

Mears Care Limited

# Mears Care - Bristol ECHS

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 30 April 2015. The registered manager was given 48 hours' notice of the inspection. The last inspection took place in January 2014 and there were no breaches of legal requirements at this time at this time.

Mears Care provides a domiciliary care service in a supported living complex in Bristol. This is where the registered office is based. A service is also provided to people in their own homes in the local area. A domiciliary care service is provided in Newport and also managed

from the office in Bristol. 47 people live in the supported living complex and approximately a further 60 people receive care in their own home across Bristol and Newport.

There is a registered manager in place at the service. 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.

# Summary of findings

People in the service received safe care; however there were areas where improvements could be made. Care staff arriving on time and communication with people when staff were running late were inconsistent in the Newport domiciliary care service. People told us for example, that staff didn't always arrive on time for them to prepare to go out to their day care. Another person told us there were occasions when staff did not arrive at all. The service was working with the local authority to address these concerns.

People told us they felt safe with staff and we found that suitable recruitment procedures were in place to ensure their suitability. Staff wore uniform and identity cards so people could be sure they were from the agency concerned.

There was guidance in place for staff to ensure that people were cared for in a safe way. Risk assessments included advice from healthcare professionals such as the speech and language therapist.

Some people received support from staff with their medicines. These were managed safely; however we found that practice didn't fully meet the provider's policy. This was because no receipts were obtained for medicines returned to the dispensing pharmacy.

The links that the registered manager had built with the local community was an outstanding feature of the service for people in the supported living accommodation. Volunteers from the local area came to the service to run a small shop offering groceries, toiletries and other items. Other organised events included, a community fun day which people who used the service helped to organise.

Overall, people were very happy with the care and support provided by staff. People told us they were treated with dignity and respect. Comments included "Staff are fantastic; they go over and above what is expected of them", "Carers are brilliant, we have a good relationship, we have a laugh and a joke, they know all about me" and "They're all wonderful".

Support plans were in place that described people's individual routines and preferences. This meant that information was available to support staff in providing person centred care. People and their relatives were involved in developing and reviewing their support plans so they were current and reflected any changes in a person's care needs. There was a complaints procedure in place and we saw examples of where formal complaints had been responded to appropriately and in line with the complaints policy.

Staff received training and supervision to enable them to carry out their roles effectively. This included core topics as well training to support the particular needs of people when required. There was a clear induction programme in place which supported staff to feel confident before beginning to work independently.

The service was well led and all staff felt confident about raising any issues or concerns. Staff were all positive about the support they received from the registered manager. There were systems in place to monitor the quality and safety of the service provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

People received safe care; however there were improvements that could be made. Particularly in the Newport service, there were inconsistencies in staff attending calls on time and communication in relation to when staff were running late.

People received safe support with their medicines; however the provider's policy wasn't followed in relation to obtaining a receipt when unused medicines were returned to the pharmacy.

People told us they felt safe and there were risk assessments in place to guide staff in providing safe care.

Staff were trained in safeguarding adults and felt confident about reporting concerns.

Requires improvement



### Is the service effective?

The service was effective.

People's healthcare needs were met and staff worked with healthcare professionals where necessary.

Where people had particular needs in relation to their nutrition, these were met by staff who had received appropriate training.

Staff were positive about the training and support they received and told us this helped them carry out their roles effectively.

People's rights were met in relation to the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People were positive about the care they received and the approach and attitude of staff.

People told us they were encouraged to be as independent as possible and they were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received support from staff who understood their individual needs and preferences.

People in the supported living accommodation benefitted from close links with the local community.

There were systems in place to respond to formal complaints.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff were all positive about the support they received from the registered manager and felt confident about raising any issues or concerns.

There were suitable systems in place to monitor the quality and safety of the service.

Good



# Mears Care - Bristol ECHS

## 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 30 April 2015 and was an announced inspection. The provider was given 48 hours' notice to ensure that arrangements could be made to speak with people who lived in the supported living accommodation.

The inspection was undertaken by two inspectors 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.

Prior to carrying out the inspection, we reviewed all available information, including notifications and any information of concern. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we spoke with 19 people across the supported living and domiciliary care service, three relatives and 11 members of staff, including the registered manager. We viewed six people's care records and looked at other documentation relating to staff training and recruitment and quality and safety monitoring.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments included “I feel that X is safe being looked after by the girls at home” and “I feel safe with the care staff; they know what they’re doing”. People confirmed that staff wore identity badges and uniform so people could be assured they were staff from the agency. One person said “I get a bit nervous opening the door in the evenings, but I can see their uniforms through the glass door which is good”. People in the supported living accommodation commented “This place is heaven, I feel safe and secure here, I have my independence and privacy but I am not isolated or lonely”.

The registered manager told us that currently the service was fully staffed across all areas. There had previously been some gaps in staffing at the Newport service, but recruitment had taken place and staffing levels were now as expected. However; no more packages of care were being undertaken until further recruitment had taken place and there was sufficient numbers of staff in place to manage them safely.

In the Newport service, we were told there had been some concerns about the geographical location of care packages. This meant travel times between visits were sometimes difficult due to distance and unavoidable situations such as heavy traffic. Comments we received showed that people were not always informed when visits were running late; “The time they turn up depends on when they have staff available. I prefer early morning, but if nobody turns up by 10.30 I sort myself out. I just have to wait and see if anybody turns up, although I would prefer it if they rang to let me know” and “I understand that they can’t help running late sometimes, but it’s a real bug bear with me that they don’t let me know”. When care staff aren’t able to attend calls on time, this has a potential impact on people’s safety, for example if medicines are required at a specific time.

The member of staff in charge of the Newport service told us they were working closely with the local authority to reallocate care packages to ensure easier travel

arrangements. Within the Bristol area, care packages were all located within a small geographical area and so travel arrangements were easily managed. This was confirmed by all staff that we spoke with.

The arrangements in place for people to be supported with their medicines were described in their care plan. This included a list of medicines they were prescribed and a form signed by the person to confirm their consent to staff supporting them with medicine administration. Records were kept on a Medicine Administration Chart to show when medicines had been given. These were regularly reviewed by senior staff to ensure they were being completed accurately.

There was a medicine policy in place which stated that where staff were responsible for disposing of unused medicines on behalf of a person who used the service, a receipt should be obtained from the pharmacy. The registered manager told us that currently this was not being done. Any medicines that a person did not wish to take were sealed in an envelope and collected by the dispensing pharmacy but a receipt was not obtained. This meant that procedures were not being followed in line with the provider’s own policy to assure themselves of the safe disposal of medicines.

People were protected against the risks of abuse. Staff received training in safeguarding adults and told us they felt confident about reporting concerns in relation to the people they supported. We saw examples of where safeguarding issues had been reported to the relevant authority and these demonstrated that action had been taken to protect the person concerned.

There were risk assessments in place, which provided guidance to ensure people were supported in a safe way. This included reference to advice provided by healthcare professionals, for example in relation to people’s dietary needs and moving and handling needs.

There were recruitment procedures in place to ensure staff were safe and suitable to work in the service. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information about any convictions a person has and whether they were barred from working with vulnerable adults.

# Is the service effective?

## Our findings

People received effective care that met their health needs. In one person's file, we saw information from the speech and language therapist with advice about the texture of food that a person required in order for them to be able to swallow safely. Reference to this advice had been made in the person's risk assessment so that it was clear for staff who supported them. In other files we saw that information from the occupational therapist had been included to ensure that there was clear guidance about a person's moving and handling needs. One person with a complex medical condition told us that the care provided had "given them their life back", because staff were able to manage their condition effectively. This also showed that staff worked with health care professionals to ensure that advice was followed. In another person's care file, we saw that a person was receiving daily visits from the district nurses for a particular health need. On one occasion this person had been offered help from a health professional in response to symptoms noted by staff. This showed that staff sought help to meet people's needs, when necessary.

People had varying levels of nutritional needs; some were able to manage their meals independently and others required support with meal preparation. People confirmed that staff supported them to eat and drink well. People in the supported living accommodation had one meal a day provided as part of their tenancy and told us this could be taken in their own rooms if they wished and staff would bring it to them.

Staff were positive about the training and support they received. Staff who recently been recruited told us their induction was good and prepared them well for their role. New staff were given the opportunity to shadow more experienced members of staff. This was a means of helping

them understand the role before beginning to work independently. All staff felt confident about requesting extra support if they felt they needed it. Comments included "the training is excellent" and "training is refreshed all the time".

Core topics for training covered a range of topics and included moving and handling, safeguarding and medicines. Staff also told us they received training specific to the needs of individuals they supported, if this was required. For example, one member of staff told us they had recently received training in how to support a person who required a PEG (Percutaneous, Endoscopic Gastrostomy) procedure. This helped ensure that staff had the necessary skills to deliver safe and effective care.

Training topics also included the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care or treatment. We saw that a person's capacity was assessed prior to using the service and where it was found that they did not have capacity, a best interests decision was made in relation to consenting to the care provided.

The registered manager told us they had identified people in the service for whom there were concerns about restrictions on their liberty. These had been discussed with the relevant social workers. We were told plans were in place to make an application to the Court of Protection to ensure there was a legal framework in place to lawfully deprive the person of their liberty and protect their rights.

Staff confirmed they received supervision with their manager and this was an opportunity to discuss their performance and development needs. Between these meetings, staff confirmed they felt able to raise concerns or issues and all reported feeling well supported.

# Is the service caring?

## Our findings

Feedback about staff, from people who received care was consistently good across all parts of the service. Comments included; “Staff are fantastic; they go over and above what is expected of them”, “Carers are brilliant, we have a good relationship, we have a laugh and a joke, they know all about me” and “They’re all wonderful”.

There was a comments book in place for people who had received care at the service and from the entries, it was clear that people had been very happy with the support they’d had. One person wrote; “the staff were very friendly and helpful” and “I can’t find anything to fault”. We also viewed a number of thank you cards and letters, which included comments such as “everything about my stay was excellent”.

People were supported to be independent in their lives. People’s care routines were well described in their support plans, including the parts that they preferred to carry out for themselves. For example we read in one file that a person was able to manage some parts of their washing routine but needed staff support with others. Another person maintained their independence by choosing which clothes they wanted to wear for the day. Comments from people confirmed they were satisfied with how staff encouraged their independence. One person told us; “Staff

encourage me to do as much as I can for myself even though it takes longer, they never rush me and give me their full attention”, another person said “knowing staff are keeping a watchful eye on me whilst allowing me to maintain my independence has enabled me to have a life”.

People also confirmed that staff treated them with dignity and respect. Comments included; “Lovely carers, they all love their job, there is never any embarrassment, they are gentle and very respectful”. People within the supported living service all confirmed they were given opportunity to express their preference for gender of carer and this was respected. One person in the community however, commented that they had expressed a preference and on one occasion this had not been met and had resulted in them feeling embarrassed.

People had opportunity to express their views in a number of ways. Care packages were reviewed regularly and people were given opportunity to express their opinions about the support they received. Family members were also involved in care reviews where appropriate and expressed their views and concerns. This was recorded in the care review documentation.

Surveys were also used as a means of gathering people’s opinions. The results of the last survey in 2014 were positive and reflected that the majority of people were satisfied with the service they received.



# Is the service responsive?

## Our findings

People receiving care in their own home as a domiciliary service, received support in the community where it was part of their care package. For example, one person told us they attended a day centre each week and staff helped them get ready for this. However, this person did comment that on occasion, they had experienced some difficulties in staff not arriving on time in order to get to the day centre.

People were supported by staff who understood their individual needs and preferences. People's support files contained an assessment of their needs, which covered areas of support such as their mobility, eating and drinking and medicines. These needs were reviewed regularly and updated when necessary.

People's preferred routine and ways of being supported were included in their care plans and people signed to say that they had agreed to the care as described. Plans included particular details that were important to the person concerned; for example, one person liked to put make up on each morning and we read that another person liked particular products when being supported with their personal care. This meant there was guidance in place to enable staff to care for people in a person centred way and as individuals.

People could be confident that should they have cause to make a complaint, their concerns would be investigated thoroughly. There was a complaints procedure in place explaining the process that would be followed in the event of a formal complaint being made. This included the timescales involved and who would investigate the concerns. We saw examples of complaints that had been

addressed. This included an acknowledgement letter being sent initially and a full response once the concerns had been investigated. One relative raised a concern with us that their complaint had not been responded to or fully resolved. We discussed this with the registered manager who was able to share documentary evidence with us to show that attempts had been made to work with the person concerned to resolve their concerns.

The support that people were given in the supported living aspect of the service, to link with the local community was an outstanding feature of the service. The registered manager worked with the housing provider to provide activities such as fun days for the local community. People who used the service were involved in organising the event and running stalls.

There was a programme of activities in place which was open to the community and this included a singing group, exercise class, knitting and bingo. The registered manager sent the timetable to relevant professionals to advertise the events and encourage people from the community to attend.

Members of the community came to the supported living accommodation to offer a shop service, selling items such as bread and toiletries. The registered manager told us the people running the stall would often go to the local shops on behalf of people in the accommodation, to buy grocery items, if they didn't have them in stock. This meant that people in the supported living accommodation benefited from strong links with the local community. The registered manager continually looked for ways to build this aspect of the service further.

# Is the service well-led?

## Our findings

People benefited from a service that was well led. There was a registered manager in place who had overall responsibility for all aspects of the service (both the supported living and domiciliary care service). They were supported by two senior staff who took the lead on running the domiciliary care service in Bristol and Newport respectively. We spoke with the senior member of staff responsible for the Newport service and they confirmed they met with the registered manager regularly and received good support.

People were aware of who the registered manager was and felt able to approach them. People receiving care in their own homes had less day to day contact with the registered manager but confirmed they were given information in their care files about how to contact staff in the office when required.

The comments we received from staff were all positive in relation to both the registered manager and other senior staff. Staff told us they felt confident about approaching senior staff if they needed to and were able to raise any issues or concerns with confidence. Staff were aware of the term 'whistle blowing' and understood the action they would need to take if they had concerns about poor practice in the work place. This meant there was an open and transparent culture within the service.

There was a culture, particularly within the staff team at the supported living accommodation, of person centred care, and a desire to offer high quality support to people. Staff were positive about their roles and took clear enjoyment in their work. For example, one member of staff commented that they looked forward to returning from their annual leave in order to carry on supporting people in the service.

Staff received a company handbook which contained important policies as well as information about the

company and the aims and mission statement of the organisation. Staff confirmed they had received these handbooks. This helped ensure there was a common understanding of the standards expected of staff.

There were systems in place to monitor quality and safety within the service. In people's care files we saw evidence of auditing of communication logs and MAR sheets. People's full care files were audited on a yearly basis. Spot checks also took place, whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked about the care they received and their views were documented.

There were systems in place to monitor that visits to people's homes were taking place on time. Within the Newport domiciliary care service, there was an electronic monitoring system in place. This required staff to 'log in' at the start of their visit, by phone and 'log out' again when the visit was completed. The registered manager was intending to address staff compliance with this system in the next staff meeting to ensure it could be used more effectively. There was no electronic monitoring system in place for the Bristol domiciliary care service; however visits were monitored informally through staff phoning the office if there were any issues getting to their next call. The registered manager was aware this system would need to be reviewed if the service grew larger and therefore informal monitoring became more difficult.

There was evidence that the registered manager and senior staff responded appropriately to concerns or issues that arose. For example, the senior member of staff in Newport told us that in the past there had been some medication errors. When these occurred, a meeting took place with the member of staff concerned and retraining provided. We also saw that staff meetings took place as a means of discussing important issues that staff needed to be aware of. For example, in one set of meeting minutes, we read that staff were reminded of the documentation that needed to be completed during visits.