Mears Care Limited

Mears Care - London

Inspection report

114B Power Road
London
W4 5PY

Date of inspection visit:
15 December 2015

Date of publication:
08 January 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15 December 2015 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure staff and people using the service were available for us to speak with.

The last inspection of the service was on 14 February 2014 and there were no breaches of Regulation.

Mears Care – London is a branch of Mears Care Limited, and they provide personal care and support to people in their own homes in Brent, Camden, Islington, Tower Hamlets and Lambeth. The agency's office is situated in Chiswick alongside a number of other Mears Care branches and they are known to their customers as Mears Care London Central. At the time of our inspection about 300 people used the service receiving over 5,000 hours of care each week. The agency provided reablement support to some people living in Camden. This was a specialist short term service provided to people recovering from an accident or hospital admission. The majority of people who received a service were older people, although the agency provided support to some younger adults who had a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and trusted their care workers.

There were procedures designed to safeguard people and these were followed.

The risks to people's safety and wellbeing had been assessed and there were plans to help reduce risks.

There were enough staff and the procedures to recruit them were suitable.

People were given the support they needed to take their medicines.

People were supported by the same regular care workers.

The staff had the training, support and skills they needed to care for people.

People had consented to their care and treatment. Where they were unable to consent, there were procedures to make multidisciplinary decisions in their best interests.

People were given the support they needed with meal preparation.

The staff worked with other professionals to monitor and meet health care needs.

People had positive relationships with the staff who cared for them and felt supported by the agency. Their privacy and dignity was respected.

The staff supported people to learn to be independent and to make decisions about their own care.

The staff recognised individual needs, such as vulnerability due to loneliness and they responded to these by offering individualised care and support.

People's care needs had been assessed and were recorded in care plans. These were individual and reflected their needs and preferences.

People knew how to make a complaint and felt these would be responded to and acted upon.

People had opportunities to contribute their ideas and these were listened to and acted upon.

There were good systems for auditing care, records and service delivery. The manager analysed incidents of concern and there was evidence that action was taken following these.

The manager and staff learnt from incidents and worked towards continuous improvement.

The agency worked with other providers and professionals to improve the service and adapt to the needs of people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and trusted their care workers.

There were procedures designed to safeguard people and these were followed.

The risks to people's safety and wellbeing had been assessed and there were plans to help reduce risks.

There were enough staff and the procedures to recruit them were suitable.

People were given the support they needed to take their medicines.

Is the service effective?

Good

The service was effective.

People were supported by the same regular care workers.

The staff had the training, support and skills they needed to care for people.

People had consented to their care and treatment. Where they were unable to consent, there were procedures to make multidisciplinary decisions in their best interests.

People were given the support they needed with meal preparation.

The staff worked with other professionals to monitor and meet health care needs.

Is the service caring?

Good

The service was good

People had positive relationships with the staff who cared for them and felt supported by the agency. Their privacy and dignity was respected.

The staff supported people to learn to be independent and to make decisions about their own care.

The staff recognised individual needs, such as vulnerability due to loneliness and they responded to these by offering individualised care and support.

Is the service responsive?

Good

The service was responsive.

People's care needs had been assessed and were recorded in care plans. These were individual and reflected their needs and preferences.

People knew how to make a complaint and felt these would be responded to and acted upon.

Is the service well-led?

Good

The service was well-led.

People had opportunities to contribute their ideas and these were listened to and acted upon.

There were good systems for auditing care, records and service delivery. The manager analysed incidents of concern and there was evidence that action was taken following these.

The manager and staff learnt from incidents and worked towards continuous improvement.

The agency worked with other providers and professionals to improve the service and adapt to the needs of people using the service.

Mears Care - London

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 took place on 15 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff and people using the service were available to speak with us.

The inspection visit was conducted by two inspectors. Before the inspection we contacted people who used the service by telephone to ask them about their experiences. Some of these telephone calls were made by the inspectors. Some calls were also made by an expert-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 expert-by-experience supporting this inspection had personal experience of caring for someone who used care services.

Before the inspection we looked at all the information we had on the provider, including notifications of significant events and safeguarding alerts. We contacted the local authority and NHS commissioning teams who purchased services from the agency and had feedback from two of these. We spoke with 25 people who used the service and six of their relatives by telephone.

During the inspection visit we spoke with the manager, senior staff working at the agency. We looked at the care records for five people who used the service. We also looked at staff recruitment, training and supervision records, records of complaints, missed visits and other incidents and the provider's records of audits and quality monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe with their care workers and the agency. Some of the things they said were, "I feel safe with any of the carers that come", "they are very good I trust them", "absolutely I feel safe I can trust (my care worker)" and "yes I feel safe, (my care worker) bathes me and he is a nice gentleman I feel very safe with him." One relative of a person who used the service told us, "I feel he is safe I am confident to leave the carer with my husband whilst I go out."

The agency had appropriate procedures for safeguarding vulnerable people. The staff had received training in this. There was a clear record of all safeguarding alerts which had been made and the action taken to investigate these. There was evidence that the agency had notified other organisations such as the local safeguarding authority and the Care Quality Commission. The records included any learning outcomes and changes to care following the investigation of safeguarding alerts. The manager had completed a trend analysis to identify common themes or where improvements were needed. There was a record of the learning outcomes from each incident and how these had been put into practice, such as discussion with the staff team and changes to procedures.

Some people required the care workers to shop for them. There were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with these. There were records of all financial transactions and the staff obtained receipts for any money spent. The senior staff at the agency audited these each month.

The staff assessed the risks to people's safety and wellbeing. Each care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, equipment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for the staff to take to keep people safe and reduce the risks of harm. The assessments were updated annually or more often when people's needs changed. The person had signed agreement with their risk assessment. Any accidents and incidents were recorded and led to a reassessment of the person's needs.

The provider kept a record of any reported missed visits. There was evidence that these were investigated and that action was taken following these. For example, where the staff had failed to follow procedures or when staff had not arrived for a visit as planned, the provider had taken disciplinary action and had provided retraining and additional information for staff where needed. The manager had analysed all the incidents of missed visits and had produced a learning outcome action plan which was designed to minimise the risks of these incidents reoccurring. This plan included improving communication with staff, training and information. There was evidence that the provider had taken action to make sure people were safe following these incidents. Staff responsible were monitored and the provider had contacted people to make sure they were happy with the outcome following the investigation into the incident and any action taken.

The agency had a system of logging and monitoring visits to people. The manager told us that they were updating and improving this so that the office staff had better ''live'' information on whether people were receiving their care at the right time.

There were enough staff employed to meet people's needs. The office staff at the agency matched the staff to people to make sure all visits were covered. The manager told us that because of a drop in staffing levels over the summer the agency had stopped taking on new referrals for a period of time because they wanted to make sure they could safely meet everyone's needs. In order to increase staffing levels the manager had introduced some new ways of recruiting staff. These including liaising with employment agencies so they could provide candidates for interview. The manager had also worked with the councils and local job centres to support unemployed local people back into the workforce. He told us these innovations had been successful and had led to increased staffing levels. For example, 30 people had recently been successfully recruited and were due to start work in the New Year. The manager organised and ran awareness sessions for potential employees to learn about the agency as a way of promoting job opportunities.

There were suitable procedures for recruiting staff. These included checks on their suitability such as an application form, references from previous employers, a criminal record check, check on their identity and eligibility to work in the UK. We looked at the recruitment files for five members of staff. These showed that appropriate checks had been made. There was a record of the recruitment interview and checks on their knowledge and skills when they first started work at the service.

People told us the care workers gave them the support they needed with their medicines. One person said, ''they are good with my medicines and give me the help I need.'' People told us the care workers waited to make sure they had taken their tablets.

There was an appropriate medicines procedure and all staff had been trained to understand how to safely administer medicines. The training included a test of their knowledge. The staff competency in this area was assessed before they started working alone and annually. We saw evidence of this in the staff files we viewed. The senior staff audited medicine records each month and we saw evidence of these audits. Where problems had been identified the staff received additional training. The manager told us the staff were proactive in highlighting any concerns they had with someone's medicines, for example a change in someone's medicines. Contact details for the person's GP and pharmacist were included in their care plans and the staff used these if needed to discuss people's medicines.

Good

Is the service effective?

Our findings

People told us they usually had the same regular care worker and that they liked this person. One person said, ''I have the same person and that is great.'' They told us their care workers were helpful and carried out the jobs they were required to do.

People said that the care workers usually arrived on time and stayed the agreed length of time. They told us the care workers let them know if they were going to be late. Some of the things people said were, ''they always arrive on time, they could not be better'', "yes always on time and they let me know if they will be late", "they always come on time and stay for the allotted time everything is fine" and ''they are punctual." One person told us they did not always have the same regular care worker and they would like more consistency. Another person told us that when they had different care workers they did not always get the same level of care.

People told us they felt the care workers were trained and appropriately skilled. Some of the things they said were, "yes my girls are good", "the carer I have now is very well trained, I did complain about my last carer who did not seem well trained so now I am happy" and ''(my care worker) is very good, he is training others he is very well trained.''

The staff told us they felt supported. Some of the things they said were, ''we work well as a team'', ''I get all the support I need' and ''when I started the team really showed me what to do and I can always ask for help and support if I am not sure about something.'' One member of staff told us that they had been given a promotion and opportunities to learn new skills by the organisation.

Mears Care Limited provided induction training to all new staff. This included training in medicines management, health and safety, moving people safely, safeguarding and the Mental Capacity Act 2005. They also provided additional training in specific areas of care. For example, staff working with people who had dementia received training in this. The agency monitored when training was due to be refreshed and the staff were supported to attend additional training courses. There was a central record of all staff training and evidence of individual training and learning for each staff member. The senior staff monitored training needs during supervision and appraisal meetings. Following incidents, such as a medicine error, the staff received additional training and reassessment.

The manager told us that the agency was building dedicated teams of staff to work in specialist areas such as reablement and enhanced homecare (care workers taking on additional roles traditionally carried out by district nurses). He said they were training the staff to take on these new roles. For example, the staff who would be providing enhanced care were receiving training from a district nurse and senior staff to meet specific needs, such as basic dressings.

Staff received regular supervision and support meetings. These included office based meetings to discuss the individual staff member's performance and training needs. There was an annual appraisal of their work.

The senior staff also conducted on site observations and spot checks to make sure they were performing well in the work place. Any areas for improvement were recorded and additional monitoring put in place. Senior staff told us they shadowed new staff to support them and offer additional mentorship and guidance.

The manager organised team meetings for the care workers. These took place in the different boroughs to enable more people to attend. The meetings included discussions about specific policies, procedures and practices. For example at recent meetings, the staff had discussed record keeping, skin care and medicines management.

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.

The manager and staff were aware of their responsibilities under the Act. The senior staff worked closely with other providers where they had concerns about people's capacity to make decisions.

The care plans we viewed had been signed by the person they were about to show their consent to the plan and to the care and treatment they received. There was a section to record if a decision was made on behalf of someone in their best interest if they did not have capacity to consent.

People told us they had the support they needed with meals. One person said, ''they make me a sandwich or anything I want to eat for lunch.'' Another person told us, ''they always make what I want, or heat up a meal for me.'' A third person said, ''they come every lunch time and they make me whatever I fancy.'' One person told us, ''I choose my meals and my carer will cook it for me.''

People's nutritional needs and preferences were recorded in their care plans. Where people were at nutritional risk or had a specific need this was recorded in the person's risk assessment. The staff recorded the food they had offered and provided in daily care notes.

People's healthcare needs were recorded in their care plans. Contact details for healthcare professionals were also recorded. The staff told us they liaised with healthcare professionals as needed. For example, they told us when care workers had identified that one person would benefit from a specific piece of equipment they had made a referral to an occupational therapist. The staff also told us they liaised with GPs and district nurses when they identified changes in people's health needs.

Good

Is the service caring?

Our findings

The staff relationships with people who used the service and those who matter to them was strong, caring and supportive. Some of the things people told us were, "I've never seen a carer like (my care worker), she is excellent", ''(my care worker) is very polite'', ''they are very nice and I do not have any problems'', ''my care worker is wonderful'', "the carer really treats him as a gentleman, he is very much aware he is there for my husband", ''It is nice to talk to people who understand where you're coming from", "I'm happy with the way they work. There are brilliant at what they do", ''the carers are very polite and very supportive, they are not abrupt, they are very sympathetic, taking their time and help where I need it'' and "the carers respect my choices, they ask how I want things done, they take their time.''

People told us that their care workers did the things they wanted and needed. For example, one person said, ''my carer will make me a cup of tea she is good company." Another person told us, "she collects my prescriptions for me and gets my shopping." People told us the care workers encouraged them to make decisions and to be independent. One person said, "(my care worker) encourages me to make a shopping list and she goes and get it." Another person told us, "I can choose my own clothes, (my care worker) will ask me what would you like to put on today?''

The service had a strong, person centred culture. The staff and management were committed to this approach and found innovative ways to make it a reality for people. For example, the staff had recognised where people were vulnerable because they were alone and did not have close family or friends. The staff had helped one such person celebrate their birthday by organising a party and inviting neighbours to visit them. The staff knew people's individual needs and recognised when these had changed acting on concerns they had for people's wellbeing. For example, the staff told us about how they had grown concerned about the changes in one person's needs and had made repeated referrals to their doctor, insisting that the person was seen even though the doctor initially refused to visit the person. Care plans reflected people's individual preferences and gave information about the way they wanted to be cared for, their interests, background and cultural needs.

The staff were motivated and inspired to offer care that was kind and compassionate. For example, in Lambeth the staff helped to raise money and gather food for Christmas hampers which they were distributing to some of the poorer and more vulnerable people who used the service. The staff were also arranging to visit people who were alone on Christmas eve to spend time with them and take them food and drinks outside of the scheduled visits to offer personal care.

The staff showed a commitment to working in partnership with people to support them to feel consulted, empowered, listened to and valued. For example, the staff supporting people to learn new skills, gain confidence and become more independent. They worked with people to set goals and they reviewed these to make sure people were supported to achieve these and then work towards something new. The staff told us about one person who had enjoyed cooking in the past. They identified the equipment and support this person would need to be able to cook for themselves again and they had worked with other professionals to

make this achievable.

People enjoyed visits from their care workers. One person said, "my carer is important to me she will do whatever I choose like go round to the shops or cleaning, whatever I want." They said they had good relationships with the care workers. One person said, "I get on very very well with (my care worker)." Another person told us, "she is very nice I am very happy." Other comments people made were, "my girls are great I would not swap them they are very caring", "I have two carers who give me my care they get me up and shower me and they put my cream on and do my hair for me, we discuss what I should wear, they respect my choices" and "they are very nice and caring towards my mother I am very happy with Mears."

One member of staff told us, ''I love my job, caring for people and making a difference.'' Another member of staff said, ''I love getting to know the people we are caring for.''

People told us their privacy was respected. They said the care workers made sure they were comfortable and care was always given in private.

Some of the staff had found information about advocacy services and befriending services. The staff told us that some of the support people were getting from other professionals did not reflect their needs. For example, they told us about a person who was deaf. They said that they had researched and found out about services for deaf people including a befriending service. They had given people the information about these services and supported them to make contact. They also shared concerns about people's loneliness and wellbeing with other professionals, who could offer additional support.

Good

Is the service responsive?

Our findings

Not everyone we spoke with could remember whether they had a care plan or what this said. One person told us, ''it has been so long, I cannot remember if we have a care plan. People knew that the agency kept records at their house but they did not always know what these said. One person told us, ''I have a care plan and the (care workers) look at this.'' Some people said they had been involved in creating a care plan. For example one person said, "I do feel involved in planning my care but communication is not very good I always have to chase them." Another person told us, "yes we have a care plan (the office staff) came at the start and we set it up." People remembered senior staff from the agency visiting them to talk about their needs. One person said, ''a lady comes every six months and does a review of everything. If anything needs changing she will write it down.'' Another person told us, "I have a care plan set up the visiting officer came at the start then came again after 2 weeks, they were meant to come last week but didn't come I rang the office about it but no one has called me back." Some people did not think the care they received always met their needs. One person said, "they are very well-intentioned but very little thinking of what I need." Another person said, ''some carers do the things I want but others do not.''

One of the professionals who worked for the commissioners who paid for some people's care told us, ''All clients we visited had signed risk assessments and care plans, their system for managing the client review process is detailed and as standard practice they carry out reviews every six months.'' They went on to tell us, ''a person-centred approach is taken to daily notes by carers and some clients reported they have very good and professional carers.''

The manager and office staff demonstrated a good knowledge of people's needs. They told us about different individuals and the service they provided. The visiting officers working for Mears Care assessed people's needs and reviewed how these were being met. They told us they had regular contact with people using the service and their relatives so they could make sure their needs were being met.

The care plans were detailed and included information about people's preferences and specific needs. They explained what the care workers needed to do to meet these needs. The care plans reflected the initial assessments and referrals made by the commissioners requesting the care.

Daily care logs showed that care had been provided as planned. The senior staff audited these to make sure people were receiving the right care.

The agency provided reablement care in two of the boroughs they worked in. This was a package of individualised short term care and support for people wanting to learn new skills or regain independence following a fall or hospital stay. The agency had also started to provide enhanced home care to some people. This was a service designed to support district nursing teams by training care workers to offer some of the treatment traditionally provided by the nurses. People receiving these care services had individualised care plans which reflected these needs and the specialist service they were receiving.

People told us they knew how to make a complaint and felt confident raising concerns with the agency. One person said that when they had raised a concern about a care worker, the office staff had stopped that care worker visiting them. Some of the other things people told us were, '''I have never made a complaint because I do not need to'', ''If there is any problems I would give them a call, but no need to up until now, all the carers are excellent'', "if I have any concerns I would speak to (the office staff), they always give me a call if there are any problems, they listen without a doubt. They always call back" and '' I complained about my carer not turning up on one occasion two weeks ago and they told me they were short staffed, now I have a new carer and they come on time so far"

There was an appropriate complaints procedure and details of this were included in the information provided to each person at their home. The provider kept a record of all complaints. This included details of investigations into the complaints, apologies to the complainant and actions taken. The manager had analysed all complaints and identified where common trends were. He had created an action plan for the agency to help prevent incidents which had led to the complaints reoccurring.

Good

Is the service well-led?

Our findings

People told us they thought it was a good agency and well run. Most people who had contacted the office staff told us they got a good response but a few people told us they thought communication with the office could improve. One person said, "I am well satisfied the communication with the office is good." Another person told us, "yes they come and visit every six weeks or so.'' Another person said, ''the staff in the office are fantastic.'' However one person told us they could not remember any visits or receiving any questionnaires asking for their feedback. Another person told us, "no one except my carer comes I do get a bit lonely sometimes."

Some of the things people told us about the agency were, ''it is a good service'', "they are brilliant", "all I can say is there are brilliant company, they have always been there for me", "a lot of it is very good and makes a huge difference…say bravo to Mears but they need to do more with admin and keep me informed", ''it couldn't be better'', ''they are very good'' and "I hope it all stays the same; (Mears) did very well sending they right carer, they chose so well. Then they came and talked to us at length and filled in everything. There are excellent."

One of the professionals who commissioned a service from the agency told us, ''the management have been very responsive to our input and worked well with us.'' Another professional from a different commissioning authority said, ''we do not have any concerns regarding the quality of care being provided to the patients currently supported by the provider.''

The staff told us the manager was very supportive. They said they worked well as a team and felt the service was well-led. They told us the manager was approachable and caring.

The manager had been in post since March 2015 and was registered with the Care Quality Commission. He had previously worked as a manager for another home care provider. He was experienced and appropriately qualified.

The location worked in five different London boroughs with council and NHS commissioning groups. The manager met regularly with the different commissioners and other professionals involved in caring for people. In response to local needs the agency had modified the services they offered. For example, they had started providing an enhanced care service (with trained care workers taking on basic nursing duties) in Camden and had provided a reablement service for people recovering from a hospital admission or accident in two of the boroughs. This work involved liaising with different community professionals to identify and meet individual needs. The service provided in Tower Hamlets was for people who had a learning disability. The staff there worked closely with day service providers to make sure they offered the same care and support to the people using the service. In Lambeth, the agency had worked with the council and local job centres to support people who were out of work back into the workforce. The agency had worked with local councils and other agencies to identify loneliness and provide the support people needed such as befriending and advocacy services.

Mears Care Limited had a quality assurance department which was separate to the branches (registered locations). One member of the quality assurance team was assigned to Mears Care London. They conducted telephone interviews and visits with people using the service. These took place regularly and were recorded. This person met with the manager each week to discuss the findings from the interviews with people. Where concerns were identified with an individual's care action was taken to put things right. We saw evidence of this with changes made to reflect people's comments. There was also an action plan which looked at general themes and trends to concerns and also considered how good practice could be shared throughout the location. There was evidence that actions were followed up and that changes had been made to improve the service.

Mears Care Limited asked people using the service, their representatives and staff to complete satisfaction surveys about their experiences annually. The results from the 2015 survey of people using the service had been compiled into a report. The survey had been completed by 57 people. The majority of people had said they were happy with the service in all areas. Some people had rated the service outstanding or very good to all the questions asked, including 31 people who said this about the conduct of staff. Most people found the service flexible, meeting their needs and promoting their independence. Where concerns had been identified or people had rated aspects of the service requiring improvement, the provider had created an action plan to address these concerns. There was evidence that action had been taken to address some of these concerns. Individual comments were responded to.

The manager and location staff conducted their own audits and checks. These included audits of records such as care plans, risk assessments, daily care notes, records of financial transactions and medicine administration. They recorded these audits and took action where problems were identified, for example retraining staff. The manager also audited all incidents, missed visits, complaints and safeguarding alerts. The audits of these included an analysis of trends and themes and learning outcomes for individuals and for the location to improve practice and learn from these events.

The manager had systems to monitor when staff training, supervision, appraisals and spot checks were due. The system also highlighted when reviews for each person using the service were due. There was evidence that regular reviews for staff and people took place and where gaps were identified these were acted upon quickly.