

Mears Care Limited

Mears Care Dean Road

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

About the service

Mears Care Dean Road is an extra care housing service providing personal care to 32 people aged 65 and over at the time of the inspection. People using the service lived in flats in one purpose built building. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received care and support from staff that could identify, respond to and escalate suspected abuse. Risk management plans in place were regularly reviewed. People's medicines were managed in line with good practice. People received support from staff that had undergone a robust pre-employment check to ensure their suitability. People were protected against the risk of cross contamination as the provider had systems in place to minimise the risk of infection control.

People received support from staff that underwent regular training to enhance their skills and knowledge. People were supported to access food and drink that met their dietary needs and requirements. People had access to healthcare professional services to monitor and maintain their well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People confirmed they were treated with respect, dignity and had their privacy respected. People were encouraged to maintain their independence where safe to do so. Staff spoke respectfully about the people they supported and had developed professional meaningful relationships.

Care plans were person-centred and reviewed regularly to reflect people's changing needs. People were encouraged to participate in meaningful activities of their choice. People were aware of how to raise a concern or complaint and were confident these would be dealt with swiftly. People's end of life care wishes were being sought.

People confirmed the service was well managed and the registered manager was available to them. The provider ensured systems and processes were in place to monitor the oversight of the service and drive improvements. People's views were regularly sought and the registered manager actively sought partnership working.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 August 2018 and this is the first inspection.

Why we inspected

This inspection was planned in line with our inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mears Care Dean Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2019 and ended on 5 July 2019. We visited the office location on 2 and 4 July 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We also looked information we held about the service from healthcare professionals and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and a healthcare professional to gather their views of the care provided. We spoke with six members of staff, including care workers, the quality manager and the registered manager.

We reviewed a range of records. Including, five people's care records and three people's medicines records. We looked at five staff files in relation to recruitment and staff supervision. We also looked at audits, training, rotas, policies and procedures and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at end of life training data and quality assurance feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of the service and this key question is rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured people were protected against the risk of abuse as staff received on-going training in safeguarding.
- Staff were aware of their responsibilities in identifying, responding to, recording and escalating suspected abuse. One staff member told us, "I would reassure the person and let them know I would report it. I would report to my line manager and record it. I wouldn't ask the person questions about what happened [so as not to] lead them. If the registered manager didn't do anything, I would report it to CQC and the social services safeguarding team."
- At the time of the inspection the registered manager notified the Commission of safeguarding alerts in a timely manner. Records reviewed confirmed there was one open safeguarding being investigated by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- The provider had devised robust risk management plans to keep people safe.
- Staff were aware of the importance of identifying and reporting any concerns in relation to people's safety to senior staff.
- Risk management plans covered for example, moving and handling, pain, health, sensory impairment, eating and drinking and the environment. Risk management plans documented people's difficulties, risk rating, control measures and who would implement the control measures.
- Risk management plans were regularly reviewed to ensure they reflected people's changing needs.

Staffing and recruitment

- The provider ensured suitable staff were employed to keep people safe as there were robust recruitment procedures in place.
- During the inspection we reviewed staff recruitment files and found these contained a minimum of two satisfactory references, photographic identification, proof of address and a Disclosure and Barring Services (DBS check). A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- One person told us, "I think [staff members] may occasionally be short staffed. In the normal run of things there are enough staff. They usually let me know if they are going to be late. They always stay the amount of time they are supposed to, I never feel short cut, in fact the staff stay longer than they should."
- A staff member said, "We have permanent and weekend staff. We don't use agency staff. There are enough staff here. When someone goes sick or is absent, we work together to sort it out and will cover shifts. We are a good team."
- Staff rotas indicated sufficient numbers of staff were available to ensure people's needs were met.

Using medicines safely

- People's medicines were managed safely and in line with good practice.
- People told us, "The staff help me, they put my medicines in a pot so that I can take them. They make sure I have taken them. There have never been any problems with the staff doing my medicines."
- We reviewed the Medicine Administration Records (MARs) and found these had been completed correctly with any gaps identified and action taken to minimise repeat incidents.
- Staff confirmed they received medicines training and had their medicines competency regularly checked.
- MARs were regularly audited to ensure any errors or issues identified were acted on swiftly, minimising the impact on people.

Preventing and controlling infection

- The provider had a robust infection control management procedure in place to minimise the risk of cross contamination.
- Records confirmed staff received on-going infection control training and food safety training.
- One person told us, "Yes, [staff members] nearly always wear gloves when helping me with personal care and I think they must do when they are preparing food."
- Staff told us there were sufficient amounts of Personal Protective Equipment (PPE) available.

Learning lessons when things go wrong

- Despite no incidents or accidents having taken place since the service registration, the registered manager was aware of the provider's policy in analysing information to mitigate further incidents.
- At the time of the inspection there was insufficient evidence to determine lessons were learnt when things went wrong. We will review this at our next inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of the service and this key question is rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were consistently assessed to ensure care was delivered effectively.
- Pre-assessments were undertaken prior to people moving into Mears Care Dean Road. Pre-admission assessments covered, for example, nutrition, medical needs, dependency levels, mobility and support required.
- The registered manager sought and encouraged people to share their views in developing the care and support provided.

Staff support: induction, training, skills and experience

- People received care and support from staff that had the necessary skills and experience to deliver effective care and support.
- One person told us, "I think [staff members] do get adequate training. I think that when they first come here there are some nerves from them but they do know what they are doing."
- Staff spoke positively about the training provided and confirmed they could request additional training if required.
- We reviewed the training matrix for staff and found training included, for example, medicines, health and safety, fire awareness, infection control, safeguarding, Mental Capacity Act 2005, dementia, food hygiene and continence care.
- Upon successful employment, staff underwent a comprehensive induction programme to familiarise them with the service, responsibilities and expectations. The induction programme was in line with the 'Care Certificate'. The Care Certificate is a set of 15 nationally recognised standards that all care workers work towards that defines their skills, knowledge and behaviours in the care sector.
- Staff were encouraged to reflect on their working practices to drive improvements. Staff received on-going supervisions with the registered manager. Staff spoke positively about the supervisions, with one staff member saying, "We talk about if we are happy if we need any training or support. We talk about how I have been doing over the last few months. I could ask for more [supervisions] if I wanted one."

Supporting people to eat and drink enough to maintain a balanced diet

- Where agreed in people's care packages, people received support with meal preparation, that reflected their dietary needs and preferences.
- One person told us, "They [staff members] will heat up microwave meals or jacket potatoes. They will make me a sandwich and other things. The food is to my liking as I choose it. The staff will always ask me what I would like to eat." A staff member said, "A lot of the meals we prepare are microwave meals or we will make a sandwich. It's whatever [the person] wants. The care plan will tell us who to support with meals. I

support one person who prefers softer foods due to swallowing difficulties. We prepare [the person's] food and are mindful of what they can and can't eat."

- Care plans identified people's preferences, stating the foods they liked for each meal and how these should be prepared by staff members. People who required specialist diets were catered for.

Supporting people to live healthier lives, access healthcare services and support and Staff working with other agencies to provide consistent, effective, timely care

- People were supported and encouraged to live healthy lives and where required, were supported to access a range of healthcare professional services to monitor and maintain their health.
- One person told us, "The staff are really comforting if they see me struggle with my mental health and am feeling low. They will keep checking on me and talk about things until I am alright. They are very comforting and supportive. They will always call the GP for me if I'm unwell. They never call them behind my back but they will contact them even when I don't recognise I need them."
- People's healthcare needs were clearly identified in their care plans. Staff were aware of their responsibilities in reporting people's healthcare concerns in a timely manner.
- A healthcare professional confirmed staff were proactive in seeking guidance and support for people in relation to their health and wellbeing and the service worked collaboratively with healthcare services, in people's best interests.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People confirmed their consent to care and treatment was sought prior to being delivered. People also confirmed staff sought their consent even when they didn't feel it necessary.
- Staff were aware of their roles and responsibilities in line with the MCA legislation. One staff member told us, "[The MCA] protects the service user and is there to see if they have the capacity to make their own decisions. If they don't [have capacity] or we have concerns about their capacity, we report to the line manager."
- At the time of the inspection we identified MCA assessments had been carried out, to determine people's consent to treatment. Where people lacked capacity, best interest meetings had been held.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of the service and this key question is rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and healthcare professionals spoke positively about the care and support provided at the service. One person told us, "The carers are very caring, they have made a positive difference to my life." A second person said, "The present staff assigned to me are excellent there are no better words. The [registered] manager knows who I would like to support me and won't assign anyone I'm not happy with." A healthcare professional said, "I would be happy for a loved one to use this service, I would be happy to use it myself."
- Staff were aware of the importance of treating people equally and respecting and promoting their diverse needs. One staff member said, "We do have someone here that does go to church, but we don't support [them attending]. If they pray before they eat and we are present in their flat, I remain quiet in another area, so that I do not interrupt their prayers. We support everyone with whatever needs they may have."
- All staff employed were provided with equality and diversity training and were familiar with the providers policy. The policy highlighted specific religious festival dates and ways and means to ensure people were treated fairly and with respect.

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express their views and make decisions about the care and support they received.
- Care plans detailed people's preferred communication style and how staff were to address them in order to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Care plans detailed people's dependency levels and staff were aware of the importance of supporting people to remain independent where safe to do so. Care plans clearly identified the levels of support required, which were regularly reviewed to reflect people's changing needs.
- One person told us, "They [staff members] push me in a nice way and don't force me, but not beyond my limits. They encourage me and I do give things a try."
- People confirmed they were treated with dignity and had their privacy maintained. For example, one person said, "They [staff members] are very respectful of your privacy. They don't make a big thing of it, they close the curtains and shut the doors. It's all very private."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of the service and this key question is rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their preferences and needs. Care plans were devised with people's input where possible and clearly documented their wishes, for example, the way in which people wished to receive care and support.
- A staff member told us, "[The care plan] contains all the client's information, their needs, medicines and what we need to do to support them. I would report to the supervisor if there had been any changes so the care plan can be updated."
- People confirmed they were consulted in relation to the development of their care plans. Care plans were reviewed regularly and gave staff clear and succinct guidance on how to best meet people's needs whilst respecting their preferences. Care plans covered for example, people's life history, medical, health, emotional and social needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an AIS policy in place which included a 'Your information, your way' element. This was to ensure people received information in a way they understood. For example, plain coloured versions, light backgrounds, multi-coloured, speech bubbles and easy read versions of useful documents.
- A staff member told us, "We communicate through body language and hand gestures [as well as verbally], with one person who has difficulty communicating. [If you are not able to understand the person], she will get up and take you to the object [of reference]."
- The registered manager said, "People's communication needs are clearly documented in their care plans. We have two people we support that are [visually impaired]. We have the service user guide available in braille, easy read, large print and sign language. We also can also [share information] by email, text message and where needed we would provide a translator."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The provider had an activities programme in place where people were encouraged to participate to minimise the risk of social isolation. Activities included, for example, coffee mornings, arts and crafts, bingo, quizzes and karaoke services.
- People confirmed they could access the activities should they wish. Where safe to do so, people were

encouraged to visit the local shops and access the community.

- During the inspection we observed people being visited by friends and relatives.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern and complaint and were confident these would be acted on in a timely manner. People were given a copy of the complaints policy.
- One person told us, "I would go to the registered manager [if I had a complaint]. I've never raised an official complaint, but I do believe a complaint would be dealt with." Staff were also aware of the provider's complaints policy.
- At the time of the inspection the service had not received a complaint in the last 12 months. Despite this, the registered manager was aware of the importance in effectively managing complaints in a timely manner, seeking a positive resolution.

End of life care and support

- At the time of the inspection no one living at the service was receiving end of life care.
- People's wishes in relation to end of life care and support were not documented.
- We shared our concerns with the registered manager who showed us an end of life care plan template, which covered, for example, the four key end of life principles. End of life care plans would also record people's cultural and spiritual needs.
- After the inspection the provider sent us a copy of the new end of life training programme and confirmed this would be delivered to all staff by the end of August 2019. We will review this at our next inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of the service and this key question is rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, staff and healthcare professionals spoke positively about the management at the service. Comments included "[The registered manager's] caring, she listens to us and is understanding. She gives us feedback and communicates with us. She supports the residents and the staff. Since she has been here things have been so much better.", "I think [the registered manager] is lovely, she is firm but she is caring. I feel very comfortable with her, I wouldn't be frightened to go and tell her anything. I can contact her when I want" and "Yes, the service is well-led. They always share information with us and know exactly what is going on. They follow up on information and will alert us to any concerns they may have."
- During the inspection we observed seeking guidance from the registered manager and senior staff members. Staff looked at ease and there was an open, welcoming and inclusive atmosphere.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager had a good understanding of their legal responsibility to notify the CQC without delay about incidents that affect the service and people using it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager.
- The service had a clear management structure in place. Staff were aware of the management structure and confirmed management were approachable and responsive to their concerns and suggestions.
- The registered manager ensured there was robust oversight of the service. Regular audits carried out included, for example, medicines records, care plans, risk management plans, training, staff files and people's views. Issues identified during the audits was actioned swiftly to minimise the impact on people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were regularly sought to drive improvements.

- We reviewed the completed questionnaires which asked for people's views on, for example, staff professionalism, if they felt safe, the care provided and whether they were treated with respect. Of the completed questionnaires we found they contained positive comments.
- Comments included, 'My carers are nice to me and I get on well with them, they do a lot for me. They keep me happy and show me how to do things for myself, I'm very happy here. I feel very safe and trust my care workers', '[Staff members] are all so caring, we have lovely chats, without the care I would not be able to manage. They are all just fabulous, it's an excellent service.'

Continuous learning and improving care

- The registered manager told us they were keen to drive improvements and continuously learn.
- However, at the time of the inspection there was insufficient evidence that continuous learning was taking place. This was because the service were operating in their first year. We will review this at our next inspection.

Working in partnership with others

- The registered manager actively encouraged partnership working with stakeholders and healthcare professionals to drive improvements.
- The registered manager told us, "We work in partnership with social services, GP, district nurses, RHP (Richmond Housing Partnership), opticians and ambulance crews. It's beneficial to work in partnership, by sharing information it enhances people's well-being. Without working in partnership it's not possible." A healthcare professional said, "The service do work in partnership with us, they are keen to share information."
- Records confirmed the registered manager sought guidance and advice from healthcare professionals and implemented the advice given.