

Mears Homecare Limited

Westwood Extra Care Scheme

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was completed on 17 February 2016 and 18 February 2016 and there were 13 people in receipt of a service at Westwood Extra Care Scheme when we inspected.

Westwood Extra Care Scheme provides 24 hour care and support for up to 15 people in one bedroom flats. The Extra Care Scheme is managed and maintained by South Essex Homes on behalf of Southend-on-Sea Borough Council. The care and support is provided by Mears Homecare Limited.

The service had a registered manager in post. 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 management of medicines within the service required improvement so as to ensure that people received their prescribed medication and ensure people's safety.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and were supervised.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services.

Staff understood the requirements of the Mental Capacity Act 2005. Staff demonstrated how to apply the principles of this legislation to their everyday practice and to help ensure that people's rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported.

An effective system was available to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that they strived towards and provided a high quality service.

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 consistently safe.

Improvements were required to manage people's medicines to an acceptable level and safely.

Appropriate arrangements were in place for managing risk and risk assessments were proportionate and centred around the needs of the individual person.

There was enough staff available to meet people's needs safely.

The provider had systems in place to safeguard people using the service and to ensure that people were protected from abuse.

Is the service effective?

Good 

The service was effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported by staff so as to ensure that they received sufficient nutrition and hydration.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being. People experienced positive outcomes with regard to their healthcare needs.

Is the service caring?

Good 

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and

responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People's support plans were detailed to enable staff to deliver care and support that met people's individual needs.

People were confident to raise any concerns and were assured that these would be taken seriously, explored and responded to in good time if the need arose.

Is the service well-led?

Good ●

The service was well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the registered manager and team leader.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

Westwood Extra Care Scheme

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 17 February 2016 and 18 February 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with five people who used the service, five members of support staff, the registered manager and team leader.

We reviewed four people's support plans and support records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

Not all people told us that they received their medication as they should. Two people confirmed that there had been times when they had not received one or more of their prescribed medications. One person told us that one of their prescribed medications was used to help relieve pain symptoms they experienced as a result of their medical condition. They told us that this medication was very important to them; however there had been occasions whereby this had not been available to them.

There were arrangements in place to record when medicines were received and given to people. We looked at the records for five of the 13 people who used the service. The Medication Administration Records [MAR] forms and communication book for three out of five people showed that they had not received all of their prescribed medication as they should. For example, the MAR form for one person showed that in January 2016 they had not received three of their prescribed medicines on 10 occasions. The reverse of the MAR form recorded that the medication was 'unavailable'. No evidence was available to provide a rationale as to why this was. This was not an isolated case. The MAR form for another person showed that they had not received one of their medications for a period of 10 continuous days. The reverse of the MAR form recorded 'Pharmacy did not deliver' but there was no further information recorded to show what steps had been taken to liaise with the person's GP surgery or the delivering pharmacist. We discussed the latter with the team leader and they confirmed that they had held discussions with the person's GP and the delivering pharmacist. The team leader advised that a record of their actions and discussion had not been retained within the staffs' communication book nor within the person's daily communication log to evidence the actions taken and in hindsight this should have been recorded. The impact of this meant that people's health and wellbeing could be seriously compromised if their medication regime was not adhered to.

We found that staff were using incorrect codes on the MAR form. For example, where people were prescribed medication but refused to take the medication, staff used the code 'N' offered PRN but not required' instead of 'R' refused. Additionally, where a variable dose of medication was prescribed, the specific dose of medication administered was not always recorded.

Although there was evidence to show that staff involved in the administration of medication had received appropriate training and had had their competency assessed, this was not as effective as it should be. The above demonstrated that staff did not have a clear understanding of their responsibilities as there was a lack of evidence to show that they knew which codes to use on the MAR forms and there was a lack of urgency to ensure people received all of their prescribed medication.

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

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were safe. One person told us, "Oh yes, I am definitely kept safe. I have no concerns." Another person told us, "I am unquestionably very safe here. If I felt unsafe I would tell someone." Relatives told us that they were confident that their member of family was kept safe at all times.

People were protected from the risk of abuse. Since being newly registered in May 2015, there had been no safeguarding concerns raised. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the registered manager, team leader or the provider. One member of staff told us, "I would not hesitate to raise a safeguarding if I suspected abuse. If I thought the manager would not take the appropriate action I would contact the Local Authority and you [CQC]." This showed that staff were confident and knew what to do if safeguarding concerns were raised and followed the provider's policies and procedures.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. These related to people's manual handling needs, where people were at risk of falls, environmental risks to ensure people's and staff's safety and wellbeing and medication. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom. This showed that people's individual risks were assessed and staff knew how to keep people safe. In addition, some people told us that they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home.

People who received a service had their care package funded through the Local Authority. The registered manager advised that the Local Authority determined the staffing levels to be provided in order to meet the person's needs. All but one person spoken with told us that in their opinion they did not always think there were sufficient numbers of staff available. One person told us, "There are only two staff on duty during the day. The staff are lovely and do their best but there are times when if I use my call bell, I can wait for up to 15 to 20 minutes for staff to arrive." Another person told us, "Sometimes if you use your alarm because you need staff they can take 10 to 15 minutes to provide the support you need. It's only that they are busy with someone else and not because they [staff] don't care. The staff are absolutely lovely." Despite the above comments made to us, people told us that there had not been any missed calls and staff stayed for the full amount of time allocated and; in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. Our observations at the time of the inspection demonstrated that although staff were very busy at key times, people using the service received a good level of care as staff were responsive to people's needs.

Staff confirmed that during the day there were two members of staff and at night there was a 'sleep-in' person. Although staff told us that there were key times during the day when they were extremely busy, particularly, first thing in the morning, at lunchtime, at teatime and when assisting people to go to bed, staff told us that staffing levels were generally adequate but that staffing levels at night required reviewing. For example, staff told us that there were recurring occasions when they were disturbed at night so as to attend to people's needs or to attend to an emergency. Records showed this happened the day prior to our inspection. The member of staff worked a total of eight hours on 16 February 2016 and this excluded the 'sleep-in' shift. However, the member of staff attended to an emergency situation from 03.20, remained on duty until their shift finished at 10.00 but returned to undertake their late shift on the same day at 14.00 on 17 February 2016. This showed that they had been on duty [awake] for a total of nearly 15 out of 20 hours. We discussed this with the registered manager and they confirmed that a review of staffing levels was being undertaken and an additional member of staff was being considered for the morning shift.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

Is the service effective?

Our findings

Although staff told us that they received formal supervision at regular intervals and were supported by their team leader, we found that supervision records did not correspond to what we were told or in line with the provider's own supervision policy and procedure. For example, records showed that one member of staff who had no previous experience working in care prior to being employed, had received only one supervision in a six month period and that was on the second day of our inspection. Another member of staff's records showed that they had received one supervision in eight months. We discussed this with the registered manager. The registered manager told us that they believed the frequency of supervisions to be set at six monthly intervals and that the above was in line with the provider's supervision policy and procedure. We also discussed this with the service's Regional Area Manager following the inspection. They confirmed that staff should receive formal supervision at six monthly intervals, however in addition to this staff would receive additional support through direct observations, team meetings and annual appraisals.

Where staff had been employed longer than 12 months, they had received an annual appraisal of their overall performance. However, objectives and goals had not been set for the next 12 months.

People told us that, in their opinion, staff were appropriately trained. Staff told us that the provider had a positive attitude towards training. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared and supported. Staff training records viewed showed that staff had received mandatory training in key areas. One staff member told us, "The training here is very good."

Staff were able to tell us about the provider's arrangements for newly employed staff to receive an induction. Staff confirmed that this included a five day induction comprising of training in key areas appropriate to the needs of the people they supported, an introduction to the organisation and job- role specific induction at the proposed service. In addition to this staff told us that opportunities were given whereby they had the opportunity to shadow a more experienced member of staff for several shifts depending on their level of experience. Staff told us that they had found the latter to be informative and very useful.

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. 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.

Staff were able to demonstrate their knowledge and understanding of the requirements of the Mental Capacity Act 2005. Records showed that staff employed at the service had received Mental Capacity Act 2005 (MCA) training. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. Staff confirmed that all people using the service

had capacity to make day-to-day decisions.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their nutrition and hydration needs met. People using the service and staff told us that twice a week arrangements were in place to enable people if they wished to have a meal together in the main communal lounge/dining area. People spoke positively about these arrangements and told us that it was an important social event. People confirmed that they could have the meal even if they later chose to have it in the comfort and privacy of their own flat.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with staff or their family members. Staff told us that if they were concerned about a person's health and wellbeing they would be relayed to the registered manager or team leader for escalation and action. Records showed occasions whereby GP's, District Nurses and Social Workers had been contacted due to a change in a person's healthcare needs.

Is the service caring?

Our findings

People told us that they or their member of family were treated with kindness, consideration and compassion. One person told us, "The staff are marvellous. I have not found a nasty carer since I have been here. The staff that work here are absolutely lovely." Another person told us, "The staff are absolutely lovely here. They are very kind and caring and I have not got a bad word to say about them. If I need anything they do their best to provide for my needs and what I want." A third person told us, "I am very happy with the care and support I receive." They also confirmed that their needs were met by staff to a good standard. Relatives confirmed that they were more than happy with the care and support provided for their member of family.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence. Staff were able to tell us who were able to access the local community without staff support or who required minimal staff support. Staff also told us who were independently able to undertake their own personal shopping, who was able to be self-sufficient in cooking for themselves and where people were able to undertake all or certain aspects of their personal care. This showed that people were empowered to retain their independence where appropriate and according to their needs, strengths and abilities. One person told us, "I try to do as much for myself as I possibly can. Staff do not interfere unless I ask them for assistance. I prefer it this way."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state that they agreed with the content of the support plan and from completion of quality monitoring forms. Where the latter was completed no issues for corrective action were highlighted.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. Where appropriate staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were close by to maintain the person's safety.

Is the service responsive?

Our findings

People told us that they received good personalised care that was responsive to their needs.

The registered manager told us that recommendations and referrals to the service were made by the Local Authority. Additionally, an initial assessment was completed by the Local Authority and this was used to inform the individual's support plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process.

Support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Records also showed that key assessments relating to health and safety, medication, moving and handling and environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were very knowledgeable about the needs of the people they supported and this was reflected from the information recorded within people's support files. The support plans focused on people's abilities and strengths rather than on what they could not do.

Where people's circumstances had changed, the support plan had been reviewed and updated to reflect changes in people's needs. For example, information recorded within one person's support plan confirmed that the person's mobility needs had changed over the past two months and they now required more support and specialist equipment to help aid their mobility. We observed that the latter was in place.

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that effective arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person told us, "If I had a problem I'd tell the staff or speak to my relative." Another person told us, "I'd definitely tell someone if I was unhappy. I would raise my concerns without any doubt." People also told us that any anxieties or worries raised with staff had been quickly dealt with and resolved to their satisfaction. A record of compliments received about the care and support provided was maintained so as to recognise the service's achievements. One compliment recorded, 'The staff are kind and helpful to our relative. It helps me to relax knowing they are safe and happy.'

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager confirmed that they were also registered for two other services and divided their time between each one. They advised that each service had a team leader in post who was primarily responsible for the day-to-day running of the service.

Staff told us that they felt valued and supported by the management team. They told us that the registered manager and team leader were approachable and there was an 'open culture' at the service. Staff confirmed that the team leader led by example and was 'hands on,' providing much valued support and advice whenever staff required it. All staff spoken with confirmed that they enjoyed working at the service. One member of staff stated, "It is very good here. We always put people at the centre of the service to be provided. This makes you think about people as an individual and not as a group of people." Another staff member told us, "It is brilliant here and I absolutely love it. I cannot think of a nicer place to work. There is good team spirit and the team leader is very good and if you need support they are there for you."

We found that arrangements were in place to assess and monitor the quality of the service provided. The registered manager told us that information was collected and recorded in a variety of ways. This included the completion of monthly 'key performance indicators' relating to compliance, supporting staff and staff training. The registered manager confirmed that the information was collated each month and submitted to the provider for further analysis. We reviewed the monthly reports for the period October 2015 to January 2016 inclusive and found that there was a good level of compliance achieved. The registered manager told us that this helped them to drive improvement and to ensure that the service delivered high quality care. However, there was no information to show that areas for improvement as highlighted at this inspection in relation to medicines management and staff supervision had been identified.

The team leader told us that it was envisaged that staff meetings were to be held at three monthly intervals. Minutes of meetings were readily available and showed that these had been undertaken in September 2015 and January 2016. Staff told us that they had a 'voice' and were able to express their views freely.

The registered manager confirmed that people using the service and those acting on their behalf would be given the opportunity to provide feedback to the provider about the quality of the service delivered. The registered manager advised that this would be completed in October 2016 and a report collated and the results analysed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with the proper and safe management of medicines.</p>