Mears Homecare Limited

Mears Homecare Limited Bristol DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 2, 6 and 7 June 2016. The last inspection took place in September 2013. There were no breaches of regulation at that time.

Mears Homecare Limited Bristol provides a personal care service for people who require support in their own home.

At the time of our inspection around 65 people were using the service.

There was 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA).

The service was caring. People and their relatives spoke positively about the staff. Staff demonstrated a good understanding of respect and dignity. It was evident people were receiving a service which was personalised to their individual needs.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe and quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and, where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

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 were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their care.

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing good, quality care.

People and where relevant their families were involved in making decisions relating to their care.

People received support from staff who were caring and compassionate.

Is the service responsive?

Good

The service was responsive.

Each person had their own detailed care plan.

The staff worked with people, relatives and other professionals to recognise and respond to people's needs.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The registered manager was approachable and provided effective leadership.

Quality and safety monitoring systems were in place and were used to further improve the service.

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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 2, 6 and 7 June 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with seven people using the service and looked at the records of eight people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with six members of staff and the management team of the service. We spoke with six relatives to obtain their views about the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People stated, "I have received a very good service". Another person said, "I feel safe in the presence of the carers. They are very good at what they do". One relative stated, "They are doing an excellent job. I couldn't have asked for more".

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, moving and handling and environmental risk assessments of people's homes. This involved working closely with other professionals such as, occupational therapists, physiotherapists, social workers and community nurses. For example, one person was at risk of choking and there were clear instructions for staff to support them with their meals and ensure all food was cut into small pieces. Another person was at risk of skin breakdown and their care plan contained clear guidelines for staff on how to manage this risk. This was developed with support from relevant professionals. When speaking with staff they informed us they found this information to be useful as this meant they were equipped to support each person in a personalised manner.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. Staff worked on a rota basis covering day and evening shifts. The registered manager also informed us there was an on call system to respond to emergencies and cover emergency staffing shortages.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of a sample of staff employed by the service. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Staff we spoke with informed us there was an open culture and they felt confident reporting concerns to the registered manager. Staff informed us all concerns were taken seriously and prompt action was always taken when concerns were identified, Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are excellent". Another person said, "The staff are very good at what they do". Relatives also said the service met people's needs.

Staff had completed an induction when they first started working for Mears Homecare. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. This was checked and signed off by the registered manager when a person completed their induction. One member of staff we spoke with said they had found the training to be informative and felt it had prepared them well for their role.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. One person who had started in their role shortly before the inspection informed us they felt the training had covered lots of useful topics. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and, to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files.

The registered manager informed us that people and their representatives were provided with opportunities

to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan effectively. There was evidence strong relationships had been formed with other professionals to ensure people received an effective service. For example, there was evidence of support from an Occupational Therapist to develop the care plans of one person who was experiencing difficulties when they were being hoisted. Following on from the OT assessment, staff had been re-trained to hoist this person and their care plans and risk assessments were updated accordingly.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. For example, one person was unable to eat certain types of food and this was clearly reflected in their care files. When speaking with this person, they informed us staff were aware of their dietary requirements and staff were supportive in enabling them to meet their dietary needs.

People's changing needs were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. The outcomes following appointments were recorded and were also reflected within care files. For example, one person developed difficulties with their catheter. The daily notes contained details of how the staff member supporting them had contacted the continence nurse to raise this issue. The outcome of the appointment with the continence nurse was clearly recorded and their care plan was subsequently updated.

Good

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness. Staff wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring" and "Excellent" to describe the staff. Staff were positive about the people they supported. One member of staff stated, "I really enjoy working with the people I support".

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them.

It was evident from talking with people, staff had listened to them and had worked hard to provide the level of support required by people. For example, one person informed us how they wanted their personal care to be provided in a specific manner. They informed us their instructions were clearly recorded in their care plan and staff followed these instructions. The person also said staff would discuss their care with them during each call to determine if the person wanted something to be done differently on any particular day. The person told us this made them confident their care needs would be met according to their preferences on a daily basis.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. For example, care files identified any areas of independence and encouraged staff to promote this. For example, one person was able to manage most of their personal care independently and only required support to wash certain areas of their body. This was clearly detailed in their care plan. Another person was independent in administering their medication but only required prompting by staff to remind them to take their medication. When speaking with staff, they were aware of this person's level of independence and were able to demonstrate how they would support this person to maintain their independence.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff informed us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was maintained at all times when supporting them with personal care.

People were given the information and explanations they needed, at the time they needed them. Care staff spoke with about the service provided. One said, "I love working here". Another said, "I am very proud to be working here". People told us they would recommend the service to others.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Throughout our inspection we saw the service was person centred. This was achieved through working in partnership with the person, their families and other health care professionals.

Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a structure to record and review information. The support plans detailed people's needs and how staff were to support them. Care plans included people's likes, dislikes, their hobbies and interests. Staff said the care plans held in people's homes included a high level of detail to enable them to provide safe care to people. Each care file had daily notes which contained information such as what care was provided, details on people's emotional well-being, whether any medication had been administered, whether people had engaged in any activities and where required, people's nutritional intake. The registered manager informed us this was very important as it meant if a different carer were to visit a person they could read the notes and be well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us the registered manager ensured any updates to people's care files were reflected accurately in both copies of the care files.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "I will tell the carers if I have any concerns or will call the office. There is always somebody on the other end of the phone". Another person said, "They (the management) listen to me and will take action to resolve any issues quickly".

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people. One relative informed us they had complained about a specific staff member and had requested different staff. They informed us this had been listened to and the changes to the staffing were made promptly. Formal feedback was provided to the manager complimenting the care provided. One person stated "The service is very good and understanding". Another person commented "X (person receiving service) has always been treated with dignity and respect".

Staff members we spoke with informed us feedback received from people was shared with the staff and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

Good

Is the service well-led?

Our findings

We recommend the service reviews how records are filed and stored. The agency operates two separate services in two different geographic area. However, both services are managed from the same office by the same management team. Although records were accurate, the records for both services were kept in the same file. This made it difficult to differentiate which service specific records related to. We recommend these are separated to enable easy referencing and auditing of these records in the future .

There was a registered manager who had been in place since January 2016. Staff spoke positively about management. The registered manager was keen to ensure staff were well supported. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable" and "Easy to work with" to describe the registered manager.

The staff described the registered manager as being "Hands on". We were given examples of when the registered manager would go out on care calls in emergencies to support staff. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the registered manager.

Staff informed us there was an open culture within the service and the registered manager listened to them. There were regular staff meetings which were used to enable staff to make suggestions as to how the service could be improved. For example, at the most recent team meeting prior to the inspection, staff had raised concerns regarding a lack of travel time between care calls. The management and staff confirmed this was now being looked at.

Quality assurance systems were in place to monitor the quality of the service being provided. Where issues had been identified, an action plan was developed with clear timescales. There was evidence these timescales had been met For example, the last audit recognised people using the service were not always aware of what an assessment of their needs entailed. Work had been undertaken by the management and guidelines were developed for staff to enable them to explain to people what an assessment was and what was involved in the assessment process.

In addition to annual audits of the overall service, the registered manager also completed audits of the care files and daily notes on a regular basis to ensure information was up to date and clear. People were sent surveys annually to enable them to provide feedback regarding the service they received. People said they felt they were listened to. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection. In addition to these, the management team would also contact people on a monthly basis by 'phone to discuss their care package with them. This included conversations around their level of satisfaction with the service as well as discussing whether any changes were required to the care plan. People were also visited twice a year to review their care plans. As part of this process people would be provided with opportunities to discuss their care with management. People we spoke with said they had found these to be positive experiences as it gave them a sense the management genuinely cared about them and also gave them a chance to get to know the registered manager.

In order to ensure the staff were providing high level of care, the registered manager informed us they would carry out random spot checks on carers whilst they were delivering care. The registered manager would also take some time during these visits to talk to people receiving care to obtain their views about the carer.

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was done to ensure they continued to provide a high quality service to people.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing high quality person centred care to people using the service.

The registered manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the senior carers would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.