Mears Care Limited

Mears Care Birmingham

Inspection report

Ariel House 471-481 Garretts Green Lane
Garretts Green
Birmingham
West Midlands
B33 0SG

Tel: 01217899162
Website: www.mearshomecare.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

The Inspection took place on 22 September 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that staff would be available to talk with us about the service. This was the first inspection of this service since their registration in 2015.

Mears Care is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 47 people.

There is a registered manager in place at this 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.

There were some areas where improvements could be made. Some people told us that the office staff did not always pass their messages on. There were systems in place to monitor the quality of the service but these had not always identified where improvement were needed.

People told us that they felt safe with staff and suitable recruitment procedures were in place.

Staff knew how to keep people safe from abuse and harm.

People were supported with their medicines and staff had been trained to do this.

Staff told us that they felt supported in their role. Staff received training and supervision to enable them to carry out their role effectively. There was an induction programme in place that supported staff to feel confident before working independently.

People told us that staff were kind and respected their privacy and dignity.

People were supported to have food and drink that met that needs.

People were supported to have their human rights upheld because they were able to consent and refuse care and support and were treated as individuals.

People knew how to raise concerns and complaints. Some people had needed to do this and were satisfied with how their concerns had been dealt with.

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 felt safe with the staff supporting them and staff had the skills and knowledge to keep people safe from the risk of abuse and harm.

Risks to people were assessed and managed.

There were sufficient staff to ensure people received care and support as planned.

People were supported to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective.

People received support from staff who had received training and support to carry out their role.

People were supported to make decisions about their care where possible and their movements were not restricted.

People who required staff support to eat and drink received the support they needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and kind.

People were able to make decisions about their care.

People's privacy, dignity and independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care and were able to raise their concerns if needed.

Arrangements were in place to ensure that staff were informed about people's needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to assess and monitor the quality of the service and some progress had been made on making the improvements that were needed. Care records in relation to medicine management needed to be improved to ensure safe and consistent practice.

Most people were happy with the service they received and staff felt well supported in their work.

There was a registered manager in post who promoted an open and positive culture.

Mears Care Birmingham

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 22 September 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service. One inspector carried out this inspection.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service.

The provider also completed a Provider Information Return (PIR) before our inspection. 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 this information to plan our inspection and ensure that any areas of concern were looked at. We contacted the local authority and asked for their views. We also reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase.

We spoke with ten people and two relatives who used the service by telephone. We visited the services offices and spoke with the registered manager, regional manager and five staff including a senior carer.

We looked at a variety of documents which included four people's care plans, four staff recruitment files, staff training records and other records relating to the management of the service including complaints and audits carried out to monitor quality and safety.

Good

Is the service safe?

Our findings

People who used the service and relatives spoken with told us that they received a safe service. One person told us, "The staff are good and they know what they are doing". Another person told us, "I do trust the staff and yes I feel safe". People confirmed that staff wore identity badges and uniform so people could be assured they were staff from the agency.

People were protected against the risk of abuse. Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. Staff told us that they were confident about reporting any concerns that they had in relation to the people they supported. One staff member said, "Any concerns I would let the care coordinator or manager know straight away and I am confident it would be dealt with". We saw that the provider had procedures in place and records showed that safeguarding issues had been reported to the relevant authority as required and when we visited one incident was in the process of being investigated.

There were procedures in place to identify and manage the risks associated with people's care. This included risks in the home or risks to people For example there was information about any risks associated with eating and drinking, people who were at risk of falling and people who had or were at risk of developing sore skin. Staff told us that they had access to risk assessments so they knew how to support people in a safe way. Staff told us and records confirmed that they had received training in areas such as moving people safely and fire safety training.

Staff spoken with were able to tell us what they would do in the case of an emergency such as not being able to access someone's home to ensure that they were safe and well. One person told us, "I had a fall and she [staff member] was brilliant. She stayed with me and wouldn't leave for her other calls. She called for an ambulance and let my daughter know. She did everything to make sure I was safe and looked after". Some people needed two staff to help provide care and support. Staff told us if the second person had not turned up for the call they would ring the on call person or the office and another staff member would be sent to the call. However, they told us that this didn't happen very often.

We saw that memos were sent to staff to promote safe and consistent practice. For example, staff were reminded of their responsibility to ensure they wore aprons and gloves when needed. We also saw that safety information was communicated to staff to promote safe practice. For example, staff had been alerted to the risk of fire from paraffin based skin creams on bandages and clothing that come in contact with a naked flame or cigarettes.

The regional manager and registered manager told us that there was a system in place for identifying the number of staff hours needed and there were sufficient numbers of staff employed. Some staff spoken with told us that on occasions they were asked to fit in other calls and this meant they were sometimes rushed between calls. The registered manager told us that staff were sometimes asked to do extra calls to cover for staff sickness and holidays and staff schedules were looked at to see where calls could be fitted in. They told us that improvements had been made to the way calls were planned within geographical areas so that

people received more consistent support and travel arrangements for staff were easier to manage. The provider told us in their PIR that the service continues to recruit staff on a regular basis to ensure that there is a balanced staff ratio to people that use the service to cover for staff sickness and holiday.

Some people told us that on some occasions their calls were late and that they were not always informed when the care staff were running late. The registered manager told us that systems were in place to monitor late calls and that any call that was over half an hour late a call would be made to the person to let them know.

Staff spoken with told us that the appropriate recruitment checks had been carried out before they were employed to work in the service. Employers are required by law to carry out checks such as taking up employment references and carrying out Disclosure and Barring Service (DBS) Checks. These checks provide information about any convictions and whether the person was barred from working with the groups of people the employer was providing a service to. Staff recruitment files that we looked at had evidence that these checks had been done. This showed that the providers recruitment practice helped ensure that staff were safe and suitable to work in the service.

Some people we spoke with needed support to take their medicines. Staff told us that they had received medicine management training and they were confident supporting people to take their medicines. Staff told us that there were records in people's homes so they knew what medicines to give and at what time. Care records showed when care staff were to support people with their medicines.

Good

Is the service effective?

Our findings

People spoke positively about the staff that supported them. People told us that staff had the skills and knowledge needed to meet their needs. One person told us, "They all seem to be trained and know what they are doing". Another person told us, "They [staff] are very efficient and do seem to be trained". A relative told us that they were happy with the service that their family member received.

Staff told us that they received support to carry out their role through induction, training supervisions, spot checks, observations of their work and staff meetings. Spot checks are checks made by senior staff to see if staff involved people in their care and if the tasks were carried out in line with care plans and risk assessments in place. A staff member told us, "The senior staff do the spot checks and make sure we are doing things right. If they need to tell you anything they will take you to one side and let you know". Staff who had recently been recruited told us that their induction had prepared them for the role. They told us that they were given the opportunity to shadow more experienced members of staff. This was a means of helping them understand the role before beginning to work independently. We saw records of staff training and the registered manager told us that staff training updates were provided and if these were not completed by staff they would be prevented from carrying out care calls until the training required was completed. This corroborated what we were told in the PIR.

Staff confirmed they received supervision with their manager and this was an opportunity to discuss their performance and development needs. Staff told us they were able to raise concerns at any time with a senior staff member or the registered manager if they needed to and felt well supported. A staff member told us, "The managers [registered manager's name and regional manager's name] are amazing you can ask or tell them anything and they are very supportive".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA and understood about acting in a person's best interest. All staff told us that they respected people's rights to make choices for themselves and encouraged people to maintain their independence. Staff told us that they always asked people's consent before they supported them.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. This provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. At the time of the inspection the registered manager had not needed to notify the Local authority about any person that they provided a service to. The registered manager demonstrated to us that she had

a good understanding of this legislation.

People had varying levels of nutritional needs. Some people were able to manage their meals independently. People who required staff support with this told us that staff supported them well. One person told us, "They ask me what I want and always make sure I have a drink by me". We saw that people's eating and drinking needs were assessed and recorded in their care records.

Staff told us that they knew what to do if a person became unwell and what to do in an emergency situation. Staff told us that they would call the emergency services, contact the office or on call if a person was unwell. Staff told us that when needed, they contacted health professionals and worked with other agencies so people's health needs would be met in a safe way.

Good

Is the service caring?

Our findings

People we spoke with told us good comments about the care staff. They told us that staff were caring and kind and they received the help they needed. Comments included, "Very kind girls", "Whatever I ask for they will do" and "I feel young and think young and love to have a chat and a bit of time with the girls [staff] they are lovely".

People told us that care staff respected their privacy and dignity. They told us that staff would always explain what they were doing. One person told us, "They [staff] will make sure I am covered over. They are good like that". A staff member told us, "I will always ask the person first and then make sure they are covered over and make sure any doors are shut".

People and their relatives told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to eat or drink.

Staff were positive about their role and the relationship they had developed with people. They spoke about people as individuals. Staff told us that they had built up a good relationship with the people that they supported. A staff member told us, "People that I support will say things like 'I am glad it is you' They say they are so pleased to see me and I know I can do little things that make them happy". Another staff member said, "I love what I do and it's good to be helping people".

People were supported to remain as independent as possible. For example, people told us that staff encouraged them to carry out their own personal care if they could. One person told us, "I can do most things for myself and they [staff] help with the things I find difficult". A staff member told us, I do try and get people to do as much as they can. There is a gentleman and we get him to do as much as he can, we don't rush him and we support him to be independent".

Staff told us that they understood their responsibility to maintain people's confidentiality. They told us that information was kept safe and secure. We saw at the office that arrangements were in place to ensure that people's information was held securely. We saw that each staff member was given an employee handbook when they were appointed. This detailed staff responsibilities and the values of the service.

Good

Is the service responsive?

Our findings

People were supported by staff who understood their individual needs and preferences. People told us that their care and support needs had been discussed with them when the service first started. All the people we spoke with told us that they had a care plan in their home. We saw that people's care records contained an assessment of their needs. These covered areas of support including mobility, eating and drinking. We saw reviews of people's care records had taken place.

People had opportunity to express their views about the service. Care package reviews took place and telephone calls were made to ask people their opinion about the service. Most people confirmed to us that these took place. Surveys were also used as a means of gathering people's opinions. The result of the last survey was mainly positive.

Some people receiving care in their own home as a domiciliary service, received support in the community where it was part of their care package. For example, one relative told us that staff supported their family member to attend a day centre each week. Staff helped them get ready and also supported them whilst attending the day centre. The relative told us that they were pleased with the support that staff provided to their family member.

We saw that the service had identified when the support of other agencies may be beneficial to people. For example, the registered manager with a person's consent had made a referral to Age UK to support a person with their finances.

Staff described to us that when caring for people they aimed to provide the care and support in a way that recognised the individual needs of the person. People's preferred routine and ways of being supported were included in their care records.

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A senior staff member told us that they produced a report of all on call enquires that they had dealt with out of hours. They told us that this was passed on to the registered manager and included any information that staff had passed on about changes in people's care needs and for example any staff changes due to sickness. This enabled the registered manager to monitor the service and ensure that a responsive service was provided outside of the main office hours.

All the people we spoke with told us that they knew how to contact the service if they needed to make a complaint. Some people told us that they had contacted the office and had been satisfied with how their concern had been dealt with. Some people told us that communication with the office was not always good. The registered manager told us that the customer satisfaction survey had highlighted communication as

something the office needed to improve on and that as a team they had recognised this and action plan was in place to address the concerns. The registered manager told us that they will be monitoring this and will ask for feedback from people to ensure that the improvements needed are made.

There was a complaints procedure in place explaining the process that would be followed in the event of a formal complaint being made. We saw records of complaints that had been addressed. This included a full response once the concerns had been investigated. We saw that there was also a system to record and respond to concerns that could be responded to immediately for example the response to telephone calls received from people in respect of late calls.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor quality and safety within the service this included the auditing of care records and medication administration records (MAR). We saw that some actions had been taken to make improvements including ensuring all records were consistently signed by staff. However, we saw that records in relation to medicine management did not always reflect the support that staff were providing to people. For example, some people's care records stated that staff were to remind or prompt the person and the daily records recorded that staff were administering people's medicines. We also saw that the support people needed to apply creams was not always recorded in their care records or on the MAR records. When we brought these matters to the registered manager's attention she took immediate action to address the issues we found. The registered manager confirmed to us the day after our inspection that a full medication audit was completed on all the acre plans for people who received support with their medicines. She told us that where needed the records had been reviewed and updated so that staff had all the information needed to ensure safe and consistent practice. We couldn't confirm these improvements and will look at this at our next inspection of this service.

There was a registered manager in place who had been appointed as manager and registered with CQC recently. They had overall responsibility for Mears Care and was also responsible for Mears Home Care which was managed in conjunction with this service from the same location with some shared resources. The registered manager shared with us an action plan that she had developed for this service and this showed areas for improvement had been identified and progress had been made on making the improvements needed. For example, staff training updates had been identified and scheduled and regular staff meeting and supervision had been implemented.

Most people we spoke with were happy with the care they received from staff. However, some people were not happy about how their calls to the office staff had been dealt with. This had been identified in the recent survey and the registered manager told us that this was an area where they were striving to make improvements and was also detailed in the Provider Information Return (PIR) that we received before our inspection. One person told us, "The care staff work with the greatest amount of thought and consideration; I have no problem with the care staff ". However, sometimes messages do not get passed on by the office about things like cancelling a care call and the staff turn up". Another person told us that they had spoken with the registered manager and felt reassured by them that things 'in the office' would improve. To improve general communication within the service the registered manager had introduced a newsletter and this has been sent to all the people who used the service. People had also been offered a weekly rota showing which care staff would be carrying out their care call and many people had requested this.

There was a system in place to monitor that visits to people's homes were taking place on time. This required staff to sign in at the start and log out again when the visit was completed. Some people told us that they had some late care calls. The registered manager told us that systems were in place to monitor late calls and that any care calls that were over half an hour late a telephone call would be made to the person to let them know. We saw that the registered manager had also followed up with staff where care calls had not been completed at the scheduled time. One person told us that they had a missed call. The registered

manager was able to tell us that this had happened nine months ago and the missed call had been reported to the local authority who commissioned the service and no calls had been missed since.

Staff spoke very positively about the registered manager and regional manager. Staff were aware of the term whistleblowing and told us the action they would take if they had concerns about poor practice in the service. A staff member told us, "Things get followed up quickly now you let the care coordinator or the manager know and they get sorted".

We saw that memos were sent to staff to promote safe and consistent practice. For example, staff were remind of their responsibility to ensure they wore aprons and gloves when needed. We also saw that safety information was communicated to staff to promote safe practice. For example, staff had been alerted to the risk of fire from paraffin based skin creams on bandages and clothing that come in contact with a naked flame or cigarettes.

Staff received a company handbook which contained information about policies and procedures that supported staff to fulfil their role. It also contained the company's aims and mission statement. Staff that we spoke with confirmed that they had received a copy of the handbook.

We saw that staff meetings took place and provided the opportunity for staff to discuss important issues relating to their role. Staff told us that meetings were held at different times and days to ensure all staff had the opportunity to attend. In the records of one meeting minutes we read that the outcome of the staff survey had been shared with staff and that communication between people that used the service and the office needed to improve. Monthly meetings with office staff had also been introduced to improve communication and address the issues raised by people that use the service.

Spot checks took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits people were asked their views about the care they received and their views were documented.