

Mears Care Limited

Mears Care - Workington

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mears Care - Workington is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our visit they were supporting around 280 people in the Copeland and Allerdale areas. The service also has a contract from the Local Authority to run a night visit scheme.

This inspection took place on 20, 23 & 27 February 2018. At the last inspection 15 July 2016 the service was rated Good overall. However, we made recommendations about staff supervision and training. On this inspection February 2018 we found these areas had now been addressed. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

We found that the service had been through a recent period of change with a number of new systems and developments that were still being embedded into the service. There had been staff changes and some staff shortages that had affected the delivery of the service. We found that the registered manager and provider were making good progress and had clear action plans to address these issues.

People told us the service was improving and becoming more reliable and care was provided from a mostly consistent group of staff. They told us staff were friendly, and caring and people said their privacy and dignity were respected and promoted by the care staff.

People felt safe when receiving care and support from staff. Staff knew how to recognise and report potential safeguarding issues and they received appropriate training in this area. Risk assessments were in place to protect people from risks but also enabled them to safely carry on their day to day lives.

People were included in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible.

The service had experienced some staffing shortages from September to December 2017. After a recent recruitment drive staffing levels were now sufficient to ensure people received standards of care that enhanced their welfare, safety and day to day living.

The care staff were well trained and supported to be able to provide the care people needed. Specialist training was given to staff to meet people's individual support needs.

Staff received comprehensive induction when they first started work at the service and received on-going supervision and an annual appraisal of their performance.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had developed good links with healthcare and social care professionals to support people with their health and well-being. Medicines were handled safely and people received support with their medicines as they needed.

The registered manager set high standards and monitored the quality of the service to check these standards were maintained. Where issues had been highlighted by people we saw the registered manager and provider had taken action to address these. A new IT system for monitoring care visits had begun to see improvements in how the service was run; with punctuality improving and missed calls being prevented.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

A new system for care planning was improving the assessments and the care plan records.

There was a system to receive and handle complaints or concerns.

Staff took into account the needs and preferences of the people they supported and knew them well.

Is the service well-led?

Good ●

The service remains Good.

Mears Care - Workington

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.

Inspection site visit activity started on 20 February 2018 and ended on 27 February 2018. We visited the office location on 20, 23 & 27 to see the registered manager and office staff; and to review care records and policies and procedures. The first day of the site visit was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience who was experienced in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the care records for 11 people who used the service and recruitment records for six staff. We also checked records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. At our visits to the office we spoke with the registered manager, Mears Regional Director, three senior care coordinators, and five care staff. The expert by experience spoke with 10 people who used the service and 6 people's relatives on the telephone.

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 plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We did however send out a postal questionnaire and received 13 from people receiving a service and 5 from their relatives.

We reviewed the information we held about the service, including notifications, and used a planning tool to collate all this information before we visited the service. We also contacted the Local Authority commissioning and social work teams and local health care professionals for their views of the service.

Is the service safe?

Our findings

People told us they felt safe with the care staff who visited and provided their personal care. Comments included, "Yes absolutely, I have a key safe and the carers let me know who they are when visiting." And, "I do definitely feel safe with all the staff." A relative told us, "I am very happy that [relative] is safe with them and I can tell she feels relaxed with them." In response to our questionnaire 100% of people receiving care reported feeling safe from abuse or harm from their care worker.

Systems, processes and practices were in place to safeguard people from abuse. The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults. The service had informed the Local Authority promptly of all allegations, and reported these to us as required. This ensured appropriate action could be taken to protect the individual from harm.

Risk assessments were completed and risk management plans were in place for both the person and the home environment. These were reviewed and updated every six months or in response to changes. Where people were supported with moving and handling equipment, we saw the records provided details for staff about how to use the equipment and slings.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. Accidents and incidents were reported and actions taken. The agency had contingency plans for emergencies. These had in recent years been put into action during periods of snow and flooding so that support could be prioritised to people in highest need and greatest risk.

Safe processes were followed if a care worker was unable to gain access to a person's home to deliver planned care. Some people told us that they would like to have a rota of which staff were coming the week before. The registered manager told us that this had been done before and would be restarting now that a new IT system was in place. However, the registered manager said that most people had a regular team of carers, and people we spoke with confirmed this.

People who needed assistance with medicines received the support they required. One person told us, "Carers do prompt my medication and at the right time." A relative commented, "They (care staff) give medicines and apply creams for pressure area care." Staff had received training and were assessed by senior staff on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were completed to confirm that staff had given medicines as prescribed. The provider had systems in place to regularly check MARs were fully and accurately completed.

Lessons learnt from incidents were debated and we saw an example of this had been addressed in a staff meeting regarding a medication error. This had led to improved communication between teams.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to

care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection.

Is the service effective?

Our findings

People told us that staff were trained and felt specific needs were met. One person told us, "The staff know what they are doing, very happy." Another person said, "Staff always ask if I need anything else." People told us that staff asked for consent and informed them of the tasks that they were about to complete.

People told us the service was improving and becoming more reliable and that on the whole they had a set group of care staff. A number of people told us that there had been issues with a high turnover of staff, punctuality and care workers not staying the agreed amount of time. However, there had been no missed calls for some time and no one we spoke with told us of any missed calls. Some people said that they would like to know which staff were coming that day but they did say this was usual from a regular team of care staff.

When we spoke with the registered manager about these issues they informed us of a new IT system installed that was helping to address these issues. The system, electronic call monitoring, EMC, was to assist with planning visits and staff rotas. Each care staff had a work mobile phone that registered them in and out of each person's home and this allowed a central coordinator to see via a 'live' system when calls had been made and how long each staff stayed for. The registered manager demonstrated that there had been a steady improvement to this figure and that he was carefully monitoring for trends so that he could take action. For example this system flagged up if any care workers were doing excessive mileage that would indicate that a change in the area they worked was required so that they could be more effective. We saw that a recruitment drive was also on-going to help ease some of the pressures and five new staff were receiving induction at the time of the inspection.

The provider and senior team spoke of improving the efficiency of managing care staff having divided some geographical areas and assigning a senior coordinator to each geographical 'patch'. The senior was the key person for organising each 'patch' and this had improved the day to day running of the service.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We have lots of training and there's always more planned." Another care worker said, "I feel we have a good wide range of training available and we are actively encouraged to carry on learning. We have access to an online training that means we can refresh or look at other areas like the 'Care Act' whenever we want to." We saw new employees completed an induction and training programme before working in people's homes.

Staff reported being well supported in their work. The manager told us of a recent staff development project they had introduced to support staff professional development. The manager said, "The previous staff induction program has been replaced with a revised 12 week program that runs alongside the requirements of the new care certificate. All mentors are now required to undertake and pass mentor and medication assessor's training. This was designed to ensure that they have the skills and abilities to continually assess new staff against the care certificate standards, set to support carers, in their new role. This new mentor assessor's award has also supported the branch in identifying existing staff who work to high standards and

additional payments are made to qualified assessors in recognition of this. This program was also designed to support internal progression of staff."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

Records showed people were encouraged and supported to maintain or achieve good health. People had been supported in seeing health professionals and where appropriate the service had contacted healthcare professionals for appointments and advice for people. The majority of relatives we spoke with felt that their relative's health needs were well cared for and they were kept informed about any changes.

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

Is the service caring?

Our findings

The majority of people we spoke with told us the care staff who visited them were kind and helpful. People told us that the care staff who visited were caring and would always ask them how they were feeling and ask them what they would like help with. One person told us, "They are nice to me, I've never had a problem." While another person said, "Well they are alright with me, so I can't say anything against them, the girls are nice but they are rushed, they can't stop or anything but they do say - is there anything else we can do for you?"

A relative told us, "The carers that come are quite regular, I can hear them chatting to [relative] and even putting cream on her legs if she asks. Sometimes I will come down when the night calls take place and talk to them and they are nice and helpful, so I have no worries about that."

We did hear from two people about one care worker whose attitude was not as caring and described their manner as being brusque. We spoke with their supervisor who had also picked this up on spot checks of the care workers practice. They had undertaken to ask other people about this person and the majority of people liked this carer but that they could come across as 'loud'. This was being addressed by the supervisor who said they would offer to move the care worker if they were not compatible.

Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy. They said the staff treated them, their families and homes with respect and told us that this was important to them. People told us the staff knocked on the door before coming into their homes.

The registered manager and staff demonstrated strong caring values, a very good understanding of people's diverse needs and gave clear accounts of the care given to individuals. Staff showed genuine interest and concern in people's lives and their health and wellbeing. One person said, "They know me really well now and always ask about my family. It's like having a friend to visit."

People told us the support they received helped them to stay in their own homes and said this was very important to them. They told us they had developed positive relationships with the care staff that supported them. One person told us the service was "invaluable" and another person said, "I really looked forward to my visits, they all have a cheery smile."

People felt the staff were mindful of their privacy and dignity. Of those people who completed the provider's annual survey 94% of people stated that they felt that care workers treated them with dignity and respect. The staff were good at striking a balance between helping people to stay independent and supporting their needs.

People told us that the staff gave them time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at contained good evidence of promoting people's independence and information about the tasks

that people were able to carry out themselves. There was detail of how the use of equipment staff should use in order to keep people independent and advice written into support plans from occupational therapists.

The care records we looked at included information about any support people needed to be able to communicate their wishes. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. At our visits we saw that the staff knew the support individuals required and gave people time to express their choices about their care. People we spoke with told us the staff, "Listen to me and provide the support I need." One person told us, "I'm very independent and the staff know and respect that." And another person said, "The staff encourage me to make decisions. I feel very comfortable that I can tell them what I want doing."

The provider had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

Is the service responsive?

Our findings

We were made aware during the inspection that the service was updating and improving the care records in use. The registered manager showed us some of those new records and information in them was current and accurate. The new records were more reflective of person centred care and evidenced people using the service had been involved where appropriate.

People were assessed prior to the start of receiving the service by a care co-ordinator to ensure that they could meet people's needs and to risk assess the person's home environment to ensure staff delivered care safely.

As a result of the transfer to a new planning system, we received mixed views about care planning and reviews of care plans. The majority of people gave positive feedback about being involved in setting up a care plan. For example one person told us, "I have had my review a few weeks ago and I have a care plan in the book." And another said, "I do have the paperwork and the plan. They came last week to check it all. They sat down and went over everything and I had my say and agreed with it all."

However, with some of the older style care plans reviews had not taken place for some time and these people reported to us about not being aware of a care plan review. There had been a recent safeguarding concern that had arisen from a care plan not being up to date. This has since been rectified. People told us, "There is paperwork here but no idea about care plans or reviews." And another said, "We had a care plan about 18 months ago and they reviewed it about two weeks ago."

The registered manager demonstrated to us the new digital care planning system and told us of measures in place to check that reviews were now taking place. This had included a restructure of the senior team with co-ordinators now having responsibility to update care plans and set up reviews. We saw how these review dates were on a whiteboard in the office and on a reminder alert on the new IT system.

Despite some of the care records not being regularly reviewed people told us that the care staff who supported them knew the support they required and how they wanted their care to be provided. One relative told us, "The staff know, understand and work really well with my relative."

The care plans included an assessment of the person's practical abilities and dependencies for example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person.

The service was very keen to promote independence and to ensure that people were supported in their lifestyle choices. Each person's ongoing care was recorded by staff who accounted for the support they had given at each visit. Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting unsteady on their feet and this had resulted in an occupational therapist assessing the person and aids put in the house to promote this persons safe

mobility.

We looked at how complaints received by the registered provider had been managed. Complaints were also part of the digital upgrading of the service and a system called 'one touch' had been introduced. This allowed for both formal, informal complaints and concerns to be logged and responded to. We had some historical concerns that people told us about prior to the management changes and the introduction of this system. A few people told us when they had raised a concern sometime ago they had not been satisfied with the response. However those that had been dealt with in the last six months reported had a more positive outcome. The survey results we received in December 2017 showed 91% of people receiving a service said that their care workers responded well to any complaints and concerns they raised, and 82% that the agency staff responded well to complaints.

We saw that a formal complaint in January 2018 had been acknowledged promptly and investigated thoroughly following the provider's procedures and timescales. The registered provider had taken appropriate action to address the concerns raised and had shared the findings of their investigation with the person who had made the complaint. The registered manager had used the new digital monitoring to demonstrate to the person about timings and duration of visits, which demonstrated that they had been better than the person had thought. However, we saw a very polite and apologetic letter that also detailed how this person's bill for care would be reworked as a result.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required. The service, working with other professionals, helped to ensure end of life care was handled in a compassionate manner so that people experienced a comfortable and dignified death.

Is the service well-led?

Our findings

People told us they valued the service provided and said the provider and senior team were committed to providing a good service. We had received mixed views and feedback on some areas of the service but this was balanced overall by people telling us that they could see the service was improving and being better led and organised. The service had a registered manager who had been in post for 18 months and comments we received were all very positive about the recent changes being made by him and the organisation. Everyone we spoke with said the registered manager was very approachable and had always sorted out any issues.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider and manager. One person told us, "I do get a questionnaire from time to time. I have to say they have been much better recently, I think there's been some senior staff re-organisation and things have got better, so I hope it continues."

People also said they were asked for their views at meetings to review their care. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested. One person told us, they had asked for a change in a care worker that had been sorted out. The new IT rostering system ensured that these wishes were adhered to by putting a block on that person being allocated to that person in the future.

The registered manager told us of the improvements that had taken place in last few months and the plans for the future development of the service. One of the changes already actioned had been the One Touch computer monitoring of complaints. A senior co-ordinator demonstrated how this new system worked, she told us, "When we have a small issue, queries or a phone call into the office we make a note against the clients name, if this comes in again we change it to an alert and take action to sort it out. If it continues we then escalate it to a complaint, with the person's permission, and this then goes into the Mears complaints process. All this is monitored and responded to by the manager and head office. This means we respond much quicker now and nip things in the bud."

Another significant improvement had been the introduction of the electronic call monitoring system with dedicated full time personnel. The manager told us, "This is has been a great addition to helping us to run as smoothly as possible. The carers log in and log out and we watch 'live' that calls are taking place at the right time and for the right duration. And if for any reason it looks like a call is late we can take actions straight away." The system analysed the visits for each week and month onto a dash board in a pie chart display. For the last week 75% of all visits were made within 15 minutes of the time agreed. The registered manager said that the figure nationally set by Mears for punctuality was 85%. He told us, "There's still room for improvement but the trend is definitely upwards and with the new intake of staff we should see an even greater improvement to these figures."

There was a comprehensive and regular programme of audit and monitoring taking place. These included

medication, care planning and staff training. It was evident that auditing and monitoring fed back into improving service delivery and quality. The registered manager and the provider carried out internal safety checks, observed staff performance and audited records to validate the standards of care that people received.

Staff told us the manager was always available, supportive, and approachable and they felt they worked well together as a team. Staff also said they had regular and supportive contact from their supervisor. One staff member told us, "I think Mears is a good company to work for. They've been really supportive to me. It makes me want to go the extra mile which I always try to do for the people I support." Another staff member told us, "The manager sets high standards. He's strict but fair. It's all about the customer experience and offering the best support we can. It's very open here if you're not sure about anything they always say ring or text and you always get an answer."

We were told by adult social care and health professionals that the registered manager was open and responsive. They reported that the manager worked well with them and that actions were taken to any lessons learnt.

A range of methods were used to engage with and support staff, including staff meetings and employee satisfaction surveys. The service had developed innovative ways of communicating with staff to make sure they were informed of changes, know about best practice and could share views and information. All staff had access to an online 'portal' with learning, development and good practice guidance. Each branch was given a web page with links to training, national good practice, support groups and a chat forum whereby they could comment on training and share ideas with other staff. This on-line system allowed the managers to see which staff had opened and read important updates and changes to new policies or procedures. This had recently been used with a safeguarding and a new medicines policy, as well as discussing these in a staff meeting and individual supervisions.

The provider recognised the value of retaining good staff and had numerous initiatives and policies to promote staff well-being and development. A recent recruitment initiative had been for staff to "refer a friend" and after the new starter had been successfully employed for a year the referee could be rewarded by up to £1,000. Employees could also be nominated for a SMILE award which is the provider's national recognition scheme for staff who go above and beyond for which they receive a £30 bonus and a SMILE Certificate.

The registered manager ran two other schemes and agencies in north and west Cumbria. The manager understood their regulatory responsibilities, including notifying us of events and incidents that affected the service. The provider had displayed the CQC's rating of the service, and was redesigning their national website so that these could also be displayed prominently, as required.