Mears Care Limited

Mears Care - Congleton ECHS

Inspection report

Heath View
Heath Road
Congleton
Cheshire
CW12 4BB

Tel: 01260281484
Website: www.mears.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

We inspected Mears Care, Congleton ECHS on the 24 November and 8 December 2016. The inspection was unannounced.

Mears Care, Congleton ECHS is a domiciliary care agency. Support is provided to people living in the Heath View Extra Care Housing Scheme. The service supports people with a range of needs and operates from an office within the housing complex. At the time of the inspection the service was providing personal care to 25 people.

At the time of the inspection a registered manager was in place. 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.

People were very positive and complimentary about the service that they received from Mears Care. There had been a recent internal audit carried out by the provider and the registered manager had almost completed a small number of actions that had been identified from that audit. We found the registered manager to be enthusiastic and passionate about the quality of care that the service provided.

Staff had received training in safeguarding and understood their responsibilities to protect people from harm and abuse. Staff knew how to report concerns and told us that they felt able to raise concerns appropriately. People felt safe and told us that they received the support that they needed, in a way that respected their wishes. We found that there were sufficient staff to meet the individual needs of people.

People's medicines were administered safely. Some people were supported to self-administer medication and routine audits were undertaken to ensure that people received their medication as prescribed by the GP.

We found that staff were skilled, knowledgeable and well trained. They received a thorough induction when they began their employment with the service and received on-going training updates. Staff were supported to develop their knowledge and skills. Regular supervision and appraisals of staff were undertaken.

We found that staff had awareness of and had received training in the Mental Capacity Act 2005 (MCA). People told us that staff sought their consent for any care tasks. People were supported to make their own decisions whenever possible. We noted that there was an appropriate MCA policy in place and the provider needed to ensure that this policy was fully implemented when necessary.

Staff were kind, caring and compassionate. People told us that staff treated them with dignity and respect.

We found that staff had developed effective caring relationships with people.

Care records reflected the support that people needed so that staff could understand how to care for the person appropriately. There was a small and stable staff team and the service was responsive to individual needs. The service was able to increase support to people at times, for example when people were unwell. People were supported to maintain as much independence as possible.

People knew who the registered manager was and felt able to raise any concerns with her. Staff told us that they felt well supported and that the service was well organised. There were quality assurance systems in place which ensure that the quality of the service was monitored. The registered manager demonstrated that she was focused on continuous improvement. People's views about the service were sought on a regular basis.

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.

There were sufficient staff to meet the needs of people using the service.

People were protected by safe and robust recruitment practices.

Medicines were stored and administered safely.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Is the service effective?

Good

The service was effective.

Staff were skilled and knowledgeable, they had received induction training and regular on-going training. People were cared for by staff who knew their needs well.

Staff had an understanding of the Mental Capacity Act. People were involved as much as possible in decisions about their care.

People were supported to maintain their health and well being.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion. People told us that the staff were caring and supportive.

People were involved in decisions about their care and were positive about the support that they received.

Staff respected people's choices and provided their care in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their individual needs.

Care plans had recently been re-written and contained person centred information.

There was a complaints procedure in place. People knew how to complain and felt that they would be listened to if they raised any concerns.

Is the service well-led?

Good

The service was well-led.

People using the service knew the registered manager and told us that she was approachable.

Staff felt well supported and able to approach the management with any concerns.

The service had systems in place to monitor quality which included seeking feedback about the service from people and their relatives.

Mears Care - Congleton ECHS

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 24 November 2016 and was unannounced. An arranged visit to complete the inspection was then undertaken on the 8 December 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts and quality assurance team to seek their views and found these to be positive. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited four people at home and spoke with seven people who used the service over the telephone.

We also spoke with three members of care staff, one senior carer and the registered manager. During the inspection visit we looked at care planning documentation for five people and other records associated with running a care service. This included three staff recruitment records, staff supervisions/appraisals and training records. We reviewed further records required for the management of the service including feedback from service users and their families, quality assurance audits, the business plan, satisfaction

surveys, meeting minutes, rotas and the complaints procedure.

Good

Is the service safe?

Our findings

We asked people if they felt safe and they told us "I'm quite happy and feel safe" and "I do feel safe, the girls always check the doors and I have a pendant."

We found that people were protected from the risk of avoidable harm and abuse. We saw that staff had received training in safeguarding and staff who we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it. They told us "I have referred safeguarding concerns" and "We've had training in safeguarding, I would report it, you could contact social services." Safeguarding issues were discussed with the staff on a regular basis through staff meetings and one to one supervisions, which supported their awareness and understanding.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority. Recent internal training had informed the registered manager about the requirement to also inform the Care Quality Commission (CQC) about any safeguarding concerns. The registered manager maintained a safeguarding folder and records showed that there had been a number of safeguarding alerts appropriately reported to the local authority. Detailed records of each incident showing outcomes of the various investigations and details of any action taken were evident.

The registered manager told us that the service was fully staffed. There were sufficient numbers of staff employed to meet the needs of the people using the service. There was a relatively small and stable staff team. People told us that they were supported by staff who knew their needs well and one person commented "There are a variety of carers, they're really good and know me well." People told us that their care calls were never missed, and that usually staff arrived to support them as expected. They said "They generally come between 8.30 and 9.00am and that suits me" and "They are nearly always on time." The staff we spoke with all felt that there were enough staff within the service to cover the calls. There were some comments that on occasions people were kept waiting if the staff had been held up elsewhere, but that this wasn't very often.

Most people told us that they were happy with the times of their calls but one person told that she would like her call to be at an earlier time in the morning. We discussed this with the registered manager, who explained that some people's calls had to be prioritised because they were "time critical" due to medication administration or other health needs. This meant that occasionally it was difficult to meet some individual preferences if several people wanted calls at the same time. However, we saw that the registered manager was very aware of people's individual preferences and demonstrated that she was working to ensure that people's wishes were met wherever possible.

The service used an electronic rostering system, which we viewed during the inspection. The registered manager and the senior care were responsible for organising the rota and we saw that this was well

organised and monitored on a daily basis. The registered manager and senior were mainly office based and were available to provide support to care staff and cover calls in the event of an emergency. There was an on call system for emergencies outside of normal working hours. Staff told us "If you have a problem you've only got to go to (name) and there's always someone on call."

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before they had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interviews questions were thorough and covered topics such as safeguarding and confidentiality.

There were risk assessments in place, which provided guidance to ensure people were supported in a safe way. These included the risks associated with manual handling, fire, health conditions, medication and falls. We saw that these had been reviewed and updated to meet people's changing needs. Staff told us that the risk assessments and care plans provided guidance for dealing with certain situations. Environmental assessments of people's apartments and equipment used were also undertaken. The risk assessments and care plans included "Risk reduction measures" to manage risks as safely as possible. Whilst these covered the areas of risk we noted that plans did not always reflect fully the measures that staff had put in place to manage risks more safely. For example, one person required support to ensure their skin remained healthy. The risk assessment identified that the staff needed to monitor, but had not included other actions that staff were taking, such as the use of creams and a specialist mattress. Staff spoken with had good knowledge of people's identified risks and how to manage them. They told for example of people who needed the assistance of two care staff or who needed an increased level of supervision.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager maintained a folder which contained accident and incident records and details of all incidents. Each record was forwarded to and reviewed by the health and safety department within the organisation, who ensured that further action to reduce the risk of reoccurrence had been taken. For example, we saw that where a person had frequently fallen, a referral had been made to the falls clinic and occupational therapy support was being offered. People told us that they felt safe because they were able to wear a pendant which could be used to call the staff. One person commented "They always check I have my pendant on."

People were safely supported with their medicines. People told us they were happy with the support they received. We saw that the service had a medication policy and staff had signed to say they had read the policy. Records demonstrated that staff had received training in administering medicines and that their competency was checked regularly. Appropriate arrangements were in place for the recording of medicines received and administered.

We viewed six Medication Administration Records (MARs) which demonstrated that people were supported with medication, including creams. These records were printed by the local pharmacy and showed the type, route, frequency and dosage of medication. These included guidance for medicines with specific directions. For example, we saw that arrangements were in place for people who required medicines at specific times. Where people required medication "when required," (PRN) we saw that care plans had been developed with appropriate protocols in place, so that staff knew when this medication should be administered. Where

people were being supported with medicines, a risk assessment had been undertaken and information was recorded in their care plan about the support they needed.

We saw from the records that medication records were regularly audited to ensure staff were following correct procedures. Where any issues were identified appropriate action had been and where necessary addressed with staff.

We saw that the service had a business continuity plan in place and this ensured that all relevant contact numbers were easily available in the event of an emergency. Systems were in place to minimise any adverse impact on the service people received in the event of an emergency.

Good

Is the service effective?

Our findings

People spoken with told us that they found the service to be effective. Comments included, "They know me well, they are A1" and "I've no problem with the carers."

We found that staff were knowledgeable and had the appropriate skills to carry out their roles effectively. New staff completed an induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Staff spoken with told us that they had completed an induction and this had included working alongside more experienced staff, until they were confident and competent to work unsupervised.

All the staff we spoke with confirmed that their training was up to date. Training records were well organised and showed that staff had received training in all the key areas such as fire safety, first aid, food hygiene, moving and handling, safeguarding and safe administration of drugs within the last 12 months. All staff were also trained to NVQ 2 or 3 level. We saw from the records that some staff had received additional training in certain areas, for instance dementia care and diabetes. Staff told us "We get loads of training" and "We get mandatory training but we can request specific training."

The registered manager explained that over the past few months the structure of the service had been adapted and she had introduced the role of shift leader. The shift leader's role was to organise the shift and liaise with health professionals, amongst other tasks. Staff told us that this was working well and had been a positive change. They told us that communication between staff was good and they were updated about changes to people's needs through a daily handover.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. We could see that all staff received an appraisal annually as well as regular supervision. Best practice issues were discussed at each supervision session and staff had the opportunity to discuss their own training and development. We could see from the files that all staff were receiving this level of supervision regularly. In addition we saw that spot check visits were undertaken by senior staff and these acted as part of direct observational supervision sessions. Staff confirmed that spot checks were undertaken unannounced, and that these covered a number of areas such as the way staff were dressed and presented, if they were wearing appropriate personal protective clothing, care delivered, including dignity, choice and maintaining people's independence.

The registered manager also ensured that staff received regular updates regarding policies and procedures. We saw that staff were issued with policies to read on a regular basis. Staff had recently signed to say they had read and understood policies relating to service user records, the use of mobile phones at work, whistleblowing and safeguarding, amongst others.

People told us that staff checked that they were happy to receive the care staff offered. Care records showed

that people had signed to show their consent and agreement to their care plans and risk assessments. Following a recent internal audit which had been undertaken by the provider of the service, an action plan had been devised to ensure that written consent was obtained from all service users able to provide this. During our inspection we observed staff seeking consent from people before entering their apartment. One person told us "They do what I want, I like to be independent and they help me with that. They know what I expect and they always ask."

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.

We checked whether the service was working within the principles of the MCA. We saw staff had completed MCA training and had an understanding about the principles of the MCA. Staff told us that they understood that people should be supported to make their own decisions wherever possible. The registered manager demonstrated her understanding of the principles and explained that they would always consider the best time of day to talk to people to ensure that they were at their optimum for decision making.

We were advised that all of the people currently supported by the service had the capacity to make decisions about their care and it had not been necessary to carry out any MCA assessments. Staff had previously been involved with occasional best interest meetings which had been held with the local authority. Whilst the provider had a detailed policy on the MCA which followed the relevant principles; we found that the management team had not always ensured that this was fully implemented within its service. For example, discussion with the management team indicated that there had been occasions where best interest decisions had been made for people but not recorded in a way which demonstrated the MCA had been followed. The registered manager agreed to ensure that in future the providers MCA policy would be fully implemented and followed.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their individual needs. Staff we spoke with knew what level of support each person needed. There was a restaurant available within the housing scheme and people told us that staff supported them to access the restaurant as they wished. One person commented "I choose if I want to go to the dining room or have a frozen meal."

Staff had developed effective working relationships with a range of social and health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. Staff also worked closely with the local commissioning and local authority quality assurance teams. People confirmed that they had access to GP's and other professionals when needed. One person told us that staff had been very supportive and told us "They try and sort things out for you."

Good

Is the service caring?

Our findings

People spoken with told us that they found the care staff to be very caring. Feedback received about the way people were treated was very positive. Comments included, "They are a very caring lot of girls", "They're very nice here" and "They treat me very well."

People told us that the service they received was reliable and that staff were friendly and polite. There was a stable staff team and positive caring relationships had been developed with people using the service. There was a regular team of carers and people spoken with felt that the staff knew their needs well. Each member of staff was a key worker for a number of people. This involved ensuring care folders were up to date, as well as being the main contact for that particular person. From discussions with the staff, it was evident that they were knowledgeable about the needs of the people that they cared for. Staff explained "We have regulars, but know everyone as well." They told us that they were introduced to people or shadowed another member of staff, before they provided care to that person. One person confirmed this and said "If there's a new one, they always shadow."

We found that staff treated people with care and compassion. People told us ""We have a laugh, I've met a few (Carers) and they've all been good" and "They are very good, I like them very much." We saw that the management promoted and ensured staff understood the importance of compassionate care. The registered manager led by example and people told us that she was very kind and caring. One person said, "She has been really kind, she's just nice and is my friend." The service had received a number of compliments and thank you cards from people who had previously used the service. One example of these said "Thank you for all the help and kindness."

People using the service told us that they were involved in decisions about their care and support and felt in control of the care provided. They said that they were listened to and staff respected their choices and wishes. For example one person told us that they liked to manage and administer their own medication and the staff enabled them to do this. They said "I like to be in control." Staff spoken with confirmed that they respected people's wishes and choices. One staff member commented "I go to one lady who doesn't always want a shower, you wouldn't say you've got to have a shower" and "Everyone is different." Each person was provided with a service user guide and information about the organisations statement of purpose. This included the out of hours contacts, a description of the services provided as well as details of how to make a complaint.

The registered manager had also introduced a newsletter which informed people using the service and their relatives about developments within the service and activities available within the housing provision. People had responded positively to this newsletter and there were plans to produce a newsletter on a regular basis.

We found that staff treated people with dignity and respect. People said they felt comfortable with their carers and were treated like individuals. One person said, "They always ring the bell and are most polite, they know how to treat people." Staff spoken with understood the importance of maintaining people's

privacy and dignity. Staff were able to give examples of how they promoted good care practice, such as always ringing the doorbell and closing curtains. We found that staff used appropriate and respectful language when recording information about people in care plans and other documentation. Senior staff regularly carried out practice observations of staff and part of this observation assessed staff's interaction with people to ensure that they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People told us that they found the service to be responsive. They told us "I haven't been well and I have been getting extra care", "I've nothing to complain about" and "I'm highly satisfied."

People's needs were assessed before they moved into the service. This enabled staff to be sure they had the right knowledge and skills to meet their individual needs. We found that staff spoken with were knowledgeable about people's needs and preferences. The care plans that we reviewed were person centred. Staff involved people and, where appropriate, their relatives in the development of care plans. People told us "They talked about the support I required" and "We talked about the care, we sat down and went through it." We saw that where possible, people had signed to show their agreement.

We saw that people had been encouraged to consider what outcomes they would like and could say how they liked to be supported. Some people spoken with told us that their independence was important to them and that staff supported them to maintain their independence. Where necessary the support was adjusted to meet people's individual needs. For example, one person described how flexible the service had been and gave an example whereby night staff had supported her with her personal care needs very early in the morning, to enable her to attend an early morning appointment. A member of staff told us that one of the positive aspects of the service was its ability to be responsive to people's changing needs, they told us "We know people very well and can be responsive to people, all people's needs are different."

People and staff told us that care plans were accurate and updated regularly and promptly when people's needs changed. The senior carer had recently undertaken training in care planning and all of the care plans had recently been re-written. Care plans were written within 24 hours of people moving into the housing service and were read by all of the care staff. The care plans were then reviewed after 14 days and then at three months to ensure that they accurately reflected the people's needs.

People's care needs were then kept under regular review. The registered manager maintained an electronic log which alerted her to when the reviews were due. We saw that daily records were kept which were detailed and up to date. When changes had been identified records were updated to reflect this. People and their relatives were invited along to any reviews with other professionals as appropriate. One person told us, "They often have a review to check how I'm finding things." The service had regular contact with the local commissioning teams and we saw that the service referred people for reassessments or reviews if their care needs had changed significantly, to ensure that they continued to receive the correct level of care.

The registered manager worked with the housing provider to provide activities within the housing setting. There was a programme of activities in place and a restaurant which was open to the community. Examples of these included a coffee morning and karaoke sessions. The registered manager had developed a newsletter to inform people of the activities taking place.

People knew how to raise concerns and were confident action would be taken. People's comments included, "I've got all the details if I had to complain." Other People told us that they had regular contact

with the registered manager and senior who were approachable and they would be happy to contact the office with any concerns. One person said "(Name) the manager is always there, I'd speak up if I had any complaints, but I've nothing to complain about."

The service had a complaints policy which set out the process and timescales for dealing with complaints. We saw that contact information was available to people within their care folders in their apartments. The registered manager held a complaints/compliments file, which we reviewed. The folder contained a log and analysis of any complaints. We saw evidence that one complaint had been received in the past 12 months, which had been dealt with thoroughly and appropriate investigations had been carried out, with appropriate actions taken. This demonstrated that the service listened and attempted to learn from people's experiences and complaints.

Good

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very responsive. People were supported to express their views and felt listened to. Staff also told us that the service was well-led. Comments included, "They seem to work together the girls, they're quite a good team", "I see the manager and she checks that everything is okay" and "I don't have any problems, we're lucky here."

We saw that suitable management systems were in place to ensure that the service was well led. There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since April 2015. We found that the management team were professional and well organised. The registered manager told us that she was focused and passionate about the quality of the service and we could see that there was a strong emphasis on continuous improvement. As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

Staff told us that the registered manager was very supportive. People using the service and staff found that the registered manager was always available and felt able to approach her to deal with any concerns. People told us they were very familiar with the registered manger. They said "The boss is very nice" and "I get on extremely well with (manager)." Staff stated that any issues raised were taken seriously and said that the management team would deal with issues appropriately. One staff member commented "The service works really well, any issues are dealt with."

Staff were enthusiastic, motivated and positive about the service. They informed us that they worked well as a team. They said there was always a member of the management team on call and someone available in emergencies. Comments included "I love it so much" and "It's one of the best places I've worked." They told us that they thought communication was good and said they received regular updates through handover, staff meetings and supervision sessions. Staff appraisals were carried out yearly and regular supervision meetings were held. This approach supported continuous professional development and learning. Records reviewed indicated that the management team ensured that staff were clearly aware of the expectations of the service. The registered manager ensured that night staff were included in any staff meetings and met with these staff on a regular basis.

We saw that the provider had robust policies and procedures in place. These included adult safeguarding, complaints, medication, equality and diversity and social media. These were readily available to staff and we saw that the registered manager ensured that staff read and understood the policies in place on a regular basis.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. Our records indicated that we had not received any notifications from this service recently, although notifications had previously been submitted. We saw that one notification should have been submitted with

regards to a safeguarding referral that had been made to the local authority. The registered manager acknowledged that this had been an oversight. During the inspection she took action to ensure that the correct guidance was sought and implemented regarding statutory notifications.

We found that Mears Care Congleton used a variety of methods in order to assess the quality of the service they were providing to people. The registered manager completed a number of audits on a regular basis, these included care plans, medicines and communication logs. We could see that where any issues were identified, action would be taken to make any necessary changes. The registered manager had recently introduced an 'action in progress' file to monitor any identified actions following an audit, this ensured that these were fully completed. The provider also had a quality assurance team who monitored the service people received. They had carried out an audit in August 2016. The audit was comprehensive and linked to the CQC's fundamental standards. There were a small number of actions identified which the registered managed demonstrated had been completed.

The registered manager actively encouraged people who used the service and their relatives to feedback their experience of the service. Service user satisfaction surveys were sent out on a yearly basis. We saw that the latest survey had been undertaken in June 2016 and all of the comments received were very positive. The registered manager told us that she also met with people who used the service twice yearly to seek their views about the quality of care that they received.