

Mears Care Limited

# Mears Care Huntingdon

## Inspection report

Mears Care Huntingdon  
Brookside  
Huntingdon  
Cambridgeshire  
PE29 1AF

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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

Mears Care Huntingdon is registered to provide personal care to people living in their own homes. The service is only provided to people living in Park View extra care housing scheme.

This service was added to the provider's registration on 8 April 2016. This announced inspection took place on 3 April 2017. It was the service's first inspection. There were 22 people receiving care at that time. The service also provides emergency support to the other people living at Park View who did not receive personal care.

The service had 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.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by their managers. There were sufficient staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. These reduced risks to people without restricting them from doing the things they enjoyed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff knew the people they cared for well and understood, and met, their needs. People's health and care needs were effectively met. Staff monitored people's health and welfare needs and acted on any concerns. People received their medicines as prescribed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's rights to make decisions about their care were respected. Staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring and friendly to the people they were caring for. People and their relatives had opportunities to comment on the service provided and people were encouraged to be involved in decisions about their care. Staff treated people with dignity and respect.

Care plans and risk assessments gave staff the information they required to meet people's individual care and support needs. The care provided was based on people's individual choices and preferences.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

There were opportunities for people to develop hobbies and interests. People were supported to access the community and be involved in community events.

The registered manager was experienced and staff were managed to provide people with safe care that met their needs and maintained their independence. There was a system in place to receive and manage people's compliments, suggestions or complaints. People had access to information on how to make a complaint and were confident their concerns would be acted on. Concerns were thoroughly investigated and plans actioned to bring about improvement in the service.

There were systems in place to effectively monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff to ensure people's needs were met safely. Staff were only employed after satisfactory pre-employment checks had been obtained.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were well trained and well supported.

People's rights to make decisions about their care were respected.

People's healthcare needs were effectively met and monitored.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and friendly.

People were involved in decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were planned for and reviewed to ensure their current needs were met and independence supported.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

There were opportunities for people to develop hobbies and interests. People were supported to access the community.

There was a system in place to receive and manage people's compliments, suggestions or complaints. People had access to information on how to make a complaint and were confident their concerns would be acted on.

### **Is the service well-led?**

The service was well-led.

The registered manager was experienced and staff were managed to provide people with safe care that met their needs and maintained their independence.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The service had an effective quality assurance system that was used to drive and sustain improvement.

**Good** ●

# Mears Care Huntingdon

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 3 April 2017. It was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office and we needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care, Healthwatch Cambridge and from healthcare professionals who have regular contact with the service.

During our inspection we spoke with four people and one relative. We also spoke with the registered manager, the service manager and four care assistants. We looked at two people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection we received information from five external health and social care professionals who had regular contact with the service.

## Is the service safe?

### Our findings

There were enough staff available to meet people's needs. People receiving the service said they felt safe. They told us this was because there were always staff nearby. One person told us, "If I fall [staff] come very quickly, they come straight away. That makes me feel safe." Another person described knowing that staff would attend them quickly in an emergency as "a real comfort knowing you've got help straight away." People said that staff attended them regularly and at regular times. One person told us, "[Staff] are always around and you can get hold of them. They're always smiling and happy. I think it's a wonderful [service]."

The registered manager told us the service was fully staffed and staff absence was covered by existing permanent staff. Records showed that people received their calls regularly and as agreed, in addition to responding to emergency calls.

Staff told us, and records showed, that there was a robust recruitment and selection process in place. Checks obtained prior to staff starting work with people included written references, proof of recent photographic identity as well as their employment history and a criminal records check. Staff were required to take a literacy and numeracy test to assess their competence in these areas. This meant that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included assisting people to move, skin conditions and communication barriers, such as sensory impairment. Appropriate measures were in place to support people with these risks. For example, there was clear guidance for staff on how best to communicate with a person with sensory impairment. This included ensuring they were at the same height as the person, facing them, and speaking clearly and slowly. Another person told us about the assisted technology they used. This was in the form of a bracelet that detected if they had fallen. They said, "If I fall staff will be alerted." Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

The registered manager had ensured the landlord had met their obligations in regard to ensuring the safety of people and staff who used the building. For example, they had obtained copies of the landlords environmental risk assessments, fire safety records and routine safety checks of equipment. This helped to ensure people's safety while the service was being provided.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded, investigated, and acted upon to reduce the risk of future reoccurrence. For example, one person had experienced a fall during the night and been unable to summon help. Staff assisted them to obtain equipment that would alert staff if they were out of bed for more than an agreed length of time. This meant that if the person did fall, the length of time before they received assistance was minimised.

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would talk to [a senior staff member]. They would check it out." All staff said they were confident that senior staff and the registered manager would take concerns seriously. Staff knew how to contact external agencies should the need arise.

Where safeguarding concerns had been raised, the registered manager had taken appropriate action to liaise with other agencies to ensure the safety and welfare of the people involved.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said in their review, "I have my medication at [the] proper times. I feel safe, as I could not manage my medicines independently."

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that they had been trained and their competency for administering medicines was checked regularly. Medicines were administered in line with the prescriber's instructions. Protocols provided staff with the guidance of when medicines prescribed to be administered 'when required' were to be used. This included, for example, medicines for pain relief. Appropriate arrangements were in place for the recording of medicines administered. Senior staff regularly checked people's medicines and the associated records to help identify and resolve any discrepancies promptly.

## Is the service effective?

### Our findings

People told us they liked the staff who worked at the service and that their care needs were met. One person said, "Staff? Very good. They're marvellous here. They're so lovely and friendly." Another person said, "[Staff] really seem well trained. They are very good with [helping with personal care]."

Staff were trained to effectively meet the needs of the people they cared for. One staff member told us, "All the training we need." Another said, "I've been well trained." New staff had a comprehensive induction that included five days' classroom learning. A staff member told us this covered various topics relevant to providing care including safeguarding people from harm, health and safety and dementia care. They told us they found this training useful. One staff member described a "game" that had helped them to "put ourselves in different roles to get an understanding of how [people] feel in certain situations. It was quite useful...looking at things a bit differently ...how you approach people."

Existing staff told us they had received refresher training in key areas. The registered manager told us the refresher training would be provided to all staff annually.

Staff were supported to achieve nationally recognised qualifications. A new staff member told us that they had just completed the care certificate. Another staff member told us they had just started to work towards the Qualification and Credit Framework. Both are nationally recognised training standards.

Staff commented positively on the amount of information the registered manager had shared with them to enable them to provide effective care. Another staff member said, "There are lots of signs up and information on the walls [of the staff room and office] so we've got [information] available to us."

Staff were well supported and felt their managers were approachable. One staff member told us, "[The registered manager] always said we can go to her." Another staff member told us about a situation when a senior staff member had supported them to provide an aspect of a person's care they did not feel confident about. They said it meant there was "no stress... you know you can rely on someone if you get a difficulty." Staff told us that when mistakes happened, such as forgetting to sign a medication record, senior staff addressed this with them. They said they felt supported, through training and or supervision. One staff member said, "We're given the opportunity to improve."

Staff told us and records showed they had received regular supervision and an appraisal of their work.

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. For people living at this service, an external agency would make the application to the Court of Protection. The registered manager and staff told us that no-one receiving the service was deprived of their liberty at the time of our inspection.

We found the service was working within the principles of the MCA. Staff members were trained and knowledgeable in relation to the application of the MCA. Care records included people's consent to the provision of their care. People told us that staff sought their consent before providing care.

People had access to healthcare professionals and were supported to manage and maintain their health. A person told us, "A nurse does come [to the service] once a week." The registered manager explained that a senior staff member liaised with the visiting nurse to manage a weekly onsite surgery. We saw that where appropriate people were referred to other healthcare professionals, such as occupational therapists.

## Is the service caring?

### Our findings

People made positive comments about the staff. One person told us, "I wouldn't want to change these [care workers]." Another person said, "I think [staff] do all they can to keep everyone happy." People described staff as "kind", "marvellous" and "good people".

Staff told us they would be happy for their family members to be cared for by the service. They told us this was because, "The staff are genuinely caring people. I feel lucky to work here. There are high quality carers." Another said it was because "We're flexible and open minded. We want people to be happy." A third staff member told us, "The staff are professionally friendly. There are activities [for people to be involved in] - fish and chip suppers, fundraisers etc. involving families in celebrations and festivals."

Staff took the time to discuss people's care with them and offer reassurance. One relative said, "They are really good with [my family member]. They have a chat and explain why [the care] will benefit [my family member]. Care plans reminded staff of the importance of reassuring people. For example, one care plan stated the person sometimes experienced confusion and 'can be anxious when faced with a decision.' The plan reminded staff to 'reassure' the person and explained how best to do this.

People told us they were involved in planning and reviewing their care. Records also supported this. For example, one person recorded on a provider's feedback form, "I am always informed if staff are running behind. This does not happen a lot." Another person had said, "Staff spent a lot of time with me during my review." An external care professional told us they had "only positive" feedback about the service. They described it as "proactive" and said staff worked creatively with people to provide the care people wanted. They, and the registered manager, described how the service was moving away from "time and task requests" to commissioning a number of hours per week for each person. The registered manager said, "We can then ask people how they want to use that time. For example, if a person needs daily support with medicines and a monthly visit to hairdresser, we'd work with them and plan so we can meet that." Care plans were co-produced with each person and their relatives where relevant. People and their family were involved in goal setting meetings, and regular reviews of their care. Where appropriate, staff kept relatives or relevant others informed of changes in people's health and well-being.

Staff were clear about their role in supporting people to make decisions. For example, one care worker told us, "If [a person] wanted to wear clothes that don't go I'd suggest an alternative but would go with what they want."

People were treated with dignity and respect. Two people told us that staff "always knock and wait before coming in." Another person said they required assistance to use the toilet and that staff always gave them privacy by waiting outside the door for them to call for further assistance. A relative told us, "Staff are always polite and helpful when I visit."

The service provided a translation facility for people whose first language was not English. This was advertised in the reception on a poster that stated 'If you point to a language an interpreter will be called'

repeated in 30 languages with a telephone number for staff contact.

## Is the service responsive?

### Our findings

People and the relative felt that staff understood and responded to people's needs. One person told us, "Staff are very good with me. I can only say I'm well looked after." Another person said, "[The care is] marvellous. They do everything I ask them." A relative also praised the care provided. They said, "Staff have gone over and above with all the support for my [family member]." They explained that this support had enabled their family member to continue living in their flat at Park View. They said this had been very important to their family member. External care professionals also praised the staff. One described the service as "excellent" and said, "[Staff] are always willing to go the extra mile and provide an excellent service to clients."

People's care needs were assessed prior to them receiving the service. This helped to ensure staff could meet people's needs effectively. This assessment included people's life history, their preferences, interests and support needs and goals. The assessment formed the basis of people's care plans. These were comprehensive and helped ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to how to assist people to move, receive prescribed medicines and to meet their personal hygiene needs. This enabled staff to maintain a consistent approach and provide care that was focussed on, and met, each individual's care needs and preferences.

Staff told us, and records showed, that people's care plans were accurate and updated promptly. People's care plans were reviewed regularly and reflected people's changing needs. Staff and people told us staff completed the daily notes as soon as possible after providing care. One person told us, "They know what to do. They write in the book every time they come in." The care notes had been written in detail and clearly described the care and support provided to the person.

A social care professional told us the staff were keen to promote people's independence and ensure that people's needs and choices were met and respected. This strong culture of promoting people's independence had been further enhanced by the effective use of assisted technology. For example, one person explained to us that they wore a bracelet that alerted staff if they fell. In their review staff recorded that they said, "[Staff] have got me everything to stay as independent as my health allows. I feel confident as I have a falls detector on." People told us this meant that they could live without the restriction of staff checking on them frequently, but being reassured that if they did fall, the length of time before they received assistance was minimised.

The service was flexible and responsive to people's changing needs. For example, a social care professional told us that the service had increased a person's care package after the person's relative became ill. Further, the staff had worked with the person to build their confidence in receiving care from them. This had enabled the person to continue living in their home.

Staff assisted people to maintain interests and community links. This included planned and ad-hoc activities, including exercise classes, craft activities and the viewing of films and outside entertainers in the communal areas. Staff focused on what was important to each person to enhance their well-being. For

example, for one person they had secured funding that enabled staff to escort the person on regular trips out. Staff told us this had considerably reduced the person's anxiety levels. People told us they liked the company of other people and enjoyed the activities that were available. They commented on how hard staff worked to make these happen, particularly the fundraising events which they had enjoyed. Staff thought about people's support needs and obtained equipment that enabled people to continue joining in activities and pastimes they enjoyed. For example, some people used large print cards when playing bingo.

People and the relative said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One person said, "I'd go straight down and see the [registered] manager, she'd sort it out." Another person told us they had raised a concern with the registered manager. They said, "There was a problem with one carer who didn't talk, [they] just did care. I talked to [a senior staff member] and it's all sorted out now. [The care worker is] as good as the others now."

Information about how people could complain, make suggestions or raise concerns was available in the folders in people's flats. Staff had a good working understanding of how to refer complaints to senior managers for them to address. One staff member told us, "Any problems are always dealt with. There have never been any major problems. Just little things. They are dealt with so they don't become major [issues]."

Complaints were investigated thoroughly and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, further staff training and use of the disciplinary procedure. This showed people's concerns were listened to, acted on and a responded to.

## Is the service well-led?

### Our findings

We received positive comments about the management and service provided from people, the relative, staff and external care professionals. People all told us they were happy with the service. One person told us "I can't find fault with [the service]." Another person said, "I can't think of any [improvements the service could make]."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

People all knew who the registered manager was. They told us that the registered manager and other staff listened to and acted on their comments. For example, the reintroduction of a regular exercise class.

External care professionals all praised the service and described good communication from staff. One external care professional told us that staff were "very proactive" at notifying them of any concerns or issues. Another described how staff fully engaged in a project to introduce "co-produced" care plans that provided the care people wanted in a flexible way, fully involving each person in the planning, delivery and review of their care.

Staff told us they felt supported by the registered manager and provider organisation. One senior staff member said, "If I need anything I just ring [the registered manager]. [The registered manager] rings me and comes over to do team meetings and coffee mornings [with the people who use the service]." Senior staff carried out 'spot checks' of the care each worker provided where their competency was checked and feedback requested of the person receiving care. Staff described an effective staff management system. They said they could speak freely at team meetings and during formal supervision and appraisal of their work. One staff member told us, "If anything is done wrong. For example a gap on a MAR [failure to record that they had administered a person's medicine], we get a letter and an opportunity to improve." They told us they felt supported by this.

Some staff described how this provider had taken over an existing service and their employment. They told us the process had gone well and that they felt the service provided had improved as a result. One staff member said, "[Managers] came to introduce themselves and explain what was happening. They explained about [our terms and conditions] and we went through [the transfer] alright. I think the service has got better... We seem to be offering more activities for people and any problems are always dealt with." Another staff member described a culture of continuous improvement. They said, "There have been a lot of positive

changes since Mears took over. We get a lot more information about rules and regulations, things to be aware of, procedures." They told us this helped them to feel more confident about the service they were providing to people.

The registered manager looked for ways to improve communication between the service and the people who used it. They had introduced a regular newsletter. They attended coffee mornings and meetings with the people who used the service and their relatives which they used to gain feedback from people about the service. The registered manager had used notice boards around the scheme to advertise how they could be contacted. Staff photographs with their names and roles were displayed so people knew who staff were. The registered manager also looked for ways to improve communication between staff. For example, she had introduced a 'concern form'. Staff completed these if they had any concerns about the service. We looked at a sample of these and saw the registered manager had responded. For example, a staff member had raised that one person's mobility had deteriorated. We saw the registered manager had requested an occupational therapist to assess the person. This information had then been communicated back to staff so they were aware of the situation.

The registered manager attended various meetings and groups to share and gain knowledge and experience. They were active members of the local authority domiciliary care providers meetings and regularly attended the provider's managers' meetings. The registered manager also studied to improve her knowledge base. She had attended the provider's manager's induction programme and was doing the Quality Care Framework level 5 in leadership and management. This is a nationally recognised qualification.

The registered manager and provider organisation carried out various audits to monitor the service people received. The manager used charts so they could see at a glance which members of staff were due refresher training and which people's care needed to be reviewed. Senior staff regularly audited people's care records, including medicines administration records. We saw that shortfalls were promptly identified and addressed. The provider also carried out an annual health and safety check of the service, the last of which was carried out in March 2017. Where there were areas that the service did not meet the required standard, for example, evidence of the housing provider's fire risk assessment, this had been addressed within an action plan with clear dates for compliance.

The provider had sent a survey to people in June 2016. The feedback from this was positive with seven people rating the overall quality of the service as 'outstanding'. Eight people rated it as 'very good', two people as 'good' and one person as 'satisfactory'. The registered manager had compiled an action plan which they were working through. This included such items as reviewing and renewing everyone's support plan. We saw this had been completed.

The service celebrated and shared its successes. Newsletters contained features on long service awards and 'smile award' winners, with a reminder that anyone could nominate a staff member for this award. We saw that a care worker at this service had been awarded 'carer of the month' in February 2017 by the provider. This had been following nomination by a person's relative for the care the care worker had given the person after they had fallen and the paramedic service was delayed. The care worker received a certificate and a sum of money in recognition for this.

The provider and registered manager encouraged staff and people to be involved in the local community. People and staff told us about fundraising events that they had organised. As part of the provider's 'Servicing our Community' projects (SOC) they paid staff up to 16 hours per year for involvement in community events. The registered manager described this as "all about putting back into the community" and told us that some staff had been involved in a local litter pick. They told us they were also in discussion

with a local nursery school exploring a joint venture where they were planning for children to visit the service and people using the service to visit the school.