Mears Care Limited

# Mears Care - Hingham

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires improvement |
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Good |

## Overall summary

This was an announced inspection that took place on 8 and 14 October 2015. On 8 October we visited the central office of the service and on 14 October we made phone calls to people who used the service to obtain their feedback on the care that was being provided.

Mears Care - Hingham is a service that provides personal care to people in their own homes. At the time of this inspection there were 192 people using the service.

There is a registered manager working 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 and associated Regulations about how the service is run.

People who used the service felt safe when the staff were in their homes and the staff who supported them were

# Summary of findings

kind and caring. Staff respected people's privacy and dignity and knew the people they provided care for well. People felt listened to by the staff and were able to make decisions about their own care.

There were enough staff to provide people with the care they needed although existing staff were often called upon to cover for staff who were absent. This meant that sometimes they could not meet people's preferences in relation to what time they wanted their care provided and were not always able to stay with people for as long as they should do.

People received their medicines when they needed them and staff asked them for their consent before providing them with care. The staff acted within the law when providing care to people who were unable to consent to it themselves.

The staff had received enough training to provide people with effective care and they were supported in their role. They understood their individual role and were able to raise any concerns about care practice without fear of recriminations.

The provider had systems in place to monitor the quality of the service. Where the need for improvements had been identified, action had been taken.

# 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?**
The service was not consistently safe.

There were enough staff to meet people's care needs but they sometimes had to cut short the time they spent with people when they had to cover for unplanned staff absence.

Staff knew how to protect people from the risk of abuse and took action to reduce the risks to people's safety.

People's medicines were managed safely.

**Requires improvement**

**Is the service effective?**
The service was effective.

Staff understood their legal obligations on how to support people who could not consent to their own treatment.

Staff had received training to enable them to provide people with effective care.

Where the service was responsible for providing people with food and drink, this had been received to meet people's needs.

Staff would assist people to contact other healthcare professionals if needed to support them to maintain good health.

**Good**

**Is the service caring?**
The service was caring.

The staff were caring and kind and treated people with dignity and respect.

The staff knew people well and had developed caring relationships with them.

People's independence was encouraged and they felt involved in making decisions about their care.

**Good**

**Is the service responsive?**
The service was not consistently responsive.

People's care needs had been assessed and staff were responsive to their changing needs. However, people's individual preferences were not always met.

People knew how to make a complaint and any complaints made had been investigated and responded to.

**Requires improvement**

**Is the service well-led?**
The service was well-led.

**Good**

# Summary of findings

The staff felt supported and listened to and were able to raise concerns without fear of recrimination.

There were effective systems in place to monitor the quality of the service that was provided.

People were asked for their opinion on how to improve the service and these were acted upon.

# Mears Care - Hingham

**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 8 and 14 October 2015 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. Therefore the provider and staff operate from a central office and we needed to be sure that they would be on the premises so we could talk to them during the inspection. On 8 October two inspectors visited the central office of the service and on 14 October an expert by experience made phone calls to people who used the service to obtain feedback on the care that they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed other information that we held about the service. We had requested feedback before the inspection from the local authority safeguarding and quality assurance teams.

During this inspection, we spoke with 18 people who used the service and two relatives of people who received care from Mears Care - Hingham. We also spoke with nine staff, the training manager and the registered manager.

The records we looked at included eight people's care plans and other records relating to their care and six staff recruitment and training records. We also looked at records relating to how the provider monitored the quality of the service.

Requires improvement

# Is the service safe?

## Our findings

In the main, the people we spoke with told us that there were enough staff to meet their needs. One person said, "Yes I think so, I am very satisfied with the service." Another person told us, "Yes, no problems there." A relative told us, "Yes, they have enough staff." However, a number of people did comment that they felt the staff were very busy. One person told us, "They seem overworked. When I say to them [carers] 'you're overworked', they say it is part of the job." Another person told us, "Sometimes I think they haven't got enough staff. I especially notice this when they [carers] are off sick or on holiday."

The staff told us they felt they were able to meet people's care needs but that they felt stretched to be able to do this when they had to cover for colleagues at short notice. Some staff said that they were regularly asked to cover staff shortages which sometimes meant they had to cut short the time they spent with people. Some people's care records we viewed indicated that this was the case.

The registered manager acknowledged that finding staff to cover for sickness or annual leave was sometimes difficult . She told us that currently, any staff absence due to holidays or sickness were covered by existing staff including staff based in the office and herself. The provider also had an 'on-call' system where cover could be obtained from other services owned by the provider if necessary. However, it had been recognised that staff were often stretched to cover absence and the provider and registered manager were therefore taking steps to improve the staffing numbers.

The registered manager told us that being in a rural area, they found it difficult to recruit staff and were therefore continually advertising for new staff. She had recognised this difficulty and had tried a number of different ways to advertise for new staff such as placing posters in local shops, banners on the roadside and putting leaflets through people's doors, as well as on the provider's website. Therefore improvements are needed to ensure that there are enough staff to cover for unplanned staff absence, so that staff have adequate time to provide people with the care they need.

All of the people we spoke with told us they felt safe when the staff were in their homes. One person said, "Safe, oh yes." Another person told us, "I'm very happy with them in my house." A further person told us, "Oh yes, goodness yes."

All of the staff we spoke with knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. Any issues identified by staff had been reported and investigated appropriately. We were therefore satisfied that the provider had taken steps to protect people against the risk of abuse.

Risks to people's safety had been assessed and staff took the required action to reduce risks to people's safety. These included risks in relation to falls, catheter care, medicines and the person's home. There was clear information within these assessments to guide staff on how to reduce these risks and we saw that action had been taken where appropriate. For example, the staff had arranged for one person to have their medicines kept in a locked box. This was because the person did not understand what their medicines were for and therefore, could be a risk if they took them inappropriately. A member of staff visited people to review their risk assessments in response to any concerns and the staff were able to demonstrate to us that they understood how to reduce risks to people's safety.

Records showed that incidents or accidents that had occurred whilst staff had been providing people with care had been investigated by the registered manager and actions taken to reduce the risk of the incident from occurring again to help keep people safe. One person told us how the staff had helped them when they had fallen in their home. They told us, "[Carer] was marvellous. They arrived and started to help me up. They got me sorted out quickly with no fuss, they are wonderful." All of the staff we spoke with knew what action to take in the event of an emergency such as calling the emergency services or performing first aid.

From looking at staff employment records, we saw that the provider had carried out all the required checks to make sure that they were of good character and safe to work with people.

Where staff were responsible for giving people their medicines, people told us that this always happened. One person told us, "Oh yes, that's fine. They put my eye drops

Requires improvement

# Is the service safe?

in and cream my legs." Another person said, "Oh yes, they [carers] pick up my prescription from the chemist and give me my medication in the morning and evening." A further person told us, "Yes they give me my medicines four times a day. It works well and they make sure I take it."

The staff we spoke with told us they had received training in how to either give people their medicines or prompt them to take them. They demonstrated to us they understood how to provide people with their medicines safely and told us that they were regularly checked to make sure that they were competent to perform this. We checked five people's medicine records. We found that some of these contained gaps indicating that people may not have received their medicines as intended by the person who had prescribed them. However, the reason for these gaps had been identified by the provider and we were therefore satisfied that people received their medicines as they should.

Good

# Is the service effective?

## Our findings

The people we spoke with, in the main told us that they felt the staff had the skills and knowledge to provide them with effective care. One person told us, "Oh yes, I have confidence in them." Another person said, "Yes, they're trained okay. I have no fault to find, they're great!." A further person said, "Yes, they're well trained."

All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. Staff had received training in a number of subjects including how to support people to move safely, food and nutrition, infection control and safeguarding adults and children.

Some people required care that meant the staff needed training in specific areas such as catheter and stoma care. The training manager told us that this type of training had been completed and staff's competency assessed by a nurse who worked for the provider to make sure that staff could provide the appropriate level of care. Some further areas of training had been identified by the provider as being required by staff including palliative care and dementia care. Plans were in place for staff to complete training within these areas.

New staff received a comprehensive induction to their role as a carer. The training manager went through the induction with us and told us about a number of improvements that had been made to the induction training. After a new member of staff had completed their interview, they were asked to attend a five day pre-assessment workshop. This workshop involved both theory and hands on practice in relation to commons tasks that the staff would have to perform when supporting people with their care. The workshop had been tailored to the requirements of the Care Certificate and was due to be rolled out imminently. The Care Certificate is a nationally recognised qualification that covers a number of standards for new staff to meet so they are competent to perform their role. During this workshop, the staff were assessed and if they passed, they were offered a permanent contract.

People told us that the staff asked for their consent before assisting them with their care. One person told us, "Yes, they always check with me first." Another person said, "Of course, they always check if its okay."

The registered manager told us they provided care for some people who lacked capacity to consent to their own care. Therefore, the provider and the staff have a legal requirement to provide these people with care in line with the requirements of the Mental Capacity Act (MCA) 2005.

All of the staff we spoke with and the registered manager had a good understanding of the MCA. They were aware that any decisions made for people who lacked capacity had to be in their best interests and were able to tell us how they supported people to make decisions about their daily routines. For example, one staff member told us how they showed people different types of clothes so they could decide what to wear. Another said they showed people different food so they could decide what to eat. Assessments of people's capacity to make decisions had been completed and there was clear information within people's care records to guide staff on how to support people with their decision making.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, "They make me a sandwich lunch and cook a microwaved meal for me at teatime. It all works well." Another person said, "We have a good system. [Carer] makes me a drink and a couple of rolls for my lunch and than I microwave a meal at teatime." A further person told us, "Yes, they do my meals on time. They do things well and to a good standard." A relative said, "They did the drinks and I found it reassuring to know that my [family member] had a meal put in front of them."

The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. They confirmed that they encouraged people where necessary and reported any concerns to the office staff who would then contact the person's GP to alert them of the concern. Staff also showed a good knowledge of how to meet people's dietary needs where people had specialist diets such as those with swallowing difficulties or who were diabetic.

People told us that staff would assist them if they needed to make appointments to see other healthcare professionals such as a GP or nurse. One person told us, "I have eyesight issues so they have made a few calls for me." Another person said, "Yes they help me if I need them to."

Good

# Is the service effective?

All of the staff we spoke with demonstrated to us that they had a good understanding of the different types of healthcare professionals who would need to be contacted to help people maintain good health such as their optician, district nurse, GP or occupational therapist.

From one of the care records we checked, we saw that the service had requested an occupational therapist to assess a person for adaptive equipment to help them with their daily living tasks. We were therefore satisfied that the staff supported people to contact healthcare professionals to help them maintain good health.

Good

# Is the service caring?

## Our findings

The people we spoke with told us that the staff were kind and caring. One person told us, "They're helpful, kind and caring. They do extra things to help. They will do almost anything that needs doing." Another person said, "They're excellent. They are friendly and if you want anything you only have to ask." A further person told us, "Of course they are caring. I've no fault with them."

A relative also told us that they had found the staff to be compassionate and supportive to their family member.

All of the people we spoke with told us that they felt the staff knew them well and that in the main, they saw the same staff to help them build a caring relationship with them. One person told us, "Oh yes, I see the same staff and they know me really well." Another person told us, "Yes, the carers know me really well." A further person told us, "I see the same carers most of the time. If there's changes they tell me or the rota shows me, it's okay." The staff we spoke with demonstrated to us that they knew the people they supported well and confirmed that they usually provided care to the same people to provide them with consistency of care.

People told us they felt listened to and respected by the staff and that they could make decisions about their care. One person told us, "Yes, they listen to me. They chat and check that I am okay and I feel in control." Another person said, "Yes, I'm never under pressure, I have two carers I could tell anything." A further person told us how they viewed the staff as their friend and felt comfortable within their company. They said, "I can't get over how cheerful they are. They've improved my quality of life. They tell me little stories about their families and when I ask them to do something for me they say of course. They'll even take your dustbin out for you."

People were involved in making decisions about their care. They and their relative if required, had been asked how they wanted to be cared for during the initial assessment of their individual needs when they started to use the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs and their individual preferences such as what time they liked to get up in the morning or whether they preferred a male or female carer. People had also set individual goals for themselves and stated how they would like their care to be delivered.

People said that the staff helped them to remain as independent as they could and that they respected their privacy and dignity. One person said, "Oh yes, my privacy is looked after. They help with dressing and put on my socks." Another person said, "They encourage me to do as much as I can for myself." They added, "When helping me with a wash, they keep me partially covered." A further person told us, "They're very good. They leave me to finish stuff. That makes me feel I still have a purpose."

The staff told us that they encouraged people to be as independent as possible. For example, one staff member said that they encouraged people to do as much personal care for themselves as they could. Staff were also able to provide us with appropriate examples of how they protected people's privacy and dignity whilst providing them with personal care such as closing doors and curtains and making sure people were covered.

Requires improvement

# Is the service responsive?

## Our findings

People told us that their preferences in respect of how they wanted to receive their care were sometimes met. For example, people said they had a choice of whether they wanted a male or female staff member to support them and another person told us how they had wanted to change the time of their visits so they could watch a certain television programme in the evening. However, seven people we spoke with told us that the staff often did not meet their preference in terms of what times they wanted their care provided. This meant that sometimes people had to wait for assistance to get up in the morning or with going to bed at night. One person told us, "Sometimes they can be late." Another person said, "Sometimes they are on time but other times they are too early." A further person said, "They come early sometimes."

From the care records we looked at, we saw that the times staff visited people often varied and did not always meet their preferred times. The registered manager told us they were aware of this and tried hard to meet people's individual preference regarding visit times where they could.

Most people told us that the staff provided them with the care when they needed it and that they did not miss any calls. However, some people told us they had to sometimes contact the office to find out if they were going to be visited on that day which caused them some distress. One person told us, "I phone sometimes to see if anyone's coming." Another person told us, "Funnily enough they haven't been yet today so I will have to phone the office about this." Therefore improvements are required to make sure that people's individual preferences are consistently met.

The staff we spoke with told us that any change in people's care needs were communicated to them in a timely way. This included if people had returned from hospital and if they needed more care. The information was communicated to them via the staff working in the office or during team meetings that they held regularly to discuss the needs of the people they cared for.

Staff told us that some care records regarding people's needs did not always contain information that reflected the care they needed although they were confident that they knew the person well enough to know what care they required. They told us that this was an area that had been identified for improvement by the registered manager and that the updating of people's care records was occurring on a more regular basis. The registered manager confirmed to us that this was the case.

The staff told us they were aware that some people they supported were socially isolated. Where this was the case, they tried to promote contact with the local community. For example, through liaison with social services, one person was encouraged to attend a local day centre. Another person was keen to visit the local shops so the staff arranged for them to be taken to the shops regularly. Staff also told us that the provider would look to increase the number of calls such as providing people with a 'sitting' service if possible where it had been identified that they were socially isolated.

The people we spoke with told us that they knew how to make a complaint if they needed to. One person told us, "I would phone the office if I needed to." Another person said, "I would speak to my care co-ordinator if I was unhappy with anything." The majority of people and the relatives we spoke with told us they felt confident that their complaints would be listened to and acted on.

The staff told us that if people were unhappy with their care, they would encourage them or their relative to contact the main office. The provider had received 11 complaints so far in 2015. We saw that the concerns raised had been investigated and comprehensive responses had been sent back to the complainants. We were therefore satisfied that people's complaints were taken seriously and were dealt with appropriately.

Good

# Is the service well-led?

## Our findings

The majority of the people we spoke with and the two relatives were happy with the care provided by Mears Care – Hingham and told us they would recommend the service to others. One person told us, "The service is not too bad. All quite good. In a certain way, they give good care and the organisation and the communication is what it should be." Another person said, "I'm happy with the service. I think it is well led." A further person told us, "Yes it's very good. We get on well together."

The registered manager told us that the provider's aim was to give people care that was based on their individual needs and preferences. The staff we spoke with also agreed with this ethos and said that they worked well as a team to try to provide people with the care they required. However, the registered manager acknowledged that they could not always meet people's individual preferences but that this had been identified and she was confident that these could be met once the required number of staff had been recruited.

The staff told us they felt supported in their jobs and understood their individual roles and responsibilities. They said they could raise any concerns with the registered manager without fear of recrimination and were confident that actions would be taken in response to these concerns.

People, staff and healthcare professionals were asked for their opinion on the service each year and were encouraged to identify areas that could be improved. The information received was analysed and action taken where shortfalls were identified. We saw that people were contacted individually by one staff member to find out how they could improve the care they received.

The service learnt from incidents, accident and complaints. We saw that at the beginning of the year the provider had received a number of complaints regarding the care being delivered in one area of the county. This was investigated and a number of new staff were recruited to make sure that people received the care they needed.

The service monitored a number of areas to help them identify whether any improvements to the care that was being delivered was required. For example, the covering of appointments was monitored in advance to make sure that people received their care. Any missed calls were investigated and lessons were learnt in an attempt to stop this being repeated. Improvements were also being made to staff training to make sure it was effective and provided staff with the skills they needed to provide high quality care.

Audits of people's medicine and daily care records were completed to make sure that these indicated that people had received their medicines as they should have done and that staff had provided the required level of care. The completion of staff training and supervision was also monitored. We saw that some shortfalls regarding the completion of staff supervision had been identified and that action was being taken to correct this.

Staff practice was also monitored by conducting 'spot checks' of their care practice. These covered areas such as personal care, infection control, food hygiene, dignity and respect and medicine management. Although all staff had not received these within the timeframe required by the provider, the registered manager was aware of this and was putting systems in place to make sure these were completed at the required frequency.

An innovative way to remind staff of the important steps to take when supporting people to move or when giving them their medicines had been introduced. This was called the 'STAR' campaign (Stop, Think, Act and Review) which involved staff having small cards that contained the reminders attached to their identification card. The staff we spoke with confirmed that these cards helped them to make sure they carried out the required checks before helping people to move or giving them their medicines. A different campaign was introduced regularly, with the next one relating to assessing risks to people's safety. The registered manager told us that 'STAR' had been effective in reducing the number of errors that staff had made.

The provider had acknowledged the difficulty they had in recruiting and retaining staff to work for them. In response to this a new system had been introduced to ask staff why they wanted to leave the service and one action they had implemented was to increase their pay. A further financial incentive had been introduced where staff would receive a one off payment if they recommended a friend to work for the provider.

The provider had a campaign in place to raise staff's awareness of social isolation for some of the people they supported and on how to improve links with the local community. This included staff attending local lunch clubs

Good

# Is the service well-led?

and encouraging people who wanted to attend the local church for harvest festival. Conversations with staff demonstrated that they were aware of this campaign and that they were taking action to reduce social isolation for the people they supported.