

Mears Care Limited

Mears Care - Carlisle

Inspection report

Exchange House
Cecil Street
Carlisle
Cumbria
CA1 1NL

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Website: www.mearsgroup.co.uk

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

This unannounced inspection took place on 7 April 2017.

Mears Care - Carlisle provides care and support for people who live in their own homes. The office is located in Carlisle and it provides services in and around the local area. At the time of our inspection the service was supporting approximately 150 people.

The service had a registered manager. 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.

Care plans were subject to regular review to ensure they met people's needs. They were easy to read and based on assessment and reflected the preferences of people. Risk assessments were carried out and plans were put in place to reduce risks to people's safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were also policies in place that outlined what to do if staff had concerns about the practice of a colleague.

There were sufficient staff to meet people's needs. They were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff.

The service managed medicines appropriately. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a warm and friendly manner. They demonstrated good communication skills in relation to the people they supported. They were aware of how to treat people with dignity and respect. □

People were aware of how to raise a complaint and who to speak to about any concerns they had. The registered manager understood the importance of acknowledging and improving areas of poor practice identified in complaints.

The service was well led by a registered manager who had a clear idea about the high standards they expected. A quality assurance system was in place that was utilised to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were sufficient staff to meet people's needs.

Appropriate pre-employment checks had been carried out.

Staff understood how to identify and report potential abuse.

Is the service effective?

Good 

The service was effective.

Staff had received appropriate training which took into account people's different support needs.

The service worked in conjunction with other health and social care providers to try and ensure good outcomes for people who used the service.

People's nutrition and hydration needs were being met.

Is the service caring?

Good 

The service was caring.

Staff were caring and treated people with dignity and respect.

There were policies and procedures in place to ensure that people's privacy was protected.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good 

The service was responsive.

Support plans were written in a clear and concise way so that they were easily understood.

People were supported to live as independently as possible.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good ●

- The service was well-led.
- The registered manager had a clear idea about the standard of care delivered by staff.
- Staff told us they felt supported by the registered manager.
- There was an effective quality assurance system in place.

Mears Care - Carlisle

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 checked 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 the 7 April 2017 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed 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. We also reviewed the information we held about the service, such as notifications we had received from the provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We contacted 10 people who used the service and two relatives. We also spoke with eight staff including the registered manager.

We looked at five care plans and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We reviewed the record of training and the training plan. We looked at quality monitoring documents and a full range of audits.

Is the service safe?

Our findings

People who used the service told us they felt safe using the service and were confident that staff had been thoroughly vetted before entering their homes.

We spoke with the registered manager and asked how they ensured there were sufficient staff to meet people's needs. They explained that staffing levels were based on the needs of people who used the service. For example if someone required three 30 minute calls in a day staff were deployed accordingly. Staff we spoke with confirmed this.

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all been given training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns if they suspected abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

Safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service certificate to evidence they were of suitable character to work with vulnerable people. The registered provider had obtained evidence of their conduct in previous employment.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example where some people were at risk of slips, trips and falls staff had access to their door keys to avoid them having to mobilise to answer the door.

The service had contingency plans in place to deal with foreseeable emergencies such as poor weather conditions. The staff were able to give examples of how they had walked to people's homes when the weather or traffic conditions prevented them from driving.

Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training in how to handle people's medicines in a safe way. We looked at documentation relating to medicines including medication administration record (MAR) charts. We saw that these charts had been filled in correctly by staff.

Staff were provided with adequate personal protective equipment (PPE). The use of PPE was underpinned by an infection control policy and the staff were given training appropriate to their role.

Is the service effective?

Our findings

We spoke with people who used the service about the care staff who visited them and whether they had the skills and the knowledge to provide their care. People told us that the care staff seemed well trained and competent. One person said, "They totally know what they are doing."

All of the staff we spoke with told us that they had received induction training before working for the service. They said they worked with experienced staff to gain knowledge about how to support people before working on their own.

The registered manager had systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory staff were able to undertake vocational qualifications in health and social care. Staff confirmed they had completed training courses and this was reflected in their personnel files. One member of staff told us, "I believe the training suits the job." Another added, "I am getting appropriate training."

The registered manager ensured that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us, "I never have a problem with management I can go to anyone for support."

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

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney. They ensured that these were acted upon in relation to making decisions about people's care or to update family members about a person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

Each person had a nutrition and hydration assessment which identified the support people required. If additional support was required plans were put in place to guide staff on how to support people. People's daily records showed that staff were monitoring this where appropriate.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included social workers and GP's.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and asked if staff were caring. A relative commented, "My Mam thinks they are great." One person told us, "My personal experience has been A1." Another person said, "My carers never speak unkindly." Another said, "You cannot fault them, since I became a client of Mears they have from day one been excellent."

Staff told us they tried to get to know the people who used the service well and had worked hard to build positive, caring relationships with them.

We looked at people's written records of care and saw that care plans were devised with the person who used the service or their relatives. This meant where possible, people were actively involved in making decisions about their care treatment and support.

We observed staff speaking with people over the phone in a respectful manner. The service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep the person safe. One person who used the service told us, "They are very confidential and never discuss any of their other clients."

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example some people's care plans identified they required support when bathing. The care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example what activities they liked to participate in.

The service was able to provide support to people receiving end of life care if appropriate and in conjunction with other health and social care providers, such as GP's or district nursing teams.

Is the service responsive?

Our findings

We asked people how they would go about contacting the registered manager if they had a comment, compliment or complaint about the support they received. All the people we spoke with told us they would contact either the office or the registered manager directly. One person told us, "I would ring the [registered] manager."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. At the time of our inspection the service had no outstanding formal complaints. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

An assessment of people's needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to formulate care plans which we noted were clear, concise and easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

Staff made notes in relation to the support that had been delivered including details of personal care, food and drink consumed and what activities had taken place. These records were written respectfully and factually, ensuring that it was clear what support had been given to the person.

It was clear that where possible people who used the service had been involved in the planning of their care. Care plans were regularly reviewed to ensure what staff delivered was in line with people's wishes and preferences.

Wherever possible, we could see evidence within the care plans that people had exercised their choice. The registered manager explained how call times were usually arranged to suit the person and any routines they might have. They also told us how they tried to be flexible so that if people's needs changed, or they needed support at a particular time or for a particular purpose they could ensure that appropriate support was provided. The registered manager described how they tried to ensure that the service provided was personalised to the individual. One staff member told us whatever support someone needed Mears Care – Carlisle would attempt to provide it.

Where people were supported by more than one provider, the registered manager described how they liaised with other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place.

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. It was clear that people were comfortable contacting the registered manager or senior staff. One person told us, "They are deserving of admiration."

We spoke with staff during the inspection visit. They were complimentary about the leadership in the service saying, "I am happy with the support I receive [from the registered manager]"

There was a clear management structure in place for this service. Care staff reported to the registered manager who in turn reported to the providers operational management team.

We saw evidence that questionnaires were sent to people who used the service or their relatives. They were designed to seek the views of people and find out if they were satisfied with the service they received. The returned questionnaires were analysed and action plans created to address any issues highlighted. For example people had requested that, wherever possible, support be provided by the same staff. A member of staff told us, "It has improved a lot, the rota is spot on, I work with the same clients which I like to do."

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. They were keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were shared with the registered provider who visited the home regularly to monitor quality.

During the inspection the registered manager and care staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We observed staff coming to speak with the registered manager during our inspection.

We asked the registered manager about their values and vision for the service. They told us, "The Carlisle branch has recently achieved the Customer Service Excellence Award, (Customer Service Excellence

standard is an official UK standard for public sector organizations. It measures quality of delivery, timeliness, information, professionalism and staff attitude in the provision of public services.) We have also taken part in our 2016/2017 Investors in People Award Assessments and I am proud to say that we have been re-awarded this accolade this year."

"Over the past 6 months the Carlisle team has made every effort to ensure that we put quality in everything that we do going forward to ensure that our service users get the highest standard of care possible. We introduced a new IT System to ensure that we can actively monitor our services, identify and monitor areas of concerns and put in place action plans that demonstrate improvement. As the registered manager it is vital that my teams feel empowered to do their jobs to the highest standard and to the best of their ability. I am constantly looking for areas of development for myself, my office teams and our care workers. I strongly believe that if my staff feel that they have the skills, knowledge, support and tools to do your job well, our service users will receive the high standard of care that they deserve." □