

Mears Care Limited

# Mears Help to Live at Home Wiltshire

## Inspection report

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Date of inspection visit:  
28 March 2019  
01 April 2019  
04 April 2019  
12 April 2019

Date of publication:  
21 June 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Mears Help to Live at Home Wiltshire is a large domiciliary care agency. It provides support to people in their own homes within Wiltshire. At the time of the inspection, the agency was providing support to 409 people.

People's experience of using this service:

Following the last inspection, we recommended improvements to the timings of people's support and better monitoring of the medicine administration records. We also recommended the provider ensured staff received appropriate training for them to be able to meet people's individual needs effectively. These recommendations had not been fully addressed.

People's views about the timings of their support was variable. Some people said they did not always know when staff would arrive, and their timing was often inconsistent. Other people received continuity and were happy with the time staff arrived to support them. Communication logs, which showed the support staff gave, confirmed inconsistency in some people's visits.

Medicines were not being safely managed. Records showed one person had been given too much of their medicine, because visits were not undertaken in line with the medicine's prescription.

People were supported by staff who had received a range of training. However, bespoke training regarding people's complex needs had not always been undertaken. The registered manager said this was in the process of being arranged.

Changes had been made to the allocation of care packages, as the agency was no longer the sole provider of the local authority's Help to Live at Home contract. As part of an alliance, the agency was able to select packages in response to staffing capacity. This improved safety.

People were fully assessed before being offered a service. The assessments were placed on the person's file but not all information was transferred to the individual's support plan. This increased the risk of key information being missed. Some support plans did not detail health conditions or how these impacted on the person's day to day life.

Whilst quality auditing systems were in place to check the safety of the service, these were not fully effective. This was because not all shortfalls were being identified.

Improvements had been made to the consistency of people's support, as most people had regular staff supporting them. This gave increased satisfaction, as people were particularly complimentary about the staff who regularly supported them.

There were variable views about whether there were enough staff. The registered manager told us there

were enough to support existing packages, but more staff were being recruited. Safe recruitment practice was being followed and new staff had a detailed induction, before they worked with people on their own.

People were encouraged to make decisions and give consent. People were involved in the development of their support plan and its review. They said any amendments to their support were made as required.

People told us they felt safe and staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. Any concerns had been appropriately reported and addressed.

People were encouraged to give their views about the service but not all knew how to make a formal complaint. People and their relatives told us any concerns raised, were appropriately resolved.

The ethos of the agency was to empower, enable and promote independence. People told us their rights to privacy, dignity and respect were promoted.

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Mears Help to Live at Home Wiltshire

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was undertaken by three inspectors and four experts 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:

Mears Help to Live at Home Wiltshire is a large domiciliary care agency which provides support to people living in their own homes.

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

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This was because we needed to be sure that the registered manager would be available to assist with the inspection.

#### What we did:

Before the inspection, we reviewed information we had received and held about the service. This included statutory notifications sent to us about events and incidents that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We visited the office location on 28 March and 1, 4 and 12 April 2019 to see the registered manager and staff. We reviewed 14 people's support plans and associated care records and information relating to the management of the agency. This included quality auditing and staff recruitment, training and supervision. To gain feedback about the service, we spoke with 49 people and 16 relatives on the telephone. We also contacted eight health and social care professionals by email and one responded.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Using medicines safely

- At the last inspection, a recommendation was made to monitor the administration of medicines to ensure people's safety.
- At this inspection, not all medicines were given safely or as prescribed.
- A member of staff had identified a person's morning and lunchtime visits were too close together to administer their medicines. They notified the office staff who said an additional visit would be arranged. There was no evidence of this within the person's records. The medicine administration records stated the medicines were given at 11.05 and again at 11.50.
- Assessments to identify any risks with medicines, had not been completed. This included whether one person was safe to take their evening medicines themselves.
- Those medicine administration records viewed, which showed each medicine and their instructions for use, had been handwritten and were not always clear. The instructions had not been signed or countersigned by another member of staff. This did not ensure the instructions were accurate.
- Staff completed the medicine administration records when administering people's medicines, yet some codes were used, without explanation of what they meant.
- Some people had medicines to be taken "as required" but there was no guidance for staff to ensure they were administered as prescribed or to maximum effectiveness.
- Audits of the medicine systems were not consistently undertaken which meant the shortfalls in medicine administration had not always been identified.

### Assessing risk, safety monitoring and management

- Whilst assessments of risk had been taken, not all aspects of a person's support had been considered. This included the risks of a person's blood thinning medication, staff assisting a person with a wet shave and support being declined.
- Risks associated with people's health, such as vertigo and epilepsy, had not been identified.
- One person had received a visit of 10 minutes. Records showed staff removed the person's trousers as they were wet and prepared lunch. There was no detail of the action taken to ensure the person's skin remained healthy.
- Each person had a Fire Action plan in place. Whilst the plan showed exit points and fire alarm systems, there was limited detail about the support the person needed to vacate their home.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were variable views about whether there were enough staff to support people effectively. One person told us, "I am happy with the carers, but assume Mears are understaffed. The carers do their best, but there are no spares."
- Electronic records showed there were occasions when some people's visits, had been cancelled. This was because of the visits were difficult to cover, and people said they could manage the support themselves.
- The registered manager told us some staff had left the agency due to the contractual changes in the allocation of care packages, but more staff were being recruited.
- Staff absence was being monitored to minimise the amount of staff sickness.
- Appropriate recruitment checks were undertaken before a new member of staff was appointed to work at the agency.

### Systems and processes to safeguard people from the risk of abuse

- Staff had completed up to date training in safeguarding and were aware of their responsibilities to identify and report potential abuse.
- Information about safeguarding was available for staff reference when needed.
- People felt safe although a relative told us, "To be truthful, it's all according to who they send in. A couple of regulars are good because they know [family member] and his needs."

### Preventing and controlling infection

- People told us staff had excellent hygiene standards. One person told us, "Yes, yes, all of that. They won't even touch the tablets without gloves on."
- People were happy with the cleanliness and appearance of staff.
- Staff wore disposable protective clothing when required and had undertaken training in the prevention and control of infection.
- People said staff cleaned up after themselves and took any rubbish out before they left.

### Learning lessons when things go wrong

- Additional training and support were given in the event of any shortfall, such as a medicine error.
- Any accidents and incidents were investigated, and action taken to minimise the risk of them happening again.
- The registered manager met with other registered managers within the organisation. This enabled any incidents and lessons learnt to be shared, to minimise further occurrences.



# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People were fully assessed before being offered a service from the agency.
- The assessments clearly showed people's needs and the support they required. However, information was not always transferred to people's support plans. This included aspects such as self-harm, and the restrictions associated with arthritis.
- The registered manager told us staff were good at recognising if a person needed greater or less support. This enabled care packages to be reviewed and amended, to ensure people received support tailored to their needs.

Staff support: induction, training, skills and experience

- At the last inspection, a recommendation was made to ensure staff received appropriate training to effectively meet people's individual needs.
- At this inspection, this had not been fully addressed. For example, staff provided personal care to some people with mental health conditions but had not received specific training in such areas. The registered manager told us arrangements were being made to implement such training.
- Staff had completed training in topics such as stroke and epilepsy and reference documents, regarding some health conditions, were at the back of support plans. However, the information was not specifically related to the person.
- Staff completed training deemed mandatory by the provider. This included moving people safely and food hygiene.
- Staff were encouraged to complete national vocational qualifications and gain promotion within the organisation if they wanted to.
- New staff followed a nationally recognised induction programme and worked alongside more experienced members of staff before working on their own.
- Records showed staff received one-to-one meetings with their line manager to discuss their role and performance.
- The organisation had formal support systems for staff. This included a confidential counselling service and an awards initiative which gave discounts at participating shops.

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

- Support plans showed what assistance people needed with meal preparation and eating and drinking.
- People told us they were offered a choice of meals dependent on what they had available. One person told us, "They help me with all my meals. They never mind what they make for me."

- Staff maintained a record of the food they prepared. They said they would inform the office, if there were any concerns about a person not eating.
- Records showed staff left people with snacks and drinks to have later in the day, if required.

Staff working with other agencies and healthcare services to provide consistent, effective, timely care and access to healthcare support

- People told us staff were good at recognising when they were not well. One person told us, "[Staff] pick up on when I am not well and let my GP know."
- Records showed staff had informed the office, relatives or called the GP as needed.
- Health and social care professionals, including community nurses were involved in developing people's support.
- People's communication logs showed other health care services had been contacted for advice. This included asking an occupational therapist about a hoist, to move a person safely.

Adapting service, design, decoration to meet people's needs

- Staff supported some people to maintain their home if needed. The assistance required was detailed in the person's support plan.
- Staff told us they did additional jobs around the house if they had time. This included emptying the dishwasher or putting laundry in the washing machine.

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's capacity to consent to aspects of their support had been assessed by the local authority. These assessments were detailed and showed the appropriate procedures had been followed.
- Records showed relatives and health and social care professionals supported people with making decisions, where appropriate.
- People told us staff asked consent before undertaking any support. They said staff encouraged them to make decisions. One person told us, "They will always ask me if I'm ready for my shower when they come in first thing in the morning. If not, they will do other things until I am."

# 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

Good: 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

- The registered manager told us values and people's rights were initially discussed at interview to ensure the right staff were recruited. Values were then discussed during induction, training and staff meetings.
- Records showed the quality of interactions with people, were assessed within observational checks of staff.
- The registered manager told us they had a good team, who cared about people.
- People were particularly complimentary about staff who supported them regularly. Specific comments included, "Their commitment is unquestionable", "Each have their own talents – they come in with a smile" and, "They are absolutely excellent. I love them to bits."
- Staff spoke about people in a caring manner and told us they treated people like they were a family member. They said they enjoyed making a difference to people's lives.
- People were appreciative of the support they received. Specific comments included, "I would say to the carers 'Thank you for being my friends when I was alone'" and, "Nothing is too much trouble. I couldn't be without them now."
- Information about people's earlier lives, their interests and preferences were detailed within support plans. This promoted a person-centred approach.

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

- People were involved in the development of their support plan and encouraged to raise any individual preferences they had. One person told us, "They talk to me and ask me about my day. They know exactly how I like my cup of tea they always get it right."
- Staff told us they ensured people's support was flexible and what the person wanted. This included offering a choice of whether the person wanted a shower or strip wash.
- People could request an alternative member of staff if they did not like who was allocated to support them.
- Records showed people's support was reviewed with amendments made as required.

Respecting and promoting people's privacy, dignity and independence

- Staff used respectful language when writing an account of their visit. However, the information was often task orientated.
- Records did not always show people had been asked about the preferred gender of staff supporting them. One person had declined support from a male member of staff, but their preference was not identified on their records.

- People told us staff promoted their privacy and dignity. One person told us, "They cover me with a towel where necessary." Another person said, "They always make sure I've got a nice warm towel ready for me when I get out [of the shower]. It makes such a difference, just that small little thought."
- Staff were confident when talking about people's rights and how they promoted these.
- People's preferred name was clearly identified in their support plan and used by staff.
- Records showed people were encouraged to maintain their independence. This included assisting people to wash areas they could not reach. One relative told us "The carers are sensitive and encourage [family member] to wash. All three of them are caring."

# Is the service responsive?

## Our findings

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

Requires Improvement - People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, we made a recommendation to monitor the timings of people's support to ensure it met their needs and enabled greater satisfaction.
- At this inspection, whilst the terms of the contract the service had with the local authority was outcome based, without reference to timings, some people remained dissatisfied with the timings of their support.
- Some people told us staff were often late, whilst others said they did not know what time they would arrive. One person told us they changed their friend's visit to the afternoon, to ensure they had been supported in time. Another person said, "I don't know who is coming or at what time – it gives me a degree of anxiety."
- The timing of some people's support was not consistently reflective of their preferences. For example, one person's support plan stated they liked to, "get up late morning" but some of their visits were around 08.30.
- People's support was not always consistently undertaken at the same time each day. For example, staff arrived to support one person at varying times between 07.07 and 10.58. Their preferred time was between 09.00 and 09.45.
- Support plans did not always show what time the person preferred their support. Information stated, "Times may vary depending on support workers previous visits." This did not promote consistency.
- Some aspects of people's support plans were detailed but information did not always show how staff should manage the impact of a person's health condition. This included dementia and alcohol dependency.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the consistency of staff supporting them. People were generally allocated a small team of staff, which worked well. Specific comments were, "I get regular staff and they genuinely care. We have a nice natter they do things how I like it." Another person said, "I seem to have the continuity of the same person most days."
- A health and social care professional told us staff had managed a person's complex needs well. They said a small team of staff had been allocated and they had provided the "best care possible."

End of life care and support

- There was a format within support plans to record people's end of life wishes but many people had chosen not to complete these.
- One support plan did not clearly show the care the person needed, as their health deteriorated.
- Selected staff due to their interest, experience and expertise were allocated to support palliative care packages.

- Staff had undertaken training in palliative care and received support and advice from the local hospice, when required.
- A relative was complimentary about the end of life care staff had given. They told us, "One member of staff made sympathetic, caring and understanding comments which had been appreciated."

#### Improving care quality in response to complaints or concerns

- The registered manager told us people were given a copy of the complaint procedure when they first used the service. However, some people said they were not sure how to make a formal complaint.
- Those people who had made a complaint told us their concerns were taken seriously and addressed. One person said, "I complained to the office and it was dealt with."
- Records showed complaints were investigated and apologies given. However, most were not upheld with the outcome being "customer perception."
- Changes were made, following the consideration of a complaint. A relative confirmed this and told us, "I have made a complaint in the past and asked for a member of staff not to attend to my [family member] and this was resolved."
- The registered manager told us they would do a piece of work to enable people to be better informed about making a complaint.

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Recommendations made at the last inspection had not been fully addressed. This did not ensure the safety of medicines or that people's support always met their needs.
- This is the second time the service has been given a rating of Requires Improvement.
- Audits were not effective as shortfalls were not always being identified or addressed.
- An overview of any concerns raised "out of hours", were not being captured. A system for this was introduced by the end of the inspection.
- Some people cancelled their support, as their preferred staff member was not available. Some other visits were cancelled as they were difficult to cover. These visits were recorded as cancelled rather than missed. This did not give an accurate account of the missed calls, which had occurred.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was successfully registered with the Care Quality Commission on 17 September 2018.
- A new position of deputy manager had been created to assist the registered manager with the day to day running of the service.
- There had been changes to the way in which care packages were allocated to the service. This meant only care packages which could be safely managed, would be accepted.
- The registered manager showed they knew people well and had an awareness of their needs. They had clear expectations about the standard of service to be delivered.
- Staff were complimentary about the registered manager and the overall management of the service. They said communication and staff morale, had recently improved.
- Staff told us the ethos of the agency was to promote independence and enable people to remain in their own home for as long as possible.
- Staff completed additional welfare checks if there were concerns about a person's wellbeing.

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

#### characteristics

- Visiting officers regularly asked people about the quality of the service they received, and if any changes were required. One person told us not all staff made them a cup of tea, so they had this written into their support plan.
- People were encouraged to complete an annual survey to give their views about the service.
- The registered manager told us newsletters had been developed and there were more staff meetings to enhance communication.
- The registered manager gave examples of how people's diversity was promoted. Staff had received equality and diversity training.
- The registered manager said they were a "strong believer" in valuing staff. This included sending birthday cards and saying thank you for any good work undertaken.
- Fundraising events were arranged to heighten the agency's profile and to raise money for various charities.

#### Continuous learning and improving care

- The registered manager told us people's visits, including their location and staff capacity, had been reviewed. This had enabled people's support to be better planned, which enhanced efficiency.
- People were being allocated a small team of staff to enable an improved service. A person told us, "I can't tell you how much of a difference it has made, and I just hope that my regular carers aren't taken away."
- New systems were being introduced so in time, all support plans, communication logs and medicine administration records would be completed electronically. Staff training was being undertaken to support the introduction of the electronic records.
- An open culture was being further developed to ensure staff felt confident to raise any practice that could have been done better.

#### Working in partnership with others

- The registered manager told us a good relationship had been built with many health and social care professionals. This included the local authority and GP surgeries.
- Arrangements had been made to work with two mental health charities, to deliver a programme of staff training.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always safely managed, Regulation 12(1)(2)(g). Risks to people's safety were not always identified or addressed and people's needs were not always clearly reflected in their support plans, Regulation 12(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not effective, as shortfalls in the service were not always being identified or addressed. Recommendations made at the last inspection had not been fully addressed. Regulation 17(1)(2)(a)(b).</p>