

Mears Homecare Limited

Fleetwood

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 16 August 2016 and was announced.

At the last inspection on 26 July 2013 the service was meeting the requirements of the regulations that were inspected at that time.

Fleetwood provides a domiciliary care service for clients who require support in their own homes in the community. The agency provides support in the home for older people, people with physical disabilities and people with mental health needs. The agency operates from offices based on Sidings Road in Fleetwood. At the time of our inspection visit Fleetwood provided services to 160 people.

There was a registered manager 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Newly appointed staff received induction training completed at the services office base over a five day period. This was followed by shadowing experienced colleagues until they felt safe to support people unsupervised. One staff member said, "My training was very thorough."

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We looked at how the service was staffed. The five staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide support people required. Ten people supported by the service told us staff were reliable and very rarely late. One person said, "They have to clock in when they arrive so the service knows if staff are late. It's only happened to me once and I got a call to say they were on their way."

The five staff members we spoke with told us they received regular supervision from their manager and felt supported. One staff member said, "I had supervision last week. I received some positive feedback about my performance and some encouraging comments from the people I support."

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

People supported by the service told us staff who visited them were polite, reliable and professional in their approach to their work. Comments received included, "My carer is perfect for me. She is very reliable and knows what she is doing." And, "I feel completely safe with my carers. They are professional and competent. I never have to tell them what to do."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as they needed.

People who used the service knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been quickly taken.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks, house meetings and care reviews. We found people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

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

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Fleetwood

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 checked 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 visit took place on 16 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 16 August 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we spoke with ten people supported by the service. We also went to the Fleetwood office and spoke with a range of people about the service. They included the registered manager, quality care manager, cell track manager, regional trainer, the services administrator and five staff members providing care in the community. We also observed a refresher training session attended by seven staff members.

We looked at the care records of three people, training and recruitment records of eight staff members and records relating to the management of the service. We also spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.



Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. They told us they had the same group of staff who provided their care and they were familiar with their needs and preferences. Comments received included, "My carer is perfect for me. She is very reliable and knows what she is doing." And, "I feel completely safe with my carers. They are professional and competent. I never have to tell them what to do."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. When we undertook this inspection visit there had been no recent safeguarding concerns raised about staff working for the service.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before four new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Gaps in employment had been explored at interview and a written explanation provided. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed. Staff spoken with confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. We looked at the services duty rota, spoke with staff and people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people supported and their individual needs. Staff members spoken with said they were allocated sufficient time to be able to provide support people required. One staff member said, "I just cover the local area where I live. My visits are well managed and I never feel under pressure getting from one visit to the next."

The service operated a telephone logging system to monitor staff visits to people's homes. All staff were issued with a smartphone with an App. The phones used global positioning system technology (GPS) which enabled the service to track the whereabouts of their staff from a large screen at the office base. Staff logged in on arrival and logged out when they left. If a staff member didn't arrive on time the services celltrack manager would know exactly where they were. This enabled the service to monitor staff were arriving and leaving their visits when they were supposed to. During the inspection visit we were able to observe the celltrack manager monitoring visits and we could see on screen staff logging in on arrival for their visits.

We spoke with ten people supported by the service. They told us staff who supported them were reliable and rarely late. One person said, "They have to clock in when they arrive so the service knows if carers are late. It's only happened to me once and I got a call to say they were on their way."

We found the service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Records seen confirmed the registered manager had responded appropriately to safeguarding concerns. This included making a referral to the local authority for a safeguarding investigation and informing the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we received information about the service when we should have done.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded.

We looked at the procedures the service had in place for assisting people with their medicines. Records we checked were complete and staff had recorded support they had provided people to take their medicines.

Staff employed by the service received medication training during their induction. Discussion with five staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with 10 people about the management of their medicines. They told us they were happy with medication arrangements and received their medicines when they needed them.



Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they were happy with the care and support they received. Comments received included, "All my carers are known to me and I think they are great. I am really happy with them." And, "I have the same group of girls visiting me. I know them all and they do a really good job for me. I look forward to their visits every day."

We spoke with five staff members, looked at individual training records and the services training matrix. Staff told us training they received was provided at a professional level. Comments received from staff included, "The training we receive is very thorough and regularly updated. I am at the office today for my refresher training." And, "I got five days induction training when I joined the agency followed by two weeks shadowing experienced colleagues. The training was very good and the staff I shadowed were very supportive."

Records seen confirmed staff training covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, first aid and food hygiene. Most had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

On the day of our inspection visit seven staff were observed attending mandatory training at the services office including safeguarding, Mental Capacity Act (MCA) 2005 and moving and handling. We were told by the regional trainer this was renewed every 12 months to ensure staff knowledge and skills were updated. We saw training was delivered in a relaxed and professional manner and staff engaged positively with the trainer. Staff spoken with during the inspection visit said they enjoyed the training provided.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood

procedures needed to be followed if people's liberty was to be restricted for their safety.

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. We spoke with one staff member attending the office who said, "I had supervision last week. I received some positive feedback about my performance and some encouraging comments from the people I support."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they support where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. For example we saw on one person's care plan the service had made a healthcare appointment on their behalf. We noted the service had allocated sufficient time for the person's normal staff member to support them to the appointment.



Our findings

Ten people supported by the service told us they were treated with kindness and staff were caring towards them. Comments received included, "I am happy with all my carers. They are a smashing group of girls who look after me really well." And, "My girls are the best. They are caring and treat me with kindness. I feel very lucky to have them looking after me."

We looked at the care records of three people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence people's care plans were reviewed with them and updated as required. This ensured information staff had about people's needs reflected the support and care they required.

People supported by the service told us they were satisfied staff who supported them had up to date information about their needs. They told us staff listened to them and their care was delivered in the way they wanted. Comments received included, "The girls who visit me know exactly what support I need. I never have to tell them anything. I am very pleased with them." And, "They always arrive with a smile on their face and a cheerful word for me. When they arrive they ask how I am. It makes my day when they arrive."

The five staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care. One person we spoke with said, "The staff who visit me are kind and compassionate people. They treat me with respect and I feel comfortable in their care."

We spoke with people about their satisfaction with the staff who supported them. One person said, "What I like about the service is they never send staff who know nothing about you. New carers have been briefed and take the time to get to know you and how you want things done."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.



Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. People's objectives and desires had been identified as part of the plan of care. For example to promote independence or maintain a balanced and nutritious diet.

We looked at care records of three people. We found they were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible and had been regularly reviewed for their effectiveness. The service had responded to the changing needs of people by updating care records. Personal care tasks had been recorded along with fluid and nutritional intake where required. Discussion with staff confirmed they were informed promptly when changes to people's care had been required. This ensured they had up to date information about the care needs of people they support.

People supported by the service told us they found the services office staff were responsive if they contacted them. We were informed they were quick to respond if they needed an extra visit because they were unwell or needed to cancel a visit. One person supported by the service said, "The office staff are polite and helpful if you need to contact them. I asked if my carer could support me to a doctor's appointment. This was dealt with quickly and efficiently."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to

promptly and the outcome had been recorded.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. One person said, "It's such a good service I cannot imagine needing to complain about anything."



Our findings

The service had a registered provider who understood their responsibilities. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service. Comments received from people supported were positive about the service and how it was managed. One person said, "Very well run service. My visits are well organised and I haven't been let down once. The office staff are really friendly and helpful."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. People were asked a number of questions. These included asking if they were happy with the service provided and how they rated the quality of care and support. They also asked if people's needs were met in a timely manner. Where concerns had been raised these had been followed up by the service. For example one person commented the service had changed a staff member who they didn't feel was well matched for them. They said they were happy with how quickly the service had dealt with this for them. This showed the service listened and responded to the views of people they supported and their family members.

Comments received in surveys included, 'The best care workers ever.' And, 'The company is of an excellent standard and employ staff who are experienced and knowledgeable about their jobs.'

Additional quality monitoring procedures in place included home visit assessments and telephone monitoring which was undertaken every three months. People supported by the service confirmed they were regularly contacted and asked for comments about the service they received. One person we spoke with said, "I was contacted recently by the office for my opinion about a new staff member supporting my regular carer. I was happy to give them my positive feedback."

We found the service had recently had a full audit of their systems completed by the registered provider's operations manager. This included checking care plans were person centred, people had consented to their care, care plans were well maintained, office staff spoke with people with respect and dignity and good

governance systems were in place. The registered manager was in the process of addressing actions identified during the audit.