

Mears Care Limited

Westwood Extra Care Scheme

Inspection report

Eastwood Old Road
Leigh On Sea
Essex
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Tel: 07580593094

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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

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 Care Limited.

Although there had been a change of registered provider since our last inspection in April 2017, this was in name only. The organisation's 'nominated individual' and the registered manager remained the same. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Our key findings across all the areas we inspected were as follows:

Suitable arrangements were in place to keep people safe. Policies and procedures were followed and understood by the management team and staff to safeguard people. Risks to people were identified and managed to help people lead the life they wanted. The domiciliary care service was appropriately staffed to meet the needs of people using the service. Medication practices were safe, however improvements were required to ensure people's prescribed medication was available. Recruitment procedures were followed to ensure the right staff were employed. People were protected by the service's arrangements for the prevention and control of infection. Arrangements were in place for learning and making necessary improvements when things go wrong.

Staff had a thorough induction to carry out their roles and responsibilities effectively. Staff had the right competencies and skills to meet people's needs. Suitable arrangements were in place for staff to receive formal supervision at regular intervals. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. People told us staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of services and professionals.

People told us they were treated with care, kindness, dignity and respect. People were supported to maintain their independence where possible. People told us they received a good level of care and support that met their needs. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.

Support plans were in place to reflect how people would like to receive their care and covered all aspects of a person's individual circumstances. People confirmed there were infrequent social activities provided for them to join in, mainly because of low attendance and people wishing to do their own thing. Information about how to make a complaint was available and people told us they were confident to raise issues or concerns.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's views about the quality of the service provided and these were positive.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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 14 August and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

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 four people who used the service, two people's relative, three members of support staff, the team leader and the registered manager.

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

Is the service safe?

Our findings

People's feedback about the service was positive and they confirmed to us they were safe. One person told us, "I definitely feel safe, if I didn't the staff would know about it, I'd soon say something. " A second person told us, "My door is locked after all calls, I feel very safe." Some people told us they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance.

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff demonstrated 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 a member of the management team. Staff were confident the registered manager would act properly on people's behalf to protect them.

Risk assessments were in place and information recorded within people's support plans identified risks, associated with individual's care and support needs. For example, manual handling needs and environmental risks to ensure people's and staff's safety and wellbeing. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

Relevant checks were carried out before a new member of staff started working at the service. Staff recruitment records for four members of staff demonstrated, safe and thorough recruitment procedures were in place. These included the obtaining of references, ensuring the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. Additionally, prospective employees equality and human rights characteristics were recorded and considered when recruiting staff.

People told us there were sufficient staff available to provide the care and support as detailed within their support plan and to meet their needs. People confirmed there had not been any missed or late calls. People told us staff stayed for the time allocated to ensure care and support tasks had been completed. Comments recorded on feedback forms included, "Care staff are always on time for my care calls" and, "My calls are on time due to 'time' critical medications." One person told us, "Staff are always here to provide care and support I need."

The majority of people spoken with told us they received their medication as they should. We looked at the records for four people visited when conducting 'home visits' as part of the inspection process. Records showed three out of four people had received their medication as they should and Medication Administration Records [MAR] were kept in good order. However, minor improvements were required as one person's pain relief medication had run out over a two day period. Although efforts had been made by the service to liaise with the person's GP and pharmacy to obtain the medication, an error had occurred whereby the amount of medication received had not been checked properly to ensure there was a sufficient supply available. The registered manager provide an assurance this would be looked into and current

arrangements to order people's medication reviewed.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. For example, following a safeguarding concern being raised about one person using the service, the registered manager had highlighted improvements were required relating to some aspects of record keeping and to improve cleanliness checks in people's own flats.

Is the service effective?

Our findings

Staff told us appropriate arrangements were in place to ensure they received suitable training at regular intervals so they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed staff had received mandatory training in key areas as part of their initial induction and subsequent refresher training thereafter. One member of staff told us they had found the training provided to be good and this gave them the confidence to carry out their role and responsibilities to a good standard.

One member of staff told us their induction had been comprehensive. Staff received a five day induction comprising of training in key areas, an introduction to the organisation and job-role specific induction at the proposed service. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Supervisions had been completed on a regular basis allowing staff the time to express their views and to reflect on their practice. These comprised of 'face-to-face' supervisions and 'observations of practice.' The latter is where the provider's representative can observe a member of staff as they go about their duties to ensure they are meeting the organisations values, standards and expectations.

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 employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. Staff confirmed the majority of people living at the 'scheme' had the 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 specific needs and preferences. People told us 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 people had their nutrition and hydration needs met. Arrangements were in place to enable people if they wished to have a meal together in the main communal lounge/dining area, for example, a fish and chip supper was planned on Fridays and 'take-away' meals were proposed on a Saturday night.

Where appropriate people had access to health professionals and services as required. People told us if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. Staff told us if they were concerned about a person's health and wellbeing this would be relayed to the team leader or registered manager 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 they were treated with care and kindness. One person told us, "The staff are very nice. I sometimes get a bit low and feel a little bit lonely; staff come along and cheer me up." A second person told us, "The staff are kind and caring, even the younger ones." When asked if they would recommend the service to others, people confirmed they would not hesitate. People suggested to us they had a good relationship with the staff who supported them.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family 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. Such as with their personal care, attending medical appointments on their own and accessing the local community independently. One person told us they managed their personal finances independently and that this was very important to them. Another person told us, "The staff support me to do as much as I can myself, if I need help I know I can always ask staff." This showed that people were empowered to retain their independence according to their needs and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process and had signed to state they agreed with the content of their support plan. Where 'feedback' forms had been completed, people's comments were positive.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least invasive way and were always treated with courtesy and respect. One person told us, "The staff are always polite and courteous." People told us that although staff used the 'key safe' to gain entry to their flat, staff always called out to them to let them know they were entering and to confirm who they [staff] were. Our observations showed this routinely happened and staff respected people's privacy and dignity. Staff knocked on people's doors before entering and staff were observed to announce who they were. People told us staff used the term of address favoured by the individual when communicating with them and this concurred with our observations.

Is the service responsive?

Our findings

People told us they received good personalised care and support that was responsive to their needs. The registered manager told us that recommendations and referrals to the service were made by the Local Authority. An initial assessment was completed by the Local Authority and this was used to inform the person's initial support plan.

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, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, for example, support with cleaning and shopping. Records also showed that key assessments relating to moving and handling, medication and the environment were completed. There was evidence to show 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 knowledgeable about the needs of the people they supported and this was reflected from the information recorded within people's support files, in staff's practice and our observations.

People confirmed intermittent social activities were provided for them to join in. These included 'themed' meals, for example, fish and chip evening or 'take away' at a weekend. Additionally, movie afternoons were planned and people told us they could sit within the communal lounge to chat with their friends or visitors. Although some people told us they enjoyed these experiences, these were not well attended. A planned BBQ was cancelled due to lack of interest. Several people were able to independently access the local community, one person attended a local club three days a week in line with their faith and one person attended church every Sunday.

Suitable arrangements were in place to ensure people using the service knew how to make a complaint and raise concerns. Guidance on how to make a complaint was given to people when they first started using the service and was displayed on a noticeboard for people to refer to. People spoken with confirmed they knew who to approach if they had any concerns or complaints. One person stated if they were not happy, they would not hesitate to talk to a member of staff or the registered manager. There was a low incidence of complaints with only two complaints logged detailing the specific nature of the complaint and including details of the investigation and action taken.

Is the service well-led?

Our findings

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.

Staff told us they felt valued and supported by the registered manager. They told us the registered manager was approachable and there was an 'open and inclusive culture' at the service. Staff confirmed they enjoyed working at the service, that communication was generally good and they felt listened to by the registered manager. Where concerns had been disclosed to the registered manager by staff, for example, difficulties working with colleagues and senior management team members, there was evidence to show this had been addressed by the registered manager and was being monitored to ensure working relationships remained professional and effective.

We found that arrangements were in place to assess and monitor the quality of the service provided. The registered manager told us information was collected and recorded in a variety of ways. This included the completion of a business report. Information for this was collated each month and submitted to the registered provider for review, scrutiny and action. Additionally, a 'weekly check' was completed by the registered manager and this looked at emerging themes, such as issues and concerns that required resolution, medication and a review of the premises. The registered manager told us the above helped them to drive improvement and to ensure the service continued to deliver good quality care. Staff confirmed they received praise and 'thanks' from the registered manager. A compliment was also displayed from the Chief Executive, thanking staff for their commitment and for going 'the extra mile' during the adverse weather conditions in March 2018.

The monitoring of staff was completed through the registered provider's formal supervision and 'observation of practice' arrangements. Records were maintained in relation to the topics discussed and the outcome of the observations. The registered manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the registered provider about the quality of the service delivered. These were undertaken through the completion of 'quality reviews' and through an annual quality assurance survey. The latter was completed in 2018. People rated the quality of the service as either 'outstanding' or 'very good' and no negative comments or areas for corrective action were highlighted. Overall, of 10 questions posed, these scored between 88% and 100%.

Staff told us that regular formal staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care and support related matters. Minutes available showed discussions had been held relating to the registered provider's policies and procedures. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved. A discussion had also been held with staff regarding the General Data Protection Regulation [GDPR] which came into effect on 25 May 2018. This was to ensure the service complied with the regulations relating to peoples' personal data.

