

Mears Care Limited

# Mears Care - New Futures

## Inspection report

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01 April 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on the 30, 31 March and 1 April 2016 and was announced.

Mears Care – New Futures is a domiciliary care agency (DCA) registered to provide personal care to people with learning disabilities living in their own homes. The level of support and care varied from a few hours each week to 24 hours seven days a week. At the time of our inspection 34 people were using the service.

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. The registered manager was supported by a deputy manager to ensure the daily management of the service.

People were positive about the service and felt safe. Staff knew how to keep people safe and protect them from harm and abuse. Risks to people were well managed to ensure people were safe both within their own home and the local community. The registered provider had effective recruitment processes in place which ensured people were protected from the risk of avoidable harm. Accidents and incidents were recorded and monitored to identify and mitigate reoccurrence. Medication was dispensed by staff who had received training to do so.

Staff demonstrated that they knew people well. They had received regular training and supervision and were knowledgeable about their roles and responsibilities. Care plans were person centred and included people's preferences and routines. Care plans were regularly reviewed and people, and the people that mattered to them, were involved in the planning of their care. People were supported to access health and social care professionals and services when required.

People's capacity to consent had been assessed and people had consented to their care and support. The registered manager demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered provider acted in accordance with its legal responsibilities under MCA.

There was an effective quality assurance system in place to monitor the quality of the service and to help ensure the service was running effectively, meeting people's individual needs and working towards continuous improvement.

## 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.

People told us they felt safe. Staff took measures to assess risk to people and put plans in place to keep people safe. People were supported to take positive risks enabling them to lead positive and fulfilling lives.

There were safe and robust recruitment procedures in place.

### Is the service effective?

Good ●

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People who used the service valued the relationships they had with staff and were happy with the care they received. People were pleased with the consistency of their care workers.

People were involved in making decisions about their care and the support they received.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's needs.

People received care which met their individual needs and preferences and were supported to lead their lives in the way they wished.

## Is the service well-led?

Good 

The service was well led.

Staff felt valued and were positive about the support they received.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

# Mears Care - New Futures

## **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 the 30, 31 March and 1 April 2016 and was announced. We did this to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and any statutory notifications we had received. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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 spoke with four people, one relative, four members of care staff, the deputy manager and the registered manager. We reviewed four people's care files, five staff recruitment and support files, training records and quality assurance information.

# Is the service safe?

## Our findings

People using the service told us they felt safe. People's relatives also told us they were confident that their relative was safe using the service. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protecting them from harm. The service had safeguarding and whistleblowing policies in place. Staff were able to demonstrate a good understanding of the different types of abuse and had an understanding of safeguarding and whistleblowing procedures. One member of staff told us, "If I thought someone was being abused I would immediately report it to the office. If nothing was done about it I would email head office." Another said, "If I thought I wasn't being listened to I would go to social services or CQC, whoever I needed to." The provider's office had several 'Ask Sal' posters displayed. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns. The provider had referred safeguarding concerns to the local authority and had notified the Care Quality Commission of safeguarding issues. There were safeguards in place around people's finances and senior staff carried out checks twice a month to ensure that where staff were helping people manage their money, the correct procedures had been followed.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe. These assessments included potential risks to people both within their own home and in the community and included information on how staff should manage these risks and support people in the safest way. For example a risk assessment had been developed for one person who received 24 hour supervision to go out to a local shop independently to buy their morning paper. This showed that the provider was not risk adverse and actively supported people to maintain their independence working, where required, with health and social care professionals to achieve this. There were systems in place to record and monitor incidents and accidents. These were reported on the provider's on line reporting system and were monitored by the registered manager and by the provider's health and safety team. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence.

There was a robust recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity, right to work and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A checklist system was also in place to ensure all elements of the recruitment process had been completed. New staff were required to undergo a three month probationary period. Regular competency assessment spot checks were undertaken by senior staff to ensure staff were safely and effectively carrying out their duties. The service had disciplinary procedures in place to respond to any poor practice.

There was enough staff to meet people's needs. People said that the service was reliable and they received support from a consistent staff team. People who received morning and evening calls told us they felt there was enough staff and there had been no issues with staff arriving on time, leaving early or missed calls. One person said, "They are always on time, been no problems. I always know who is coming." Staff told us they felt there was enough staff and that they did not feel rushed in carrying out their duties. The registered manager told us that a number of contingency hours had been agreed with the funding authority which

enabled flexibility and ensured there was always sufficient staffing levels. This meant people had the staff they needed to meet their needs.

Where staff managed people's medicines they did so safely. People told us, and records confirmed, that staff recorded any prescribed medication in their medication administration record (MAR). All staff who administered medication had received medication training and refresher courses where necessary. Monthly checks were undertaken by senior staff to ensure that people had received their medication safely and as prescribed. Any issues identified from these checks were acted upon.

## Is the service effective?

### Our findings

People told us they received the care and support they needed and were happy with the care they were receiving. One person said, "I like the staff they are very good and help me out." A relative said, "All the staff are very good. [Name of relative] has very complex needs and as far as I can see they [staff] have received all the training they need to safely care for [name of person]; this is really important."

All staff had undertaken a comprehensive induction programme and were supported to obtain the knowledge and skills to provide good care. They were also provided with a staff handbook which contained important policies and information about the registered provider; this ensured they understood the standards expected of them. Training records confirmed staff had completed the induction programme and the registered provider's mandatory training. The registered manager told us, and records confirmed, that all new staff were required to complete the new Care Certificate and existing staff had been required to complete a 'Skills Workshop update' which ensured their training aligned with the new Care Certificate. Where required, staff had received specialised training to enable them to support people for example challenging behaviour, dysphasia and dysphagia, epilepsy awareness and buccal medication. Staff told us they found the training useful, comments included, "The training is good. It [training] is face to face. This is good as you get to know other staff as well as having the opportunity to ask questions about anything you don't understand," and, "I feel I have had all the training I need to support people. I also had epilepsy training to help me to support [name of person]." Staff we spoke with told us they were supported to achieve nationally recognised qualifications in health and social care. The registered manager confirmed that currently 20 out of 43 staff had achieved or were working towards achieving a recognised qualification. A dedicated trainer was available to support the training programme for all staff. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received supervision and had an appraisal in place. They told us they enjoyed their work and felt well supported by the registered manager and deputy manager and both managers were always in the office or available by telephone if they needed any advice or guidance. One member of staff said, "I feel very much supported and can talk to [name of registered manager] about anything. I have regular supervision and have the opportunity to discuss my workload and development." Records confirmed that staff received regular supervision including observation of practice. This meant staff had a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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. There were policies and procedures in place which ensured the service met the requirements of the MCA and DoLS. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us, and people confirmed that they always consulted and gained people's consent and supported them with making choices on how they wish



to spend their time. At the time of our inspection all people using the service had the capacity to make their own decisions .

People were supported to maintain a balanced and healthy diet. People receiving community support told us that staff helped them to prepare their meals. One person told us, "They help me with shopping and preparing my meals; sometimes they take me out for a meal I look forward to that." People who lived in supported living schemes had their meals prepared for them or were supported to prepare their meals dependant on their individual needs and capabilities.

People had a health action plan that set out their specific health needs and were supported to access healthcare services as required such as hospital appointments, GPs, dentists, occupational therapists, opticians and chiropodists. The registered manager told us that because the service had contingency hours in place this enabled greater flexibility to change rotas when required.

## Is the service caring?

### Our findings

People using the service and their relatives spoke positively about the care they received. Comments included, "The staff are very nice, they treat me well," and "[Name of staff member] brings me a paper so I can read it whilst I'm having breakfast."

The registered manager ensured people received continuity of care from staff who worked in small teams and supported the same people. This meant people received consistent care and support from staff who understood their needs and knew them well. New staff were introduced to people before they started delivering care; this was confirmed by people we spoke with. The registered manager told us they checked people were happy with the staff supporting them and made changes if required. One person said, "There have been staff I haven't got on with. I tell the staff and changes are made. I have a constant team of people [staff], definitely no strangers." A relative told us they had spoken with the registered manager when their family member was unhappy about one of the members of staff supporting them. They told us arrangements were made immediately for a different staff member to care for their relative who was now much happier.

Staff treated people with dignity and respect. People told us that staff listened to them and respected what they had to say. People valued their relationships with staff and spoke highly of individual staff members. We heard staff talking with people in a kind, caring and respectful manner and staff we spoke with were able to describe people's preferences, interests and hobbies.

People's privacy was respected for example when family members visited people who received 24 hour support staff went into another room of the house to allow people to have quality private time with their family or when people were receiving personal care. One member of staff told us, "It's important to keep doors closed and curtains shut. This is particularly important when there are other people living in the same house." Staff received guidance during their induction in relation to dignity and respect and their practice was then monitored and observed by senior staff who carried out regular spot checks.

Staff promoted people's independence and encouraged them to do as much as they could for themselves where they were able to. For example one person was supported to complete household chores but required assistance with meal preparation; another person was supported to independently go to a local shop to buy their daily newspaper.

The service had information in the office about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. There was no one currently accessing advocacy services.

## Is the service responsive?

### Our findings

The service was responsive to people's needs and supported people to lead meaningful and fulfilling lives. People told us how they were supported to pursue activities of their choice. One person said, "I go to a lot of music gigs, I like music." A relative told us their family member was supported by staff to go to college and to have a good social life. People were also supported to plan holidays and go to destinations of their choice with staff.

Assessments were undertaken to identify people's health, personal care and social support needs. This information was used to develop people's care plans. People using the service and the people that mattered to them were involved in the planning and reviewing of their care needs. The care plans we looked at were person centred and included information on what was important to people and how they wished to be cared for. This meant there was clear information available on how staff were to support people in a person centred way. Care plans included an 'At a glance front sheet' which contained important information about the person being supported, for example allergies and medical protocols. Care plans were reviewed every six months or sooner if people's needs changed. Although we noted there were no pictorial care plans the registered manager told us care plans were available in alternative formats including pictorial upon request.

People received consistent personalised care and support. Staff were knowledgeable about the people they supported and were aware of their likes and dislikes, interests and health and support needs. This meant they were able to provide a personalised and responsive service which met people's individual needs. The registered manager told us they ensured the service was flexible and responsive; for example staff worked additional hours to enable people to pursue their leisure activities such as attending an evening music concert or supporting people to attend a healthcare appointment.

The service had an effective complaints system. People told us they did not have any complaints about the service they received but all said if they did they would speak with a member of staff or the registered manager. One person said, "If I'm not happy I go straight to [name of registered manager]." Another person told us, "If I wasn't happy and had to complain I would speak with [name of senior staff]. They would sort it out." Relatives we spoke with felt confident they would be listened to if they made a complaint. There was a clear policy and procedure in place which explained when and how complaints would be investigated. Prior to our inspection the service had received two complaints within the last 12 months. Records confirmed that these had been dealt with appropriately in line with the provider's policy and procedure. It was noted the service had received three compliments in January 2016 thanking staff for the care provided to their relatives.

# Is the service well-led?

## Our findings

The service had a registered manager in post who was supported by a deputy manager, two care coordinators, two senior support workers, one branch trainer and one administrative assistant. Both the registered manager and deputy manager worked in the office on a daily basis and demonstrated that they had a good knowledge of the people using the service. People told us they could speak to the registered manager whenever they wanted to and this was evidenced during our inspection. Relatives told us that the registered manager was very approachable and supportive and were confident in the way the service was being managed.

Staff told us they felt well supported. They said the registered manager was visible within the service and operated an 'open door' policy. All the comments we received from staff were positive. Comments included, "Management are approachable I can phone them at any time," and, "I can speak to [name of registered manager] about anything she is really approachable," and, "I can talk to [name of registered manager] she is firm but fair." Staff were positive about their roles and enjoyed their work. They shared the registered manager's vision to provide the best care they can to support people to be independent. One member of staff told us, "I really love my job that's why I have worked here for so long knowing I am helping people and seeing them progress and achieve."

There were regular staff meetings where a range of topics were discussed such as feedback on spot checks, record keeping, the new care certificate and business changes. Staff teams supporting people also met regularly to discuss and review people's care needs. Feedback from staff included, "We have regular team meetings and all communications are very clear. If I don't understand anything [name of registered manager] takes the time to explain;" and, "The majority of the time we are well informed about things going on." The registered manager sent out regular newsletters to staff, and people who used the service, to keep them updated.

The registered manager actively sought the views of people who used the service and used feedback to improve the quality of the service. This was done in a number of ways which included direct feedback, telephone calls and surveys. There was also a suggestion box in the office. We looked at the results of the annual satisfaction service which was undertaken in June 2015. We noted that the majority of responses were positive and where there had been any negative response or ideas put forward for improvement an action plan had been developed with set timescales for actions to be completed. In addition to staff meetings and supervision staff also had the opportunity to give feedback through the registered provider's annual staff survey.

Quality audits such as missed visits, number of spot checks, care plans, risk assessments and medication were carried out at least monthly. This included visits by senior staff to people in their own homes to observe staff practice, attitude and behaviour. We noted that the monthly audit of daily notes and financial transactions did not clearly record that MAR sheets had been checked. We discussed this with the registered manager who told us they would take immediate steps to ensure this information was clearly recorded by auditors. As part of the quality assurance process the registered manager was required to send monthly key

performance information to the registered provider's quality assurance team. The registered provider used this information, together with information gathered from all its other services, to analysis trends and where required put measures in place to prevent or minimise re-occurrence. This included the registered provider setting up a 'STAR' (Stop, Think, Act, Review) campaign where small guidance cards were provided to staff on topics such as moving and handling and medication; the cards were designed to fit within staff members' I.D. Badge.

The registered manager told us she received consistent support from the registered provider. She attended managers and regional meetings which provided an opportunity to share good practice and knowledge, discuss any challenges and receive updates. The registered manager and deputy manager also attended local forums for care providers where information was shared which could benefit the service.