

Mears Care Limited

Mears Care - Richmond

Inspection report

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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 

Overall summary

The inspection took place on 12 May 2015 and was announced.

We last inspected the service on 3 July 2013. At the last inspection there were no breaches of Regulation.

Mears Care – Richmond is a domiciliary care agency providing personal care and support to people living in their own homes within the London Borough of Richmond upon Thames. At the time of the inspection 130 people were receiving a service. The majority of these people had their care funded and organised by the local authority. The provider worked closely with the local

authority to monitor the service people received. Mears Care Limited is a national organisation and has branches in different counties and London boroughs. The Richmond branch was located in an office with four other branches. There was a registered manager in post. This person had been promoted to the role of operations manager overseeing a number of branches. A new manager had been appointed to the service and they told us they were in the process of applying to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were procedures for safeguarding adults and the staff were aware of these. The risks to people's wellbeing and safety had been assessed and there were plans to reduce the likelihood of harm.

The agency employed enough staff to meet people's needs safely.

People were given the support they needed with medicines. The staff had the training and support they needed to care for people.

People had consented to their care and support. Where people had been assessed as lacking capacity, decisions were made in their best interest by people who were important to them.

People's health and nutrition needs had been assessed, recorded and were monitored.

Some people felt the service was not caring and they were not happy with the way they were treated by the

agency's staff. We talked to the provider about the things people told us. They took immediate action by contacting people using the service to ask if they had any concerns, by addressing the concerns with staff and taking further action where necessary. Other people told us the care staff were kind, polite and caring.

People's individual needs had been assessed and recorded in care plans. The care plans reflected their preferences and views. People's needs were regularly reviewed and they contributed to these reviews. Some people felt their care was not personalised and did not always meet their needs.

People knew how to make a complaint and complaints were responded to appropriately. Some people felt concerns were not always acted upon, whilst others were satisfied with the response to these.

Most people felt the service was well-led and staff felt supported by the manager. There were systems to assess and monitor the quality of the service and risks. The agency worked closely with the local authority to assess the service. People were asked for their feedback.

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 safe.

There were procedures for safeguarding adults and the staff were aware of these. The risks to people's wellbeing and safety had been assessed and there were plans to reduce the likelihood of harm.

The agency employed enough staff to meet people's needs safely.

People were given the support they needed with medicines.

Good



Is the service effective?

The service was effective.

The staff had the training and support they needed to care for people.

People had consented to their care and support. Where people had been assessed as lacking capacity, decisions were made in their best interest by people who were important to them.

People's health and nutrition needs had been assessed, recorded and were monitored.

Good



Is the service caring?

The service was caring.

Some people felt the service was not caring and they were not happy with the way they were treated by the agency's staff. We talked to the provider about the things people told us. They took immediate action by contacting people using the service to ask if they had any concerns, by addressing the concerns with staff and taking further action where necessary.

Other people told us the care staff were kind, polite and caring.

Good



Is the service responsive?

The service was responsive.

People's individual needs had been assessed and recorded in care plans. The care plans reflected their preferences and views. People's needs were regularly reviewed and they contributed to these reviews. Some people felt their care was not personalised and did not always meet their needs.

People knew how to make a complaint and complaints were responded to appropriately. Some people felt concerns were not always acted upon, whilst others were satisfied with the response to these.

Good



Is the service well-led?

The service was well-led.

Most people felt the service was well-led and staff felt supported by the manager. There were systems to assess and monitor the quality of the service and risks. The agency worked closely with the local authority to assess the service. People were asked for their feedback.

Good



Mears Care – Richmond

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.

The inspection was announced and took place on 12 May 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for

someone who uses this type of care service. The expert-by-experience on this inspection had experience working with older people in a number of different roles throughout their career.

Before the inspection we looked at all the information we held about the service, including the last inspection report, notifications of incidents, accidents, safeguarding alerts and other significant events. During the inspection we spoke with six members of staff, the registered manager (who had been promoted to operations manager), the person who had been appointed to replace them as senior contracts manager of Mears Care – Richmond, two care coordinators, a visiting officer and a care assistant. Following the inspection we spoke with four care assistants on the telephone. We spoke with seventeen people who used the service and four of their representatives on the telephone.

Is the service safe?

Our findings

People told us they felt safe with the care assistants from the agency. They told us the care assistants used key safes to access their home, if they were unable to answer the door themselves. They felt confident with this arrangement and felt security of their home was not compromised.

People told us that when the care assistants shopped for them they were careful with their money. They purchased the required items and showed the person the receipt to show what they had bought. One person told us, "I have no complaints – my carers are very young women, even so they understand my needs and treat me with respect – I trust them." People told us they felt confident the care assistants would know what to do in an emergency.

The provider had a procedure for safeguarding adults. Staff were trained in this as part of their induction. They were able to tell us about different types of abuse and what they would do if they suspected someone was being abused. They told us they would speak with the manager and if necessary contact the local authority safeguarding team. The staff were aware of the whistle blowing procedure and told us they knew what to do if they were concerned about the practice or behaviour of another member of staff.

Where there were risks to people's safety and wellbeing, these had been assessed. For example, if people needed specialist equipment to move. The assessments included information on the risk and how this could be reduced. There was guidance for staff on how to safely support people. The staff had completed daily records which showed they had followed this guidance.

The provider employed sufficient staff to meet people's needs. There were systems in place to ensure that staff absences were appropriately covered and people received their care as planned. Mears Care Ltd had appropriate procedures for recruiting staff. These procedures included checks on people's suitability and character, including reference checks, a criminal record check and proof of identity. New staff were invited for a formal interview and completed literacy and numeracy tests before they were offered employment. We saw evidence of these checks in the staff files we looked at.

People who were supported to take medicines told us they were happy with this support. There were procedures regarding medicines and all staff had been trained in these. Senior staff assessed care assistants competency at administering medicines during their induction and then annually.

Is the service effective?

Our findings

People had varying views about the quality and effectiveness of the care assistants from the agency. One person told us, "The carers themselves are ok but they don't arrive on time." Another person said, "They (the carers) don't seem to have the right skills." Another person told us about an incident where a care assistant dropped a bowl of soapy water on the floor and then did not know what to do or how to clear it up. However, some people were very happy with the quality of the workers. One person said, "The carers are pretty much on time and do have the right skills and knowledge – I am so relieved that they are there – yes we have a nice chat." Another person said, "I feel that the carers are doing a good job and that having them enables me to be more independent."

The registered manager told us they aimed to assign a small team of care assistants to each person, so they knew their needs and the person knew the staff. He said that one or two care assistants carried out the care most days, and the others in the team were available to cover holidays and other staff absences.

All staff took part in a five day induction course, which included training in health and safety, moving and handling, safeguarding vulnerable adults and understanding the Mental Capacity Act 2005. Staff who successfully passed this initial induction shadowed experienced care assistants to learn about the job. Their abilities and skills were assessed by a senior member of staff, including their competency at administering medicines. The registered manager told us that staff who did not have previous experience of care work, or those who were not confident, worked alongside other staff until they were assessed as competent to work alone. We saw evidence of staff inductions, including written tests and assessments in the staff files we looked at.

The provider made sure all staff had their training updated regularly and we saw evidence of regular training in moving and handling and safeguarding adults. Senior staff carried out regular spot checks and on site assessments to make sure people had the right skills for the job and followed the guidance and training they had received. These checks included annual assessments of medicines

administrations. Records of staff supervision showed that senior staff discussed different training and checked the care assistants' knowledge of certain procedures and policies.

The staff who we spoke with said they felt supported. Some of the things they told us were, "the whole team is lovely, we all support each other" and "I have all the support I need and can ask any questions if I am unsure."

There was evidence of regular individual meetings the staff had with their managers. These included discussions about their performance and career development. Each member of staff had an annual appraisal and these had been recorded.

People told us they had discussed their care and had consented to this. The records of assessments of need and care plans had been signed by the person who was being cared for. There was evidence of their discussions with the agency about their care. The visiting officer told us they carried out initial assessments and reviews of care. They said they met with the person, and their representatives, when they first assessed them. They explained about the person's care and the person consented to this. People's consent was sought and recorded when care plans were reviewed. We saw people had consented to staff administering their medicines and access to their property.

The Care Quality Commission (CQC) monitors compliance with the Mental Capacity Act 2005. Mears Care Ltd had developed a procedure and documents so they could assess people's capacity to make certain decisions and record this. The staff induction included training about this and the manager told us they were planning further discussions with the staff about people's capacity and consent. The agency worked closely with the London Borough of Richmond upon Thames. Where people were assessed as lacking the capacity to make decisions about their care, the agency, local authority and person's representatives had agreed a care plan which they considered in the person's best interest. This had been recorded.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager was aware

Is the service effective?

of the provider's legal requirements relating to this and told us they were training the staff to identify any restrictions for people using the service, so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection

People's healthcare needs were recorded and the manager told us the staff worked closely with healthcare professionals when someone needed this. For example, he told us that they liaised with occupational therapists when people needed new equipment or changes in equipment. The staff knew what to do in an emergency and we saw they had taken appropriate action to seek medical advice

when people were ill. The senior staff told us they made sure GPs, the person's next of kin and any other relevant healthcare professionals were contacted when needed. The care assistants included information on people's health and wellbeing in the daily communication logs.

People's nutritional needs were recorded in their care plans. Some people were assisted at meal times. They told us the care assistants supported them to heat up and prepare the food of their choice. Where people needed encouragement to eat or drink this was recorded in their care plans.

Is the service caring?

Our findings

People told us about very different experiences with the agency and their opinions varied a great deal. Some people were very happy and thought the service was caring. However, others told us about instances which showed they had not experienced a caring service.

Some people expressed serious concerns about the staff who cared for them. Many people told us the care assistants used their mobile phones, talked to each other in a different language or listened to music when they were caring for them in their homes. Some people also commented that the care assistants did not understand their needs and did not offer them choices or treat them respectfully. Some of the things people said were, "There are serious language problems – if they do not understand what we need how can they help us?", "they don't have the right skills for personal care. My husband is quite helpless and their 'hurry hurry hurry' attitude is difficult for him. I have found his clothes ripped and this has happened when they are dressing him. They never talk to him (or me) they either talk to each other or are on the phone", "I get on alright with my carers – they get very stroppy if you say anything and they are late more often than not and are obsessed with their mobile phones!", "they are too often on their mobile phones using headphones" and "no one listens to me and they never chat with me."

We told the manager about people's concerns and the negative feedback we had received. The manager took immediate action. They told us they were contacting everyone who used the service to ask if they had any specific concerns. They said they would complete this work by the end of June 2015. The manager said that any concerns raised would be investigated and action taken where appropriate. The manager explained that the system for monitoring when the staff arrived at someone's house required the staff to use a mobile phone log in code. They told us they would make sure this was explained to people who used the service and that they gave their permission

for this. He told us staff would be asked to explain what they were doing when they used their mobile phones for this purpose so that people understood this. The manager said that senior staff would be discussing this in all staff supervisions and that disciplinary action would be taken if staff were found using their phones for other reasons or if they were rude to the people they were supporting.

Some people said the care assistants were friendly, kind, helpful and caring. Some of the things they said were, "It is a good friendly yet caring relationship", "the girls (care assistants) are very very kind and I would recommend this agency to someone in the same situation as me", "when you find a good carer you stay with them and the present carer treats my husband with respect", "the carers treat (my husband) with kindness and empathy and use the hoist very gently – we have had the same carers for over a year and do not want to lose them", "gentle and thorough, I am happy with him - he is a good man", "I would recommend this agency to other people purely because I am content with my carer" and "yes I am happy, I would complain if I was not."

The agency's record of quality monitoring visits, telephone calls and annual reviews indicated people were happy with the care they received and the care assistants who supported them. We looked at records of this monitoring and saw people had given positive feedback. Some of the things people said were, "the carers are excellent", "they are kind, caring and on time", "I know my husband is in good hands", "my carer is excellent", "I have no concerns" and "I had an issue with one carer but this has been resolved."

The staff spoke with fondness about people they cared for. Some of the things the staff told us were, "the joy of this job is getting to see how different people think and communicate and helping to make sure everyone is happy and understands", "each day is different and I enjoy looking after people" and "I know my clients very well and I like making sure they are happy and comfortable."

Is the service responsive?

Our findings

Some people told us they were not happy with the way their care was planned or provided. For example one person said, "The evening carers come round far too early I don't want to be put to bed at 7pm like a young child." Another person told us, "They are supposed to come at 8am but rarely do and never stay the full 45minutes little gets done and then in a slapdash way." People told us they had shared these concerns with the agency but things had not improved. For example one person said, "My wife has had to call the office two or three times we had a care plan review – but nothing has changed." However, other people felt the agency provided the care and support they wanted and needed. One person told us, "I am quite content, they provide the care I need and they are efficient." Another person said, "they do everything I ask, when I want, I am very satisfied."

We spoke with the manager about the concerns people raised. In response he told us the senior staff would be contacting everyone who used the service before the end of June 2015 to ask them if they had any specific concerns. He told us these would be discussed with the London Borough of Richmond upon Thames and where people wanted a change in their care package they would try to accommodate this. He told us all concerns would be investigated and action would be taken if necessary. The manager also told us he would be discussing these concerns with all the staff to make them aware of people's feelings and the importance of responding to and meeting individual needs and wishes.

People had their needs assessed before they started receiving a service. The agency employed visiting officers to visit people in their own homes to carry out the assessment. The visiting officers told us they met with people and their representatives to discuss their needs. The care plans and assessments included information on people's individual needs and their preferences.

The manager told us the London Borough of Richmond upon Thames commissioned a service which was flexible and looked at people's individual preferences and needs for times of calls. For example, they said people were able to use their assigned hours of care differently from week to week. The manager told us the agency tried to accommodate this.

The agency had a complaints procedure. People told us they were aware of this and knew how to make a complaint. Some people who had raised concerns told us they were not satisfied with the response but most people felt their complaints and concerns had been addressed. The agency had a record of complaints and concerns. The procedure stated that formal complaints should be raised in the first instance with the local authority. We saw that the local authority and agency had discussed each complaint and carried out an investigation. The records showed that action had been taken, where appropriate. For example, staff had been retrained and in some instances disciplinary action had been taken. The complainant had been given a detailed response to their concerns. The agency and local authority discussed all complaints during monthly meetings and there was evidence they had learnt from these and taken action to reduce the likelihood of problems reoccurring.

Is the service well-led?

Our findings

Some of the people we spoke with said they did not feel the service was well managed and some people said they did not know who was “in charge.” One person said, “This service is not well managed or well led – we only stay with them because of the quality of this one carer.” Some people felt that things did not improve or change when they expressed their concerns. However, other people told us they were happy with the way the service was managed. They told us the name of the senior member of staff who was in charge of coordinating their care and said this person visited them and contacted them.

The registered manager had been promoted to a new role in the organisation. He had worked for Mears Care – Richmond for several years and his new role would be line managing this and other Mears Care branches. A new manager had been appointed to the branch and he was due to start work there shortly after the inspection. He was present for the inspection. The new manager was registered with CQC to manage another Mears Care location and was experienced. He knew the organisation’s policies and procedures. He demonstrated a good awareness of how the service needed to be managed. He told us he was applying to be registered for the Mears Care – Richmond branch.

The staff told us they felt the manager was supportive and approachable. One member of staff told us, “(The manager) is always very supportive.” Another member of staff said, “I have learnt a lot from him, he is a good manager.” The team of senior staff within the branch were stable and most of them had worked there for a long time. One new member of the team told us they were all very supportive and worked well together.

Mears Care – Richmond worked closely with the London Borough of Richmond upon Thames to plan and monitor how the service was working. The registered manager told us, “(the London borough of) Richmond monitor the service very closely and take action when needed, they are very responsive and if people need more time or a change to their care they address this.” They had regular meetings where they discussed and analysed incidents, accidents, complaints and how the service was being run. There was evidence the agency had listened to and acted on the advice of the local authority when changes were needed. For example, responding to concerns with staff training.

The registered manager told us the agency was looking at how they could support some of the experienced care assistants to learn new skills in order to be able to provide a more comprehensive service in the future. He told us they were planning to offer training on some clinical interventions such as supporting people with percutaneous endoscopic gastrostomy (PEG) feeding tubes.

There were systems for monitoring the quality of the service and for seeking the views of the people they cared for. The provider employed a quality monitoring officer who contacted people routinely through visits, by telephone and by surveys. They recorded their feedback. We looked at records of these and saw that people were generally satisfied with the service. Visiting officers from the agency also conducted telephone monitoring and monitoring visits. Everyone had their care plan reviewed annually by meeting with the visiting officers. They were able to give feedback at these meetings and we saw this was recorded. Where people had raised concerns these were acted upon.