

Mears Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 23 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection we have carried out at this location.

Mears Care Limited provides care and support to people in their own homes.

At the time of this inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at the management of medicines and found some gaps in the recording. The protocol for administering one person's pain patch was not clearly documented which meant we could not be sure they always received this medicine.

Staff were aware of the Mental Capacity Act (2005) and how this affected their role. Staff told us they supported people to make decisions they were able to make about their care and support. The registered manager told us they would complete a mental capacity assessment for people who needed this.

We found there were some gaps in the staff training programme, but also saw weekly training sessions were being delivered to account for this. Staff supervisions had started and we saw detailed recording of these sessions.

Staff were able to demonstrate their knowledge of how to recognise abuse and who they would report concerns to if they felt a person was being harmed. Risks to people had been appropriately assessed which meant people were protected from danger. People told us they felt safe receiving care and support from staff.

People gave us mixed feedback about the call times they received. Staff told us the rotas they were given did not allow for travel time and the distances they needed to cover. The registered manager was in the process of reviewing this.

Prior to our inspection the registered manager had started a programme of staff training and supervisions. People and staff told us the registered manager was friendly and approachable. People and staff reflected that the service had gone through a chaotic period, but also said they were seeing improvements.

Care plans we looked at contained sufficient information for staff to be able to provide effective care and support for people. We found a set of reviews were in the process of being completed which were used to update care and support plans.

We saw a mix of ongoing checks taking place in the service as well as a number of quality management systems which had been introduced shortly before our inspection. The registered manager made us aware of other changes they were planning to make to improve service quality.

People liked the staff who were providing their care and support. Staff identified how they protected peoples' privacy and dignity and people told us this happened in practice. People knew how to complain if they were dissatisfied. Complaints had been poorly recorded before the current registered manager came in to post, but we saw this had significantly improved.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Some medicine administration records contained unexplained gaps and the systems in place to manage one person's pain patch were not robust.

Complaints had not been referred to the local safeguarding authority and CQC by the previous registered manager where they contained concerns of abuse. The current registered manager was now managing this effectively.

People had mixed views about whether staff attended calls on time, and staff told us rotas did not account for any travel time.

Is the service effective?

Requires Improvement ●

The service was not always effective

The registered manager had identified areas of improvement in staff support. A programme of supervision and training sessions had started.

There was a lack of evidence of mental capacity assessments and mental capacity training, although staff knew how the mental capacity act applied to their role.

Staff encouraged people to maintain a healthy and balanced diet. Staff also demonstrated they had supported people who needed access to healthcare.

Is the service caring?

Good ●

The service was caring

People spoke positively about the staff who provided their care and support. Staff knew how to protect peoples' privacy and dignity and people receiving a service confirmed this happened.

Staff were able to demonstrate a knowledge of the people they provided care and support for.

Is the service responsive?

The service was not always responsive

Peoples' care and support plans provided staff with enough detail to provide effective assistance to people. A programme of reviews was underway.

Complaints had been poorly managed, but since the registered manager came into post they had strengthened this process.

Requires Improvement 

Is the service well-led?

The service was not always well-led

Staff satisfaction in the service was improving since the registered manager had arrived in post. People and staff spoke positively about the registered manager.

Quality management systems were being introduced to the service, although some of these processes had been recently introduced and we needed to see sustained evidence of these checks.

Requires Improvement 

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Detailed findings

Background to this inspection

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

This inspection took place on 23 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors who visited the provider's premises and an expert by experience who spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 32 people using the service. We spoke on the telephone with seven people who used the service. We spoke with five members of staff, a care coordinator, the recruitment coordinator and the registered manager. We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care and support plans.

Before our inspection, we reviewed all the information we held about this service, including all notifications received. We contacted the local authority and Healthwatch. Healthwatch stated they had no comments or concerns about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority who told us they received weekly updates from the provider.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

The service was supporting 13 people with their medicines. The level of support people received ranged from reminding a person to take their medicine to people who required full assistance to take their medicines.

We saw a staff memo dated February 2016 stated, 'Please remember that it is really important that any errors and medication changes should be advised to the office as soon as they happen'.

We looked at three people's MAR charts which had been returned to the office. We found some gaps where staff had not signed to confirm they had administered a person's medicine and there was no entry to show why the medicine had not been administered. We saw staff who carried out the following call had circled missed entries on the MAR, but had not reported these incidents to the office which meant this was not immediately followed up.

We found MAR charts had been audited by senior staff when they were returned to the office. As senior staff had recognised there were gaps in the medicine records, refresher training had been arranged for staff to take place in April 2016.

We looked at the communication book dated 29 February 2016 for one person. This stated, 'pain patch should have been done AM call'. The record did not state why this was not applied. The care plan and risk assessment for this person stated it should be applied by the district nurse every week. The care co-ordinator told us some staff had been trained by the district nurse to apply the patch, but on this occasion the care worker had not been trained and could therefore not apply the patch safely. We found there was no information in the person's care plan concerning staff applying a pain patch.

The registered manager contacted a staff member who confirmed they had applied the pain patch at the teatime visit and the MAR sheet had been signed to confirm this. We found there was no system in place to ensure care workers had received the necessary training to apply the pain patch. Also, there was no clear system in place to ensure where staff were not trained to apply the pain patch, they then contacted the district nurse to ask them to carry out this role. The registered manager said all staff would be trained in applying the patch and the support plan and risk assessment would be updated to reflect the current agreement.

We concluded this was a breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the complaints file and found details of three entries recorded in May, June, and November 2015. We noted from looking at these records concerns raised had been addressed as complaints and conduct issues. Two of these incidents were recorded as 'justified'. However, all three matters concerned allegations of abuse, which the previous registered manager had not reported to the local authority or to the CQC. This meant the service had not provided written notification as required to do so under the terms of their registration.

We looked at two safeguarding incidents which had been reported as required since the current registered manager came in to post. We saw detailed notes had been recorded concerning the allegations, appropriate disciplinary action had been taken in line with the provider's policy and safeguarding referrals had been sent to the local safeguarding authority and CQC.

People we spoke with told us they felt safe when staff visited. One person said, "I feel safe because they know what they are doing." The registered provider had a safeguarding policy which was up-to-date. Staff we spoke with had received safeguarding training and were able to describe different types of abuse and the signs they look for which could identify a person was being harmed. Staff felt confident the registered manager would take appropriate action if they reported abuse. Staff were aware of the provider's whistleblowing policy, although not all staff knew which external agency to contact if they needed to report abuse outside the service. We made them aware of these details and informed the registered manager.

We looked at three staff files and reviewed the provider's recruitment processes and found this was managed safely. The provider asked for references and undertook identity checks and a Disclosure and Barring Service (DBS) check before staff started work. The DBS is a national agency that holds information about criminal records. These actions helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

The PIR submitted stated; 'Prior to commencement of the service, our visiting officer carries out our own risk assessment to ensure we can support the individual with their required needs and wishes safely.

In care files we saw completed risk assessments. These showed where a difficulty had been identified and the risk reduction measures in place. The risk assessments were dated and had a review date, but also stated they must be reviewed earlier if required. Some people had risk assessments in place to support and promote good health. Other risk assessments covered any known hazards in the home, for example, hoists and wet rooms. Each care file also had a separate fire action plan stating household members, escape routes and location of any smoke or fire alarms.

Staff were allocated to one of three teams based on three geographical areas. We received mixed feedback from people we spoke with about the call times they received. People told us; "They can arrive as late as [time stated] and this is too late for my evening meal." "They usually arrive on time, but sometimes let me know if they are going to be late." "The last two months have been 'higgledy piggledy' and they have messed me around a lot. I have complained and seem to have settled with the same carer now." "They arrive on time, more or less and are occasionally a bit late." People told us staff stayed for the full duration of the call. The registered manager told us they wanted to have a pool of four staff members for each person to provide consistency for people.

Rotas were being sent out on a weekly basis via email and by post. We spoke with staff about the management of rotas and found they all told us there was insufficient travel time. One staff member said, "We have no travel time between calls. We have to rush round. We end up late getting to the next service user. They think everyone lives close to each other." Another staff member said, "I think that's my only concern. They're not near each other." We spoke with the registered manager about this and they told us coordinators were being asked to look at staff 'runs' along with the consistency of staff.

The registered manager told us, "We were going through a period when we were missing a lot of calls." Staff were contacting the national out of hours call centre to phone in sick. However, messages were not always communicated to staff in the Leeds branch which meant calls were late or missed. The registered manager

had identified staff were not always following the order set out in their rota which had created problems.

The registered manager had a missed call and incident report which was completed on a weekly basis. The registered manager told us calls which took place two hours after the scheduled call time were classed as missed calls.

The PIR submitted stated, 'The introduction of electronic call monitoring is to be implemented in the coming month to ensure staff attend each visit as planned, care workers can then be tracked to ensure safety for them as individuals and also to ensure call times for service users are happening as and when requested'.

Is the service effective?

Our findings

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.

In one of the four care files checked we saw a copy of the person's needs assessment which stated their mental capacity had been considered and a MCA assessment was completed in June 2015 and was due to be reviewed in June 2016. However, we found other people who required a mental capacity assessment did not have one in place. The registered manager told us they would ensure MCA assessments were completed for those people.

We found two out of 12 staff members had received MCA training at the time of our inspection. We discussed this with the registered manager who said they had initially given staff a handout for them to read and complete a questionnaire. Formal training in the MCA was scheduled to take place in May 2016. Staff we spoke with were able to demonstrate a good understanding of how the MCA affected their role.

One staff member told us, "I ask my service users for consent. They're the boss whilst I'm there." Another staff member said, "It depends on their capacity. If they didn't have capacity, I'd have to tell them at the office. I'd try to persuade them." One staff member they told us they gave people choice around whether they wanted to get up, what they wanted to eat and wear. Another staff member said, "My clients are independent and tell you what they want"

We asked staff about the training they received and one staff member told us, "It has gone through a bad patch, but it's coming through on the other side of things." The registered manager told us all staff required mandatory training updates. We saw where staff required training, a coordinator had booked them to attend training sessions which had been booked to run every week from March through to June 2016. The registered manager told us staff would receive specialist training if this was identified as a need. All training provided was delivered face-to-face.

We asked staff about the induction support they received. One staff member told us, "I'm quite happy with it really." Another staff member said, "It was a bit of an eye-opener really." We looked at staff files which recorded the number of shadow shifts staff had completed to help prepare them for lone working.

The registered manager told us staff supervisions had not taken place prior to her arrival. The policy stated each staff member should have formal one to one supervision at least every six months. Staff appraisals should have taken place once a year. The registered manager said she had begun a planned programme of staff supervisions and appraisals would follow. Four supervisions had been completed and the other members of staff were booked in for supervision over the following two weeks. We saw evidence of recent supervisions and found these were two-way discussions which were clearly documented.

One staff member told us they had recently contacted the office as a person they were supporting had gone into hospital. The member of staff had identified this person was unwell. They said, "I just knew she wasn't herself." We asked staff what action they would take if a person's health was deteriorating. One staff member told us, "I'd get in touch with the family member and my coordinator at work. We also leave the next carer a little note."

We asked people about the support they received from staff around food and drink. One person told us, "I have a sandwich for lunch and then usually a ready meal for tea. My son brings them for me. I choose what I want for lunch and the carers prepare it for me". One staff member told us, "They'll have eggs, porridge and toast for breakfast. You do try and encourage them." Staff told us they encouraged people to maintain a balanced diet, although this was reliant on what people had in their cupboards.

Is the service caring?

Our findings

The PIR submitted stated; 'We look for individuals who display a natural caring ability and who display evidence that they can meet the needs and wishes of the individuals we support. All new Care Workers receive a period of shadowing and care workers are introduced to individuals before providing any hands on care. It is checked at this stage that both the individual and care worker feel confident that the support plan is being followed and that care is delivered with compassion and dignity'.

People who we spoke with were very complimentary about the staff who provided their care and support. Comments people made included; "They are kind and very nice." "They are all nice and pleasant." "Their help is very useful." "Top carers" and, "I have no problem with the carers." People told us carers did not rush them and provided unhurried assistance. One person told us, "They do everything that is needed."

Staff were confident people received good care and were able to tell us about people's likes and dislikes, needs and wishes, which helped them understand the person and how to provide care to meet their needs. Our discussions with the care co-ordinator showed they had a good knowledge of people who used the service and what their personal care and support needs were. We spoke with one carer who was able to tell us about the different medicines one person was taking and what they used to do for a living.

We asked people whether they felt staff respected their privacy and dignity. One person said, "Oh they are very respectful." Another person commented, "The carers definitely treat me with respect. They are lovely." A third person said, "They help me wash and always make sure I am covered up". One staff member told us, "I try to be as discreet as possible and shut doors and curtains. I cover them over with a towel." Another staff told us they would leave people whilst they were using the toilet, but wait outside to respond if they needed assistance.

Is the service responsive?

Our findings

The PIR submitted stated; 'Support plans highlight the service aims and outcomes and focus on what the individual can do for themselves and what support is required with assisting and supporting where required and is detailed specifically as the individual requests this'.

We saw evidence that people's care and support needs were assessed prior to them being offered a care package. This ensured the service had enough information about each person in order to feel confident they could meet each person's specific needs.

We looked at four care plans and found information about each person's individual care and support needs. Sections of each care plan included information about the person's preferences in relation to medication, mobility, nutrition, safety and health. Care and support plans also contained emergency details such as a next of kin contact, other healthcare professionals involved with the person, allergies, key risks and medical conditions. Individual risk assessments were completed for each person at the beginning of the care package being provided.

We looked at the communication log over a two week period and found staff consistently wrote comments about their visits. For example, they noted how they found the person throughout the visit, details of the care and support provided as well as the start and finish time of the visit.

One person we spoke with told us, "I have a care plan but have not had a review for a while"

We saw evidence of people's reviews which had taken place between September and December 2015. Care reviews were completed by the 'visiting officer'. On the day of our inspection the visiting officer was carrying out home visits to ensure people had an up-to-date review and risk assessments. We saw where appropriate family members had been invited to be involved in care planning and care reviews.

We saw one person's review showed staff were liaising with a local medical centre regarding an assessment for a toilet frame and commode. Another review we looked at showed staff had contacted the district nurse team who were arranging for an assessment for a pressure cushion. The registered manager told us every person receiving a service would have been reviewed by the end of March 2016. Thereafter, reviews would take place on an annual basis, or sooner if needed.

People we spoke with were confident they could complain if they needed to and felt more listened to since the new registered manager started in their role. "I ring them all the time if I have a problem and they usually try to help." "I am on the phone straight away if there is a problem" "I have spoken to [name of registered manager] about 10 days ago and told her I would be leaving if thing didn't improve. I am pleased that they seem to be settling down".

The registered manager told us there was little evidence of complaints being formally recorded prior to their arrival. Since they joined the service, they had asked a member of the team to compile all evidence of complaints which we saw had been entered into a log. We saw complaints which had been received whilst

the new registered manager was in post had been recorded and acknowledged. Investigations and written responses were evident in each of the records we looked at. The registered manager had introduced a tracker which provided an overview of all safeguarding incidents and complaints. This included details of actions taken and lessons learned.

We saw a compliment dated February 2016 which stated, 'I just want to say how well yourself and [name of care coordinator] coped through the Christmas season with your sheer dedication and skill'.

Is the service well-led?

Our findings

We asked people about the culture and values within the service. We found their responses reflected a period of change which had seen improvements in the way the service was being run. One person told us, "I have been messed about recently but things seem to have settled down." Another person said, "I do feel they listen to me. They are trying to improve."

The PIR submitted stated, 'As a way of introducing myself as their new manager, care workers are currently receiving supervisions at which time I am introducing myself and gaining an insight in what is working well for the service and what could be improved'. We asked staff about the culture within the service and they made comments including; "Now it's getting better, but if you asked a month ago, it was all up in the air. They had a lot of staff issues. A lot went at once." "It's much better than it's been. It's been wanting in the last couple of years" and "I think they're all quite friendly."

At the time of our inspection the service had registered manager who registered with the CQC in February 2016. The registered manager was responsible for this service and another location operated by the same provider and split their time between these services. They were supported at this service by a care coordinator, a visiting officer and a recruitment coordinator.

One staff member said, "She's very good, very efficient. Very on the ball. Very approachable." Another staff member told us, "I haven't had a lot to do with her. She's only been there a few weeks. She seems okay". A third member said, "She seems okay and friendly." A fourth staff member said, "She seems approachable."

The registered manager maintained regular contact with the operations manager and regional director who provided support via telephone contact and visiting the service.

The PIR submitted stated; 'I intend to hold regular meetings with the branch staff and care workers to ensure they have a clear knowledge of the direction of the branch over the next 12 months, and the key focus areas for all parties to ensure this direction is achieved'.

We found there had been no staff meetings since August 2015. Two team meetings had been planned to take place in April 2016 which meant all staff members had an opportunity to attend at least one of the meetings. Team meetings had been planned to take place initially every month so senior staff could pass on important information to staff about the running of the service. The registered manager said eventually meetings would be planned in every three months.

The service provided a weekly report to the local authority which showed the hours delivered, calls cancelled and completed spot checks. The registered manager told us no spot checks were currently taking place but they had completed an action plan so these could be put in place by April 2016.

We saw evidence of quarterly audits which provided an overview of staff training needs, staff supervisions, number of missed calls, safeguarding incidents and complaints. A recent audit showed telephone and face

to face surveys had been completed.

Daily notes had started to be returned from people's homes into the office, although this process had commenced one week before our inspection. We saw a sample of peoples' care and support plans had been audited in February 2016. A staff file audit had been carried out in March 2016 and MAR audits had commenced one week prior to our inspection. This meant positive changes were taking place to manage governance, although we explained to the registered manager the need to evidence sustained improvement.

One person said, "I have received two surveys up to now". However, other people we spoke to said they had not received a survey. A customer satisfaction survey carried out in August 2015 showed only seven people responded. We found their responses generally indicated a good level of satisfaction with the service, but we also say people were critical about a lack of communication. One question asked, 'Do you have any suggestions'? One person responded, 'Let me know if anything's been altered and when I phone to phone me back'. We discussed this with the registered manager who agreed to contact people with details of changes to the rota.

We found a staff survey carried out in June 2015 was responded to by one member of staff who indicated they were satisfied with their role. The registered manager told us a new staff survey would be sent out in May 2016.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Robust systems were not in place to ensure the proper and safe management of medicines.