

Mears Extra Care Limited

Mears Care - St Neots

Inspection report

3a Little End Road
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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 - St Neots is a domiciliary care agency providing personal care to people in their own homes. 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.

At the time of inspection, the service was supporting 89 people, 62 of which were being supported with personal care.

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

People told us that staff went the extra mile to ensure they had everything they needed. One person said, "[Staff] asked me what I wanted, what I needed, anything else they can help with." People told us they felt supported by the staff and the management team. Staff understood the importance of promoting choice and personalised care. Staff were dedicated to ensuring people felt supported and remained as independent as possible.

Governance processes were in place, Staff understood their roles and responsibilities. The registered manager continually improved the service using action plans from regular auditing, feedback from surveys, compliments and complaints. People told us they felt supported to have a voice. One relative said, "[Provider] seems well organised and we have a good communication chain.

Staff understood the importance of promoting choice and personalised care. People were given maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Staff received training to ensure they were competent in providing and meeting people's needs. People told us their needs and preferences had been assessed before care was provided and reviews took place regularly. People told us they felt listened to and confirmed they received their support at a time convenient for them.

The registered manager ensured people received care from consistent staff which supported the development of positive relationships. People knew which staff to expect for their care visit and told us they were supported to maintain and develop their interests. People were provided with information on how to raise a concern or complaint. People told us they had no complaints but knew who to contact should they need too. People and relatives told us communication with staff and the registered manager was excellent. People told us they were extremely happy with the care and services provided.

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 02 April 2020 and this is the first inspection..

Why we inspected

This was a planned inspection based on the date of registration.

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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Mears Care - St Neots

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

What we did before inspection

We reviewed information we had received about the service. 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 used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 10 January 2022 and ended on 20 January 2022.

We spoke with six people who used the service and ten relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager.

We requested a range of records during the inspection, this included two people's care records, and staff recruitment documentation. Additionally, we also reviewed records relating to the management of the service, which included audits and the service development plan.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and knew how to identify, report and act upon any concerns. One staff member said, "I would always report any concerns to the office. Nothing is too small."
- Staff told us how they would escalate concerns should the need arise and had contact details for the local authority safeguarding team, police and CQC. One relative told us, "[Relative] is very safe, [Staff] look after them very well." One person said, "I feel very safe, [Staff] are confident and they know what they're doing. They are very experienced."
- The registered manager was aware of their responsibilities for reporting concerns to the local safeguarding team and CQC.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed, and changes were made to help ensure staff had the latest information about how to support people safely. For example, when people's mobility needs deteriorated.
- Some people used equipment to promote independent living at home and keep them safe. Staff received the appropriate training and guidance on how to use the equipment safely.

Staffing and recruitment

- The registered manager ensured there were enough staff employed with the relevant skills to meet the needs of people. This also allowed for staff cover in the event of unplanned absences.
- People told us there were enough staff to meet their care and support needs. One person said, "If there are any problems [provider] will call me. There has never been a missed visit". Another person said, "I get the same [staff] come each week." People confirmed they were contacted if there were ever any delays.
- The registered manager followed processes in their recruitment policy to ensure all new staff were suitable. This included references and criminal record checks.
- Deployment of staff took place to ensure continuity of care for people, and to meet the agreed time of visit. One relative said, "Staff tell [relative] when they come who is coming next time. [Relative] is getting the same carers and they like the staff who are coming out'.

Using medicines safely

- There were policies and procedures in place for the administration and recording of medicines. Staff had received training in medication administration. People's care plans were personalised and reflected the level of support they required.
- One relative said, "[Medication] was the main element of support we needed. We are seeing the difference already of regular administration of medication."

- There were regular unannounced spot checks to ensure best practice regarding medicines was maintained.

Preventing and controlling infection

- The registered manager had policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.
- The service maintained a good supply of personal protective equipment (PPE) to prevent the spread of infection. One person said, "Staff have masks on, they put aprons on, and gloves and they wash their hands."

Learning lessons when things go wrong

- The registered manager understood the importance of supporting staff to reflect on problems and incidents. Incidents and concerns involving people using the service or staff were managed effectively and reviewed by the registered manager. Learning from events were shared with staff during supervisions and team meetings.

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 for this newly registered service. This key question has been 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

- An assessment of people's needs was completed and regularly reviewed. The registered manager sought the preferences of people; this included the gender of staff who provided care. One person told us, "I do prefer females and that's what happens"

Staff support: induction, training, skills and experience

- Staff completed a range of training based on people's assessed needs and were supported to develop further skills. This included the completion of nationally recognised qualifications in care.
- People and relatives we spoke with were positive about the skills of the staff and care they received. One person said, "Yes [staff] do have the right training. They are very good." A relative said, "Staff are very experienced. One has twenty or more years' experience and it shows. They are professional. I'm impressed."
- A staff member said, "The training is good, and I have confidence in my abilities to meet people's needs." Staff confirmed they had received support from the registered manager, including supervision and regular contact.
- The registered manager and their team supported new staff during their induction period. One staff member told us their induction had been extended by an additional week which had increased their confidence".

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

- People were supported by staff to eat and drink independently, and to make healthy choices. One person told us, "[Staff] make my tea they do, they always ask me what I would like. They do it nicely. They know my preference for a cup of tea'."
- People's nutritional needs were noted within their care plans. One relative said, "[Staff] do all the preparation, they ask [family member] what they want. They cut it up if they want them to. They always leave extra drinks. They are amazing."

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

- The registered manager and staff team worked with a variety of health and social care professional such as district nurses, GP's, and social workers to ensure people received the right care at the right time.
- People told us they were supported to access healthcare professionals and resources when they needed. For example, one person was supported with technology that reminded them to take their medicine even when they were out. The registered manager explained, this had made a huge difference and they now regularly take their medicine.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff understood how to apply the principles of the MCA in their daily work. People had capacity assessments in place and their care and support was provided in their best interests.
- Staff told us of the importance of supporting people to have choice and they respected people's wishes. One staff member said, "It's all about people's rights. It's important to always check what they want as this can change from one day to the next."

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 for this newly registered service. This key question has been 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 relatives we spoke with were positive about the staff and the service they provided. One person said, "[Staff] make it a pleasure, they're not in a rush, it's not a case of got to do this quickly. I'm pleasantly surprised at their compassion and listening. It's not something that's written down, but they do it automatically."
- Staff provided additional support to people. This include collecting fish and chips for people and picking up their daily papers.
- The registered manager arranged food hampers for people who were on their own at Christmas. One staff member told us, they had gone into their local town on their day off to ensure a person, they supported was Okay.
- People and their families we spoke with felt supported by staff that were compassionate, kind caring and made the experience of home care a positive one. One relative said, "We have already got more than we hoped for, it's almost like a lottery win for us. I would be heartbroken if anything happened to this arrangement. With this care we can keep [relative] at home for longer." Another relative told us, "I can only emphasise our experience so far, this has been a long time in the making. We couldn't be happier with how things are." A third relative said, "[Staff] wrap [family member] in a warm towel when they come out of the shower, [staff] just treat them with kindness."

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

- Staff understood the importance of respecting people's equality and diversity. People were fully involved with developing their care and support plans. People told us they felt listened to and their wishes were met.
- Regular monitoring checks and surveys were in place to ensure people could express their views. One person said, "I say what's needed and [staff] do it. I've had a couple of [care plan] reviews".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people's independence. One staff member told us about a person living with dementia. They enjoyed being out in the community. The staff member said, "I always make a note of what they are wearing just in case, (in the event they needed to be found) I leave little post it notes to support them with their memory, for example don't forget your keys."
- Staff were clear on how to promote people's dignity. One staff member said when supporting people with personal care, "I always talk in a friendly manner and explain what I am doing and check that it's alright." One person said, "[Staff] wash under my arms, feet and back and I do my front." This supported them with maintaining their independence.
- People we spoke with felt their independence was promoted and their dignity and privacy maintained.

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 for this newly registered service. This key question has been 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

- Care plans were personalised and contained a one-page profile that detailed how best to support the person in a way they had specified what was important to them .
- People told us they had discussed their support needs. Care plans included what people liked and disliked and the outcomes they wanted to achieve. for example, to maintain social contact, or to remain as independent as possible in their home.
- People's preferences were updated regularly and when required. One relative said, "Initially we sat down together and went through what we needed, [Staff] gave suggestions. When the [staff member] came to review, we did talk it through to see if we needed anything additional".

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.

- Staff took the time to develop relationships and provide care and support. Staff worked to develop positive relationships that promoted people's independence and their individual qualities to ensure people had the opportunity to make the most of their lives and enable them to live in their own homes.
- People were supported with maintaining their social interests, one staff member told us, about people who wanted to socialise more as they felt isolated in their homes, Staff supported them with information about local day centres. Staff told us one person now goes three days a week and really enjoys themselves. This supported people with developing their interests and live their lives to the full.
- People told us about good relationships they had developed with staff. One staff member said, "It's important to take your time to sit and listen to what people have to say." Staff told us, they supported people to follow their interests.

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.

- Care plans showed that people's communication needs had been considered and gave clear guidance on whether people needed support with communication.
- The registered manager confirmed they printed newsletters in big print. People were sent surveys in two formats and one of these was an easy read format using pictures to support understanding.

Improving care quality in response to complaints or concerns

- People and relatives knew who to raise concerns, they felt confident in communicating any concerns they had. The service had systems in place to respond to any concerns or complaints that might be made.
- People told us, they had no concerns or complaints and were happy with the communication from staff and the registered manager. One relative said, "No complaints. We were given an extensive brochure that gives clear procedures." Another relative said, "No not had the need to complain. I've got two contacts I can ring if I need."

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. All staff had completed end of life training
- People were given the opportunity to talk about their end of life wishes and these were reflected in their care plans.

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 for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager confirmed they ensured that staff had the right skills to meet people's needs and goals. There were assessments and reviews completed to ensure people's support needs were documented appropriately and reviewed regularly and when required.
- Office staff had been provided with additional training for completing support plans. This training gave staff the tools and knowledge to complete person-centred support plans taking into consideration people's choices, preferences and wishes.
- People and their families provided positive feedback about the way their care and support were delivered. One person said, "Can I have this all day please. I'm very happy. I would recommend them."
- People told us that staff were well trained and they felt safe in their abilities.
- The registered manager had an open-door policy, staff received regular learning to support their development. They confirmed they felt encouraged and supported to develop. Staff worked effectively as a team, one staff member said, "The teamwork is excellent we help each other, we are a family."

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities. The office staff team were skilled and competent to manage the office in the registered managers absence. There was an on-call system to provide support to people. One relative said, "We know exactly what times [staff] come."
- People and relatives confirmed the communication was excellent. One person said, "The only time I call is if I need to cancel a visit, [Staff] are lovely, so nice. I've had no problem whatsoever. I can't fault them." One relative said, "I very rarely leave a message, as soon as I ring up somebody picks up the phone. If I have left a message, [staff] always get back to me."

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

- The registered manager sought to continually improve the service using feedback from surveys, compliments, complaints and concerns.
- People and staff were supported to complete surveys. We looked at the customer satisfactory surveys completed in April 2021 and found people were positive about their support and care with most people rating the service as very good and outstanding. Surveys were also sent in easy read format to support individual's communication preference.

- Staff had access to regular meetings, supervisions and appraisals. Staff we spoke with felt they had a voice and were encouraged to express their ideas. The registered manager completed regular monitoring to ensure best practices were maintained.

Continuous learning and improving care

- The registered manager told us how the live monitoring system had been a real improvement on the prevention of missed visits. It was also beneficial for monitoring and evidencing if a person's allocated time for their care is enough. If it wasn't then there was accessible evidence to provide to the required funders. This meant the provider ensured people received the support and care they needed in the time that was required.
- There was a framework of accountability to monitor performance and risk leading to the delivery of quality care. There was a detailed business development plan which considered strengths, weaknesses, opportunities, threats and action plans to mitigate risk and improve the service. For example, the provider had plans in place to help ensure the safe running of the service in the case of an emergency. These included contingency plans for the management of COVID-19.
- The registered manager completed a monthly business review, which gave senior managers an overview of the branch and any updates of their continuous development plan. They felt supported by the provider and attended monthly provider and manager meetings.
- The registered manager had recently been nominated for the internal award Mears Amazing Manager Award by another manager who stated, "[Name] has gone over and above within their role as a Registered Manager."

Working in partnership with others.

- The registered manager had developed good relationships with other professionals to ensure they could provide appropriate care and support. They also worked well with the local authority and safeguarding team. Localised staff teams ensured continuity of staff and supported the development of important relationships.
- The registered manager had completed a trusted assessor course which enabled them to assess people's equipment needs. This ensured a quicker process to ordering the right equipment to support people's independence.
- The registered manager supported local charities, they worked alongside the local day centre who would feedback any concerns or incidents. They took part in the Transforming Lives Project, to support people to live their lives as they wanted and received a national award.
- In November 2021 the provider received an accreditation in the Customer Service Excellence Award.