Mears Care Limited

Mears Care Derby

Inspection report

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21 January 2019
22 January 2019
23 January 2019
24 January 2019

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection site visit took place on 14 January 2019 and was announced. We gave the provider 72 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit. On 14,15, 21,22,23 and 24 January 2019 we made telephone calls to people using the service, relatives and staff for their views on the service.

Mears Care Derby is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service caters for older people and younger adults with needs relating to dementia, learning disabilities, physical disabilities, and sensory impairment. The registered location is situated in Derby city centre, providing to people around Derby, Derbyshire and Nottinghamshire. There were 283 people using this service at the time of our inspection.

At our last inspection during March 2017 we rated the service good. At this inspection we found the service required improvements in some areas. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

The service had a registered manager. 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.' However following the inspection site visit the provider notified us that the registered manager no longer worked for them. The provider confirmed temporary management arrangements had been put into place until another manager was appointed into this position.

People raised concerns that they did not always receive their calls at the agreed times and when staff had been delayed they were not notified. Current governance systems were not always effective in recognising area's which required improvements.

Current staffing levels did not ensure that there were sufficient staff deployed to meet people's individual needs.

There were processes in place for people to raise any complaints or concerns about the service provided. However, people did not feel listened to and felt their complaints had not always been resolved to their satisfaction.

Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their

responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

Staff supported people to make decisions about their day to day care and support.

When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they were not contacted if their call was late. Current staffing levels did not ensure that there were sufficient number of staff to meet people's individual needs. Recruitment procedures provided assurance that the staff employed were suitable to support people. The provider had systems to ensure people received their medicines as prescribed. Risks to people's health and welfare needs were assessed. People were protected against the risk of infection.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The providers complaints procedure was not always effective. People and their relatives felt the provider did not listen to their concern's or complaint's and when they had raised complaints these had not been resolved satisfactorily. People's care plan and associated documents reflected their individual personal care and support needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.
Some people using the service and staff felt the service was not always managed effectively. The provider's governance systems were not always effective as they had not picked up the issues identified during this inspection. The provider had temporary management arrangements as following the inspection site visit the registered manager left their employment with the provider. An action plan had been put into place by the provider to develop the service over the next 12 months.

Mears Care Derby

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 site visit took place on 14 January 2019 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. Telephone calls were made to people using the service their relatives on 14, 15, 21 and 22 January 2019. We spoke with some staff when visiting the office and contacted other staff by telephone following the office visit on 23 and 24 January 2019.

The inspection was carried out by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience did not attend the office of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also received feedback from the local authority who commission services from the provider. We used all of this information to formulate our inspection plan.

Due to a technical issue a Provider Information Return (PIR) was not sent out. This is a form that tasks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection visit we gave the provider the opportunity to tell us about their business development plans for the next 12 months.

We spoke with 14 people who used the service and nine people's relatives. We spoke with the regional director, interim manager, two team leaders and seven care workers. We did this to gain people's views about the care and to check that standards of care were being met. The registered manager was on leave when we carried out the inspection and the regional director and interim manager facilitated the inspection.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

People were at risk of not always receiving their allocated care in accordance to their agreed times. A couple of people stated staff usually arrived on time. However, most people we spoke with told us the communication with the service was not good and when staff did not arrive on time; they rang the office to establish what was happening. One person told us, "On an average week I'll probably call them [office] at least five or six times to chase up what is happening to my carer." Another person said, "The call times are a bit erratic which can be a problem. They email me a rota but sometimes it is at the end of the week and I have to chase them for it. Someone always turns up but they can be over two hours late which means I have to struggle to get my breakfast. It's not so bad when it is my regular carer but I dread it when the regular carer is off. Yesterday they were supposed to come for 9am and didn't arrive until after 11am." Another person stated, "Unfortunately I have found lately the calls can vary from anything between just before 8am to almost 10am and it makes it really difficult for me to control my health condition. I have talked to the agency about this and it has improved slightly over the last couple of weeks but it still isn't happening every day."

We found that sufficient staff were not always deployed consistently to ensure people's needs could be met and calls provided on time. The majority of staff felt there was not enough staff to cover all the calls and felt call rostering was not managed effectively. Comments included, "There are just not enough staff, particularly when there is staff sickness. We keep getting extra calls, added to the rota, which has meant we have to start earlier or finish later," "There are not enough staff, Mears are not doing enough to get more staff," "The weekends are worse, as its one weekend on and one weekend off. There are, still the same amount of people who require care, but by half the staff team" and "When we are out on call's the office staff can be constantly ringing you, to pick up extra calls. They [office staff] add extra calls to your rota without telling you."

These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Staffing.

The majority of people and relatives we with spoke with told us they felt safe with the staff who supported them. Comments included, "I feel safe with them [staff]. I have to be hoisted and I always feel safe with how they handle me and the hoist. It is usually the same staff and they have got to know me," I feel safe with them [staff] because they do everything that I need them to and are really very kind" and "I do feel much safer with the carers here looking after me, than I would if I was struggling to look after myself. You hear such horror stories about things going missing or being broken or stolen when you have strangers coming to your home, but I can absolutely say that I have never had any concerns with any of the carers on that score." A relative stated, "We feel that the care is safe as they [staff] are always very careful and considerate." However, two people felt the service they received was not consistently safe due to the lateness of calls.

People were supported to be safe from abuse or harm. Staff had received training in safeguarding and understood the possible signs of abuse and how to raise a concern. Staff confirmed they received training in recognising abuse and what their responsibilities were. One member of staff said, "I would report concerns

to the manager." Staff also knew external organisations they could report any concerns to. They were able to describe what to do in the event of any alleged or suspected abuse occurring.

Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, mobility and the home environment. Assessments included guidance for staff on how to reduce identified risks. The risk assessment identified the equipment used to support the person and the level of support the person needed to keep them safe.

Some people were supported with their medicines. Staff had completed training in the safe handling of medicines before they were able to provide this support. We saw that medicine administration records were used to record when people had received their medicine. Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and they knew what action to take if they made an error.

People were protected from the risk of being supported by staff who were not fit to support them. Staff recruitment files we looked at showed the staff employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff told us they were unable to start work until all the required checks had been completed.

Staff had access to gloves and aprons to use in people's homes and enable them to reduce the risks of cross infection. These were readily available to staff.

The regional director told us going forward accidents and incidents would be reviewed monthly. This would ensure any patterns and themes could be identified, reducing the risk of reoccurrence.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them receiving a service. People and their relatives told us that they were involved in the assessment process.

Most people told us staff had the skills to meet their needs. Comments included, "When my regular carer is with me they always look after me so well and I have no problems at all," "My carer is good, they do what I need and they seem to have the training they need for me" and "The care is okay but standards vary from carer to carer. Some are just better than others. I am happy with them overall though." However, a person said, "Some of the carers seem to be better than others. Some carers could do with a bit more common sense training, just how to do things like how to tidy up, change your bed and organizing washing." Another person said, "As there is no consistency in the care staff it becomes exhausting having to repeatedly explain to new staff what they need to do for me. Very often they don't do it properly either, it is as if they need training in basic tasks."

Staff we spoke with said they had regular training and supervision to carry out their duties. A staff member described the training as, "Good." They told us they had received training in different area's including dementia, which was relevant to the needs of the people they supported. Another staff member stated, "The training I have received has been relevant to my role." Training records confirmed this. Staff confirmed they had received supervision. Supervision provides an opportunity for managers to, feedback on staff performance, identify any concerns, offer support and learning opportunities to help them develop.

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We saw were a person lacked capacity a best interest assessment had been completed.

Staff understood the importance of seeking people's consent before providing them with personal care. Staff were able to describe how they gained people's consent to support them, which included explaining things and encouraging people. One staff member said, "I try to encourage people and put things in a positive light to gain consent." A relative said, "They [staff] provide a good standard of personal care and have got to know [person's name] and the little things that they like and dislike. The [staff] always ask permission before they do things and offer [person's name] choices in what they are doing."

Some people required assistance with meal preparation. A person said, "I'm reliant on my carer to make me all the food I eat during the day. They always let me know what's in the fridge and the cupboard and they are very good at doing whatever it is I fancy." Staff were knowledgeable about people's diets and offered assistance with eating when required. For example, one person's record showed they had assistance in heating meals and with eating if their physical health needs indicated this.

People told us that their relatives supported them to attend medical appointments. People's health needs were documented within their care records. Staff knew what action they would take in an event of an incident or emergency.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring towards them. People told us they had good relationships with regular staff who delivered care to them. Comments included, "I get on with all the staff. There is never any rush and I feel cared for. They stop and have a chat with me," "My carer is terrific. She will always make time for a chat and is extremely compassionate. There is no sense of rush with her but there can be with the younger ones who don't yet have the life experience" and "My regular carer is lovely and has become like a member of the family now. She will sometimes bring me a little treat if she knows that I haven't felt like eating very much. I'm very grateful to her for thinking of me in that way."

Staff spoke in a respectful and courteous manner about people they supported. Staff communicated with people effectively and used different ways of enhancing communication. A staff member stated, "I support a person who has a hearing impairment, when communicating with the person you face them and keep eye contact so that they can lip read."

People told us that staff were respectful towards them and supported them to maintain their dignity. Comments included, "The carers always make sure that my curtains are shut as soon as they come in of an evening before they put the lights on so I'm not overlooked by anybody" and "They are respectful to us and also with [person's name] privacy and dignity. They always ask if anything extra needs doing and check on our welfare, which is nice." Staff understood the importance of promoting people's dignity and privacy. Staff were able to give examples of how they did this such as closing curtains, approaching people quietly, giving clear explanations and covering people when they received personal care. A staff member said, "I make sure doors and curtains are closed."

People told us they were encouraged to maintain their independence. A relative said "[Persons name] always perks up when the carers come. They are good because they encourage their independence and the things [person's name] can do for them self."

Staff told me they encouraged independence and for people to make decisions for themselves wherever possible. People had signed their care records. Staff told us they explained things as much as possible, for example, by asking open questions to ensure people understood and were able to give a fuller response. Staff described how the person came first and they tried to do what the person wanted and helped them maintain their independence.

Staff told us they were mindful to protect people's confidentiality by not discussing people they supported. People's care records and staff personnel records were kept securely at the office ensuring only authorised staff had access to them. This ensured the confidentiality of people's personal information.

Requires Improvement

Is the service responsive?

Our findings

People were aware of the complaints procedure. However, some people felt their concerns had not been addressed when they had raised issues. A person said, "When I have raised a number of concerns with the office, nothing really has happened about it." Another person told us, "I don't really think they bother at all about what I have raised because I have told them time and time again that I don't like having a call so late in the morning especially when it's supposed to be by 9 o'clock. Nothing has ever happened to make it any better, and now I just don't feel like wasting my breath anymore." A relative said, "If they actually listened to my views, they would have taken into account my concerns around my family members care and would have done more about ensuring that they were being looked after much better." This did not provide assurance complaints were always thoroughly investigated and meant there were missed opportunities to identify themes and trends and to learn from complaints. Two people felt their concerns would be listened to. One person said, "I haven't needed to complain but I have the policy here and know how to complain and feel I could approach them." Another person stated, "I do think the office would listen if I raised any concerns."

The provider had a system in place for recording complaints. In the past 12 months seven complaints had been received. Records seen at the office showed these had been investigated appropriately.

People's needs and choices were assessed prior to their service commencing. Information was gained from the person or their families as well as health and social care professionals. The assessments included information regarding the person's physical and communication needs. People's support needs were kept under review. People confirmed they had been involved in the review process. Comments included, "The care plan was reviewed a few weeks ago but I need to update them again as I have some new creams to be applied and "They do reviews every so often but not for a while. We can get in touch with the office whenever we need to.

We checked if the provider was following the Accessible Information Standard (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The interim manager told us they would be able to provide information in different formats as required such as large font. Staff told us they adapted the way they communicated with people in order to ensure where possible they understood the information. One staff member said, "I use the person's preferred way of communicating due to their sensory impairment." Care records showed people's communication methods were recorded, such as staff writing things done or using signs.

People's preference of the gender of staff they wished to be supported by when receiving personal care was respected. One person said, "I only wanted female carers to help me with my shower every morning and to be fair to them they've never tried to send me a male carer." Another person stated, "I was certainly asked whether I preferred male or female carers to support me." Staff knew people's likes and preferences and we saw that people's preferences were recorded.

At the time of this inspection visit the provider was not supporting anyone with end of life care.

Requires Improvement

Is the service well-led?

Our findings

We found the registered manager was not always fully clear about their Care Quality Commission (CQC) registration requirements in relation to submitting notifications about any changes, events or incidents that they must inform CQC about. Though we had received some notifications, we found that not all safeguarding's had been notified to CQC though had been referred to the local authority safeguarding team. We discussed this with the regional director who confirmed in future all required notifications would be submitted to the CQC.

Some people felt the service was not always well managed. One person said, "I wouldn't feel comfortable recommending them to anyone else at the minute. They're too disorganized." Another person stated, "Whenever I need to speak to someone, there seems to be different people for different things, so one person does rotas, one for records, someone else for reviews. I wouldn't have a clue who the actual manager is." A person said, "I don't know who the manager is but [staff members name] deals with everything for us and we can approach them about anything. We are generally very happy with things and would happily recommend them."

Some staff felt the service was not well managed. A staff member said, "I don't feel the agency is well managed at the moment. I raised an issue with the manager and no action was taken." Another staff member told us, "The agency is not well managed due to poor rostering and making you pick up extra calls."

Staff felt they had insufficient travel time between calls. A staff member said, "Travel time in between calls is not always adequate. You have five minutes to travel from one side of Derby to another." Another staff member stated, "Travel time between calls is not good, you get five minutes travel. However, some calls take longer to get to as they are in different areas." Another staff member told us, "If you are running late the office do not notify your next call of the delay." Staff also expressed concerns when extra calls were added to their rota, they did not always have time for a break. A staff member said, "At the weekends you don't get a proper break as the office have added extra calls to your rota. Travelling from one call to another is not having a break."

We received mixed feedback on whether staff felt supported. A staff member said, "I feel supported in some ways but not always. As sometimes when you contact the office, they don't get back to you." Some staff felt communication with the office staff was not always good. Comments included, "Communication with the office staff if very poor, they don't get back to you when you have raised an issue with them. Another staff member said, "We go through phases when things are not good at the office, however I have not seen it this bad."

There were temporary management arrangements in place as the registered manager was off which included an interim manager, who was supported by the regional director. The regional director was overseeing the management of the service. Following the inspection visit the regional director informed us that the registered manager no longer worked for the provider.

The regional director had recognised improvements were required in some areas of the service and had put together an improvement plan. A new call monitoring system had been implemented, which aimed to ensure calls were completed within a 30-minute time frame. The regional director was committed in driving improvement at the service and told us they would continue to resolve the issues which were feedback to them.

The regional director had been working with the local authority to drive improvements at the service. Feedback from the local authority confirmed that things were improving with the changes implemented by the regional director.

Systems were in place to monitor the quality of the service being provided to people which included audits and staff meetings. We saw that people were encouraged to express their views about the service provided through satisfaction surveys and review meetings.

Following the inspection visit the Director of Quality and Governance informed us about plans for the service over the next 12 months. This would include monitoring staff performance via the call monitoring system, such as attendance compliance. An electronic system was also being piloted by the provider, care records, reviews and daily communication logs which would be held electronically. The Director of Quality and Governance confirmed this would enable branch staff to monitor each person's care delivery and highlight any issues earlier. The electronic systems would be rolled out to the service during 2019.

Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns or escalate their concerns. Whistle blowing is the process for staff to raise concerns about poor practices.

An on-call system was provided by the management team to support staff. Staff we spoke with told us they were able to access the on-call system, which provided out of hours support to deal with any emergencies or problems.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the office and their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient staff were not always deployed consistently to ensure people's needs could be met and calls provided on time.