

Mears Homecare Limited

Danbury Gardens

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 14 January 2016 and was announced. We gave the provider 48 hours notice of our visit so that they could arrange for people and staff to be available to talk with us about the service.

Danbury Gardens provides personal care and support to people who live in their own apartments located within the Danbury Gardens premises. At the time of our visit there were 33 people receiving personal care. A registered manager was not currently in post. However a manager had recently been appointed and had submitted an application for registration to the Care Quality Commission which was being processed. 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.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions, although some of these needed to be improved with additional information. People were supported to take their medicines as prescribed.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support people who used the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. There were regular formal and informal supervisions and observations of working practices which supported staff to meet people's care needs effectively.

The care manager and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing personal care.

People had positive relationships with the staff that supported them and spoke highly about their care and support. The provider sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

Care plans and risk assessments contained relevant information for staff to help them provide the personalised care people required. People were given opportunities to share their views and opinions about the quality of the service they received. People knew how to complain and information about making a complaint was available for people.

People were confident in how the service was led and the abilities of the management team. The manager

and care manager were committed to providing quality care for people. People who used the service felt they were listened to and found staff approachable and responsive. There were processes in place to monitor the quality of the service provided. This was through regular communication with people and staff, checks on records, staff meetings and a programme of checks, observations and audits. The manager was supported by an experienced care manager who managed the day to day activities of 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.

Staff were confident to take action if they suspected a person was at risk of abuse.

There were enough staff to keep people safe from the risks associated with their specific conditions.

Some people's risk assessments required additional information about how staff were to protect people from the risk of harm.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge needed to meet people's specific are needs.

The care manager and staff had a good understanding in the application of the Mental Capacity Act 2005

People were supported to access healthcare to enabled to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and promoted their independence.

People were supported by staff who they considered were friendly and caring in their approach.

People received care from a consistent group of care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

The service people received was based on their personal preferences and how they wanted to be supported in order to meet their individual needs.

People were involved in the review of care plans and the provider ensured that people's needs continued to be met.

People knew how to raise complaints and these were acted upon and responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported in their roles and people who used the service felt able to contact the office and speak to staff at any time.

There were quality monitoring systems to identify if any improvements were needed.

There was a clear leadership structure which staff understood.

Danbury Gardens

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.

The inspection visit took place on 14 January 2016 and we gave the provider 48 hours notice of our visit. This was so that they could ensure that staff and people were available to speak with us. The inspection was carried out by two inspectors.

Prior to the inspection we reviewed notifications and information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our visit we spoke with the registered manager, the care manager, and five care staff including two team leaders. We spoke with five people who used the service and one relative of a person who used the service. We also spoke with one visiting health professional. We contacted the local authority who funded a number of people who use the service. They told us the service had yet to meet their quality assurance framework as areas of record keeping required improvement but had no significant concerns about the service.

We reviewed four people's care plans and care records to see how their care and support was planned and delivered and three staff recruitment files. We also looked at records of meetings, complaints, medicines administration, policies and records of accidents and incidents. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe at Danbury Gardens. One person told us "I feel very safe living here. I can raise anything with the staff." Another person told us "The staff here are very good, they keep me safe. They remind me to wear my call pendant and to keep my front door locked." Staff were available 24 hours a day to respond to emergencies and people told us that they could summon help quickly through the call system and their pendants.

Staff had completed training on safeguarding people and demonstrated good knowledge of how to protect people from harm. They were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. One staff member told us "I understand my role in protecting people who live here and I would speak to my manager straight away if I had any concerns." Staff were aware of the providers' whistleblowing policy and procedure and knew that they could contact external agencies if they felt that their concerns were not managed within the service.

Care workers knew about people's needs and were able to tell us how they managed risk associated with people's care. These included risks associated with people's medical conditions and the environment. Each person had individual risk assessments in their care records which identified areas of potential risk and described what they could do independently. Care was then planned to minimise any risks to people's health. For example, where people required specific aids and adaptations to assist them with their mobility, staff guidance in the safe use of this equipment and the safe way to support the person was detailed and included how much the person was able to do for themselves. One person told us that they felt safe when staff supported them to transfer from their bed to a chair using a transfer aid because the staff knew what they were doing and this gave them confidence. People told us that staff delivered care in accordance with their care plans and records confirmed that staff were delivering the care as arranged. We found that some risk assessments required further information to ensure people were effectively protected against risk.

The manager explained that the service was in the process of transferring risk assessments into new documentation which enabled risk assessments to be recorded in greater detail with clearer outcomes. We looked at risk assessments that had already been transferred. We found that these risk assessments were more detailed and supported staff to identify and manage risks for people using the service more effectively.

We saw that the provider had systems to ensure that there were sufficient numbers of staff to provide people with the support they needed to keep them safe. All the staff we spoke with told us that they felt there was enough staff to meet people's needs and that the team worked well to cover for each other in the event of any staff absence. People who used the service told us that they felt there were enough staff around to meet their needs. One person told us "I only have to press my buzzer and the staff come straight away to check if I am ok".

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support people who used the service. We looked at three staff files which showed that

recruitment checks were completed before new staff started working in the service. Recruitment files included a Disclosure and Barring Service (DBS) check and appropriate references, to ensure that staff were safe to work with people who used the service. The DBS checks helps employers to make safer recruitment decisions and prevent unsuitable people from working with people using the service,

Staff told us that they kept people safe by ensuring people kept their front doors locked and by keeping the building secure and carrying out regular security checks. For example some people using the service could put themselves at potential risk by leaving the building without support. Staff ensured that there was always a staff member in the area to support the person and therefore manage the potential risk.

People received support to take their medicines and staff knew how to manage medicines safely. Staff were able to describe how they supported people with their medicines in line with the training they had undertaken. We looked at staff files and saw that staff had undertaken training in administering medicines. We also saw that the care manager had carried out competency observations on staff whilst supporting people with their medicines to ensure they were providing support in a safe way. People using the service told us "Staff help me with my medicines. They check if it is the right medicine before giving it to me." Another person told us that staff supported them to manage their own medicines but gave extra support if they were in pain and needed pain relief medicines. The care manager had introduced daily checks to ensure that medication administration charts (MARS) and records were completed correctly. We looked at MARS charts and medicine ordering and receipt books and found that these records were completed correctly.

We looked at accident and incident records. We sampled three records and found that all had been fully completed detailing the date and time of the accident or incident and who was involved. Body maps had been completed where the person had sustained any injury. We saw that all records recorded what action had been taken as a result of the accident or incident to reduce any further risk to the person. The care manager shared information with higher level managers and accidents and incidents are discussed on a regular basis in order to identify any trends or concerns.

Is the service effective?

Our findings

All the people we spoke with said that they were happy with the care they received. One person using the service told us "The care I receive is excellent. They [the staff] leave me alone to do things for myself when I can and help me with things when I need it. They always check if I need anything before they leave." A visiting health professional told us that the service had also supported a person using the service who had experienced a health crisis. They told us that the staff team had worked in close partnership with the health professionals to support the person to return to their home. They also told us that the care staff's involvement and excellent communication had been invaluable in providing care that was effective in supporting the person through a very challenging time in their lives.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us "My carers know what they are doing and they do things the way that I like them to be done. This is very important to me." Staff told us they received regular training and additional training as people's care needs changed. We looked at staff training records and the training matrix and saw that staff had undertaken induction and a range of training relevant to their roles which was kept up to date.

A care worker told us about their induction which was in two parts. The first part of induction included time spent at the branch office learning about the theory of the role and undertaking mandatory training such as manual handling and also awareness training such as stroke awareness and supporting people who live with dementia. The care worker explained that they had opportunity to observe practical application through shadowing experienced staff in the service. This enabled them to be introduced to people using the service, read care plans and learn people's preferences. The care worker told us that they felt no pressure and were only signed off once they had been assessed as confident and competent in the role.

Staff told us that they received regular formal supervisions with their manager. Supervision included observed practice to make sure staff were supporting people in accordance with care plans and the provider's policies and procedures. We looked at staff files and saw that supervisions were reflective of each care workers strengths and included areas of development and any extra support the staff member may need. One staff member told us that they struggled with some areas of administration and the care manager and team leaders had provided extra support to enable them to develop their skills.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. The 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. Care workers had an understanding of the MCA and the provider had issued a new set of policies and procedures in relation to the MCA which were to be implemented.

Care workers understood the importance of gaining people's consent before delivering care. One care

worker told us "We go through the care plans with the person and explain what we are doing before we do it. If they [the person] don't want us to do it we will sit down and explain and ask why not. " Care workers told us that they would not deliver care unless the person consented. One person using the service told us that they had signed consent forms and we saw these were included in the person's care records. A relative of a person who required support to express their views told us "I am kept involved in the care package". They told us that they were in regular communication with the staff and care manager. This enabled people to say how they wanted their care to be provided and their wishes were respected by staff.

People who required assistance to eat and drink were supported by staff to receive enough nutrition to keep them well. Most people told us that they made their own meals or preferred to take meals in the on-site restaurant or café to interact with other people. We spoke with one person who used the service who had decided not to go for lunch that day. We saw that a care worker brought lunch to their apartment to check if they were ok and if they preferred to eat it later or have a meal in their apartment. The person appreciated that the staff had noticed that they were not down for lunch and had come to check on them.

People told us and records showed that people had access to other health care professionals to maintain their health and that they were supported by staff when necessary. A health care professional told us they felt their instructions for how to support a person who used the service were well known by staff and embedded in the person's care plan. We saw evidence that when necessary the care manager liaised with other social care agencies to support people to receive the appropriate funding and support.

Is the service caring?

Our findings

People were positive about the care workers who supported them and told us that they felt the staff were friendly and approachable. One person told us "The staff know how to support me. They are very friendly, like friends." Another person told us "My carers are good to me, they know what is important to me." A relative told us that they thought the staff were lovely and treated their relative who used the service very well. We saw staff acknowledged people when they saw them in the communal areas of the building and were caring towards people. We observed that one person was anxious about paying their bills and a staff member immediately reassured them and made arrangements to support them to pay their bills.

Care workers were positive about the service and the people who lived at Danbury Gardens. One staff member told us "We [the staff team] all look after each other and support each other." Another care worker told us "We work as a team here and we all have the same values: that the people who live here come first."

People mostly received care and support from a group of consistent care workers that understood their needs and who they were able to build relationships with. People told us that staff listened to them and were helpful in meeting their requests. One person who used the service told us "Staff support my independence. If I can't do it, for example if I order a meal and can't collect it because I am in pain, they [the staff] will bring it to me. If I haven't ordered a meal, the staff will come and check on me. They are very caring staff."

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with the care manager and staff to ensure they were happy with their proposed care plans. All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and other health care professionals, to speak up on people's behalf. The provider sought to involve people in their care delivery. One person said that they were happy with their care plan and did not want to have regular meetings as they felt overwhelmed by too many meetings. They told us the care manager had respected this and only arranged informal meetings if the person's care needs changed. This meant that people were supported to make their own decisions and choices about their care.

People told us care workers respected their privacy and dignity. A person we spoke with told us how staff respected their privacy by ensuring that they enabled the person to be as independent as possible when taking a shower. They told us "The staff help me in the shower and then leave and wait outside whilst I do what I can. They keep talking to me which makes me feel comfortable." People told us that staff always knocked on doors and waited for a response before entering people's apartments and we observed this in practice. Staff were able to demonstrate that they were aware of the importance of privacy, dignity and respect in how they delivered care within the service. People's care plans detailed whether they preferred male or female carers to attend to their personal care and we found that this was observed.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and their needs and preferences were being met. People had care files in their apartments so they could read them at any time. People told us staff spoke with them about their support and records showed that people had signed to confirm they had discussed their care with staff and agreed to the care planned. The level of support people needed varied and people told us that staff involved them in decisions about their care on an on-going basis. One person told us "My care has recently changed and I was involved in the review of my care plan. It is working well." One relative told us "I was involved in the care package and asked what I thought was better and what worked well. They keep me informed of everything and always invite me to reviews."

Care workers were knowledgeable about people's needs and were kept informed of changes to care plans by the care manager. We saw that care plans included a summary of the person's life history, who and what was important to the person and a description of what good support looked like for them including their preferences and choices. This helped to develop a plan of care which detailed the support people required in order to meet their individual needs in the way they preferred. Care workers told us how they supported people on a day to day basis. One care worker told us "Sometimes people can struggle to make everyday choices such as what to wear. I help them by limiting the choice down to say, three outfits of clothing or ask them if they would like to wear dark or light colours that day. You just have to see what people need on the day." Care workers told us that by reading information in care plans, they had a better understanding of the person and could form a positive relationship with them.

People told us they usually received their care at the times expected and care workers stayed for the agreed times so that all tasks were completed. We looked at the daily logs and these reflected the times staff provided care and support to people within their apartments and corresponded with the times on care plans in people's files. Calls were allocated to a regular group of care workers so people had some consistency in the care provided. Care workers told us they had regular scheduled call times and most of the time they had enough time allocated to carry out the care and support required without rushing. They told us if they were late for a call due to staying over with someone, they notified the staff team and the call was quickly picked up by another care worker to avoid keeping people waiting.

There was a variety of social activities and entertainment provided in the communal areas of Danbury Gardens which people could attend if they wished. People were asked to feedback through meetings about activities they would like arranged. This was so these could be provided in accordance with people's interests and preferences. People were positive about the activities that took place. During our visit a yoga session was held and we observed that people were free to participate as they wished.

We looked at complaints received by the service. We saw that the care manager had responded to complaints in accordance with the provider's complaints policy. This included details of the investigation and action taken to resolve a complaint. We saw evidence that the complaint had been resolved to people's satisfaction. The manager had kept logs for formal and informal complaints to identify any adverse trends

and the actions required to reduce the risk of further complaints. We saw that people were provided with information on how to make a complaint in the service user guide and people using the service told us they felt confident in making a complaint and had been supported to raise concerns if they needed to.

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. One person told us "I wish there were more services like this for older people, then we [older people] would have more independence." Staff told us they enjoyed working at the service and felt it was operating effectively. A member of staff told us "We can approach the team leaders and care manager at any time with any concerns and they will always come straight back to us." Another staff member told us "The care manager is really supportive. They go out of their way to make sure we are ok".

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. One person told us "I was involved in staff recruitment and I was able to give my opinion during the recruitment process."

The service did not have a registered manager but had recently appointed a manager who had submitted an application for registration to the Care Quality Commission. It was clear that they were aware of their responsibilities including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The manager was supported on a day to day basis by the care manager. People using the service felt that the care manager was really well organised and approachable.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had regular supervisions to identify how they could best improve the care people received. Examples included improving staff awareness of policies and procedures and identifying staff training needs. Staff told us the care manager was approachable and receptive to their views. A member of staff told us "I feel involved with the service. I have supervisions with the care manager and she will ask me questions about the service. I feel I am listened to and feel comfortable to give my views and opinions." Another member of staff told us that the care manager undertook spot checks on staff working practices and valued the feedback given after the observation and as part of formal supervision to support their development.

The service held regular team meetings to provide staff with information and involve them in the development of the service. Minutes of the meetings were detailed and available to all staff for reference. We saw that key issues were discussed such as the recent merger and discussions about branding and uniforms.

The care manager regularly audited the care records within the service to make sure they were accurate and up to date. They also carried out quality checks to make sure that people received their medicines as prescribed and care was delivered as outlined in their care plans. The manager told us that they are in daily communication with the care manager and visit the service regularly to check audits and quality checks.

The provider had processes for monitoring and improving the quality of the care people received. People told us they were happy to express their views about the service to the staff who supported them and the management team. The care manager was regularly available for people to "drop-in" the office and we

observed that people were comfortable to call at the care office to discuss any issues. The provider had conducted a recent survey which involved sending out quality review questionnaires to people who used the service and/or their families. This had been well responded to and comments were positive. The care manager explained that they scored responses using a rating system by the provider and any low scores would be looked at in detail to identify the reason and any areas for improvement. If there were significant concerns with scores, the manager would relay this to the area manager for further investigation.

The manager was able to discuss proposed development of the service which included electronic monitoring systems to improve call schedules and reduce the time taken to complete current manual systems. The manager was working towards an action plan which included achieving compliance with local authority quality standards and improving and developing administration and record keeping. This showed that the provider was able to identify areas for development and improvement within the service to improve the care provided to people using the service.