

Mears Care Limited

# Mears Care Limited Carlisle

## Inspection report

Unit H  
Rockliffe Industrial Estate  
Carlisle  
CA6 4RW

Tel: 01228517830  
Website: [www.mearsgroup.co.uk](http://www.mearsgroup.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?

Good ●

# Summary of findings

## Overall summary

### About the service

Mears Care Limited Carlisle is a domiciliary care agency providing care and support to people in their own home. This includes personal care, shopping, activities and appointments. The agency provide support to people with a range of care needs and includes older people, people living with dementia and people with learning or physical disabilities.

The organisation had recently moved location within Carlisle. At the time of our inspection Mears Care Limited Carlisle provided services to 101 people. 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.

### People's experience of using this service and what we found

People were safe and protected from abuse because staff assessed and managed risk. Everyone we spoke with told us staff consistently met their care and support needs. They said staff usually arrived around the time agreed and stayed the correct amount of time. However, a small number of people said staff were often late and rushed them so they could leave quickly. People received their medicines as they needed and staff were trained and their competency checked. Staff were recruited safely and had a thorough induction.

People were helped 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. Staff assessed people's capacity to make decisions and supported them with decision making. Staff had the training, skills and experience to provide good care. They supported people with meal preparation where needed. They liaised with health and social care professionals and sought advice quickly if people were ill or injured.

Staff provided care that met people's different needs and preferences. People and where appropriate, their relatives were involved in planning their care and encouraged to make decisions. Almost all people said they were satisfied with their care. They told us staff were caring and respected their privacy and dignity.

Staff assessed people's communication needs and were familiar with the ways people communicated. People said they knew how to complain. Where people had complained, these had been taken seriously and action taken to try to resolve these to the complainant's satisfaction. Mears Care Limited Carlisle supported people at the end of life. Staff understood the importance of supporting people to make this as comfortable, pain free and peaceful as possible.

People said staff encouraged them to give their opinions about the service and to make decisions about their care. They told us staff usually listened to and acted on these. The registered manager worked in partnership with other services and organisations to assist them to follow good practice. The management team monitored and audited the service to check on the quality of care. They understood and acted on legal obligations, including conditions of CQC registration and those of other organisations.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was good (published 19 May 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### 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.

## 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 ●

Is the service safe?

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

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# Mears Care Limited Carlisle

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### The inspection team

This inspection was carried out by an inspector and two Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mears Care Carlisle Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. 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:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people using the service and the registered manager. We needed the registered manager to contact people to ask their permission for us to speak with them.

Inspection site visit activity started on 04 November 2019 and ended on 07 November 2019. We spoke with people about the quality of their care and support on 04 November 2019. We visited the office location on 06 and 07 November 2019 to see the registered manager and staff; and to review care and management records.

#### What we did before inspection

We completed our planning tool and reviewed information we had received about the service since registering with CQC. This included notifications we had received from the provider, about incidents that

affected the health, safety and welfare of people supported by the service. We looked at previous inspection reports. We also sought feedback from partner agencies and health and social care professionals. 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

We spoke with 16 people supported by Mears Care Limited Carlisle and 10 relatives. We spoke with seven members of staff including the registered manager, office based and care staff.

To gather information, we looked at a variety of records. This included medicines records and sections of three peoples care records. We also looked at other management records including audits, surveys and meeting minutes. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

# 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; Staffing and recruitment

- People were protected from risks of abuse and avoidable harm. Staff attended training in safeguarding adults and knew what to do if they felt someone was abused. People said that they trusted the staff and felt safe. One person told us, "I feel safe with them, I know the girls well." Another person said, "Oh yes, all good lassies. I feel safe with them all."
- Staff told us their recruitment was robust and the registered manager had completed checks before they could start working for Mears Care Limited Carlisle. This reduced the risk of employing unsuitable people.
- There were mixed views from people about whether staff arrived around the time they should. These included, "Sometimes [staff] are 10 minutes late, no more than that. They are usually on time, occasionally just 10 or 15 minutes or so, nothing terrible." Other people said, "They are usually on time but were very late for one visit recently." And, "They used to arrive late but it has improved now."
- The service had started using an electronic call monitoring system. The registered manager said this helped monitoring and improving issues around call times.
- Staff said they usually had the time to meet people's needs although were occasionally delayed by roadwork's. Some people said that they were informed of delays whilst others said that they weren't. The registered manager said she would check this.
- Almost everyone said staff had enough time to provide care and stayed for the right amount of time, even if carers arrived late. One person said "Carers only go early if I say it is ok. Also, they will stay on a bit if I need it, so it works out fair." However, a relative said, "We have real issues about staff not staying the full time and rushing [family member], who could fall." This issue was being dealt with under the services' complaints procedure.

Assessing risk, safety monitoring and management

- Staff encouraged people to be independent, while encouraging them to be aware of unnecessary risks.
- The management team completed risk assessments with people to make sure they kept people safe. They reviewed these regularly.
- People had the same group of regular staff where possible. Although the registered manager said this was more difficult at the start of care and where there were unexpected staff absences or changes in care. One person said, "My regulars all know what to do, but if there are new ones you have to get up and show them what's to be done and where everything is which is tiring." A relative said "The girls are very kind, very nice to [family member] and we like the girls we have. It's better now it's regulars."
- Staff had arrangements in place to support people in emergency or unexpected situations. People said they were confident their carers would know what to do in an emergency. One person said, "They have rung my GP/ambulance when required." Another person told us, "Yes, I feel confident that they would know what



to do in an emergency but it's never happened.

#### Using medicines safely

- Staff supported people with medicines correctly in line with good practice guidance. People said staff don't forget to give them their medication. One person said, "They help me with creams. I take my own tablets but they check with me I've taken them."
- The management team checked staff were giving medicines correctly through audits and staff competency checks. There were few errors but if they did happen, they dealt with them promptly.
- Staff told us they received training in managing medicines. This helped them manage medicines safely.

#### Preventing and controlling infection

- Staff reduced risks from potential infection to people they supported. They were trained in safe infection control practices. People said that staff wore disposable gloves but didn't think they always used aprons. One person said, "The girls always wear gloves but I can't remember any aprons." The registered manager said aprons were always available and she would remind staff to use them.

#### Learning lessons when things go wrong

- Staff learnt from situations that did not go as well as expected. They reported and documented accidents, incidents and near misses. The registered manager reviewed these and shared findings with the team. This reduced the risks of similar incidents.
- The registered manager was aware of their responsibility to report any issues to the relevant external agencies and did so promptly.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff supported people with food preparation when needed and encouraged people to eat and have enough drinks to keep hydrated.
- Staff had been trained in food safety. This helped people to receive safe nutritional support. One person said, "when I was ill, a carer came to help with the food, usually I make my own food." A relative said, Staff are now trained in supporting people with soft diets. They also let me know that [family member's] tongue was sore and rang the GP."

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

- The staff team worked effectively with health and social care professionals. They helped people to receive health care promptly to improve their health and wellbeing. One person told us, "I had a rash on my leg. The carers advised me to see a doctor." A relative said, "Our main carers would notice if [family member] wasn't well. They keep me informed and would contact GP's if needed."
- People told us staff sought advice, gave correct information, listened and followed professional's advice, so the person received appropriate treatment.

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

- The registered manager carried out robust assessments that focused on the person's needs so they received the right care and support.
- Staff reviewed care plans regularly with people so information was up-to-date. There had been a slight delay due to the recent office move and transferring these to the electronic care system. Reviews were being completed with people when we inspected.

Staff support: induction, training, skills and experience

- Staff had frequent training to help develop their skills and knowledge. People told us staff were capable and competent. One person said, "They do everything they should, they do it all right." A relative said, "They know what they are doing."
- Staff said their induction and training was thorough and it helped them support people in the way each person wanted. One staff member said, "I have learnt so much more than I have anywhere else. The training is fabulous."
- The management team supported staff with regular supervision and appraisal as well as frequent informal discussions. They told us these were encouraging and helpful.

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. No-one was deprived of their liberty under the Court of Protection when we inspected.

- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

## 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 has 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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and patient and treated them in a caring way. One person said, "They are very good, they do everything they should. My family are happy with them too." Another person told us, "The girls are very nice, most obliging. They have been like diamonds to me. They're warm and welcoming. Always asking if I'm alright and if there is anything else they can do." One person was less positive. They felt some staff were good but others were less so.
- Staff were respectful of people's rights and of their differences. They were trained to make sure they understood equality and diversity. People told us staff were familiar with their individual needs which helped staff provide the right support. A relative told us, "They know [family member]. They have a chat and make her laugh. They are very nice to her. I hear them talking to her so I am sure of that."
- Staff were respectful of people's privacy and dignity and encouraged them to be as independent as possible. One person said, "They do help me to stay independent, I couldn't be without them."
- Staff respected people's confidentiality. They did not discuss people or their needs in public areas or where other people could overhear. People had copies of their care records at home. They were password protected and secure on the office electronic system.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and with making day-to-day decisions as much as possible. One person told us, "We discuss the things I want my carers to do. As well as my care, they put out my rubbish for me, fill my watering can, and do my shop."
- Staff involved people and where appropriate, their relatives planning and updating support, and in making important decisions. They kept care records up to date so relevant people were aware of this.
- People and their relatives had information about advocacy services, so an independent person was able to act on their behalf, if needed.

# 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 has 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; Supporting people to develop and maintain relationships to avoid social isolation;

- Staff gave people care that met their needs, respected their choices and improved their well-being. They adjusted support to meet people's needs and preferences including any changes people wanted promptly and explained the reason if any delay in achieving this.

- People had personalised care plans which informed staff how to support them. The registered manager said some were a bit late being reviewed because move of office and to electronic records. One person told us, "My care plan is reviewed often. It's all in a folder here. They come to the house and go through everything." Another relative said, "They are coming to do a review this afternoon."

- Several people said they didn't always have a rota of who would be supporting them, other people said they did. The registered manager said she would make sure everyone had this. One person said, "It's easy enough to get hold of the office or they will phone me. They keep me informed." A relative said, "The office staff are very helpful if you ring to change times. They try their best to do so."

### 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.

- Staff were aware of AIS. They made sure people with a disability or sensory loss were given information in a way they could understand.

- Staff wrote about each person's communication needs, including speech, hearing, sight or understanding in people's care plans. These were informative and kept up to date.

### Improving care quality in response to complaints or concerns

- People knew about the complaints policy and procedure and how to complain. We looked at the complaint information and saw action had been taken in response to any complaints or concerns.

- Almost everyone said any concerns had been dealt with quickly and to their satisfaction, although one person was unhappy with the agency's response to their concern. Their issues were being looked at when we inspected. Other comments included, "We have no complaints, we are very satisfied." And, "I've no complaints, it's been 5 stars really."

### End of life care and support

- Staff understood the importance of supporting people and their families and provided caring and

sensitive end of life care. They had received training in how to assist people to have a comfortable pain free and peaceful end of life. They also supported people's family and their colleagues during this care.

- Staff had explored people's preferences and choices in relation to end of life care. They had recorded this in care plans where people were willing to discuss this.

# 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 has 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.

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

- There had been a change of registered manager since the last inspection. The registered manager was relatively new in post. However, they had worked for the agency in another role, so were familiar with staff and many of the systems. The registered manager had visited almost all the people they supported since starting her new role, so people knew who she was. Almost all the people supported and their families spoke highly of the registered manager and said the agency was well managed.
- People said the management team were caring and competent and there were few issues with them. They understood the staffing structure and lines of responsibility and accountability. People knew who to contact for advice and how to do so. They felt able to contact them and confident they would respond promptly.
- The management team carried out frequent checks and audits on the quality of the service. This included formal audits, spot checks surveys and telephone calls. The electronic system used collected information quickly, which helped with monitoring the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought people's views through informal discussions, reviews and surveys. People told us they had regular phone calls to check if everything was all right. We saw comments on feedback forms which included "I can have a laugh with [carer], and "They are doing a brilliant job."
- People and their relatives, if the person agreed, could log into their care records on the electronic system. This meant they could see up to date information about their family member within a short time of it being recorded. The system alerted staff if there were any changes for people they supported. It also alerted the office staff or on call person if staff were late to a visit. As the system showed when staff logged in and out of a person's home, the risks of lone working were reduced.
- The registered manager was in regular contact with staff. Staff told us they had meetings and supervision as well as less formal opportunities to discuss any changes, ideas or issues.
- Care staff could be easily contacted by electronic system, email, phone or texts. The office staff had a daily huddle to discuss any overnight changes, so they were all up to date. The registered manager sent staff regular newsletters. Staff said they were very supportive and they could go to any of the management team if they were concerned about something.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team were open and transparent. They supported people to take control of how they wished their care and support to be provided. Senior staff visited people and worked closely with staff supporting them. This helped their knowledge of each person's care and support needs, as well as staff members strengths and where they were less confident.
- The registered manager and provider understood their responsibilities to apologise to people and/or their relatives when mistakes were made and act on their duty of candour.

Continuous learning and improving care; Working in partnership with others

- The management team completed audits, sought people's views, reviewed care, and evaluated accidents and incidents to see if lessons could be learnt,.
- The registered manager referenced current legislation, standards and evidence-based guidance. Where improvements could be made these were discussed and acted on.
- The registered manager maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals, registered manager forums and local and national organisations.