definitely understand why.'
- External care professionals also told us that staff treated people with respect and dignity, using good listening skills, and a person-centred approach. They said staff had involved people in decisions about their care. For example, to involve external professionals.
- Staff were proactive in building relationships with those who were important to people. For example, people's family members and friends. One relative told us, 'I find the staff to be very reliable and approachable, there is always someone on hand to speak to and nothing seems to be too much trouble for them. I felt very supported while my family member was in hospital.'
- The team leader told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.
- People told us that staff encouraged them to be as independent and active as possible. One person said, "I try to do as much as I can myself and staff encourage that."

- People's records were stored in their flats, and securely in the service's office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff supported people in a way that met their individual needs and preferences. They told us staff knew them very well and understood how they liked to receive their care and support. One person told us they had received a "better" service from Mears Care Huntingdon, than from their previous care company. They said, "The staff are very good. They don't have to be directed to do things. They just do it. They have a routine."
- Staff confirmed they reviewed people's care plans and that these provided them with guidance on the support people needed.

Supporting people to develop and maintain relationships to avoid social isolation; support people to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained detailed information about their social history and what was important to them. People told us that staff knew them, their care needs, and their interests well.
- External professionals told us the service provided person centred care, based on each person's needs and wishes. One professional said, 'The service is designed to specifically meet the care needs of the individual.' Another described how staff accommodated the times of their care visits so people were able to attend social gatherings.
- People spoke positively about how staff helped them to maintain and or develop their interests and community links. These included afternoon teas, bingo, takeaway nights, entertainers and speakers. One person told us they enjoyed these social opportunities. They said, "It gets us out of this flat for a little while. We get to talk and have a laugh."
- Staff focused on what was important to each person to help develop and or enhance their well-being. For example, they had secured funding for one person to enable staff to accompany them on regular trips out.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- The registered manager told us they were able to provide information in other formats where this supported people to understand it. This included providing information in easy-read format or other languages. One person told us they could read their care plan but would find it easier if the print were larger. The registered manager told us they would address this.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. People and relatives said they were very satisfied with the care and support they received. Where people had raised a concern, they told us senior staff, including the registered manager, had listened and addressed their concerns satisfactorily. One relative said, 'I always feel as though I can talk to the carers. I know that I can go to any one of them if I have an issue and that's a very comforting thought.'
- The provider had systems in place to deal with any concerns or complaints. An external professional told us, 'On the occasions where complaints have been raised they have been dealt with openly and robustly.'

End of life care and support

- Staff had access to basic training in end of life care.
- Staff were not supporting anyone with end of life care at the time of our inspection. The registered manager told us the service did not provide specialist end of life care. They told us that if a person required end of life care staff provided this with support from external health professionals, such as specialist nurses, following any guidance they put in place. An external care professional told us this had worked well in the past and enabled people to 'remain in their home where they are familiar with, and feel most comfortable with, the carers who work in conjunction with nursing support.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff were passionate about providing people with a high quality, personalised service that was underpinned by the provider's values. People and relatives made very positive comments about the service they received. One person told us, "The [staff] in charge do care." A relative told us, 'I have no complaints whatsoever regarding any aspect of my [family member's] care and no suggestions because I couldn't imagine that the level of care [they] receives could be improved upon in any way.'
- External professionals also praised the service. One described the service as delivering 'a high standard of care with [people's] health and wellbeing treated as a priority.' Another described the service's culture as, 'Professional, kind and responsive.'
- Staff felt valued and well supported by the registered manager and senior staff team. One staff member told us, "[The registered manager] is amazing. She gives the appearance of being laid back, but she is so receptive. She takes it all in and absorbs it and deals with things in a calm friendly fashion. [She] is really good, really dedicated."
- Communication with people, their relatives, and professionals was open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Senior staff carried out various audits including care and medication records and took action where improvement was needed.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- Staff were clear about their roles and knew when and how to raise any concerns. Staff were held to account for their performance when required.
- The registered manager and the staff team knew people and their relatives well which enabled them to have positive relationships and good outcomes for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal face to face reviews, surveys and informal feedback.
- Staff worked well together and demonstrated the values and vision of the service.
- Staff attended regular staff meetings and shift handovers where they had opportunities to discuss their

views on the service provided. They also attended one to one formal supervision as well as meeting with senior staff regularly.

- The service celebrated and shared its successes in various ways. Newsletters contained features on long service awards and 'smile award' winners, with a reminder that anyone could nominate a staff member for this award.
- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service.
- Staff worked in partnership with a range of professionals to ensure that people received joined up care. External professionals made very positive comments about the registered manager and staff and the service they provided. An external professional said staff were 'very approachable and always easily available to contact.' Another told us they were confident that staff always provided them with up to date and accurate information.