Mears Care Limited

Mears Care - Stowmarket

Inspection report

Unit 19, Charles Industrial Estate
Stowmarket
Suffolk
IP14 5AH

Tel: 01449676440
Website: www.mears.co.uk

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21 September 2016
12 October 2016
20 October 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

This announced inspection took place on 19 and 21 September 2016 when we visited 5 people in their own homes, who received a service from the organisation, spoke with staff and inspected records. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal support to people by arrangement in their home in the local area. We also spoke with people receiving the service by telephone on 12 and 20 October 2016. The service supports over 100 people.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to protect people from abuse because the staff had attended training which provided them with knowledge about safeguarding people. Staff knew how to report matters to the appropriate authorities if they suspected abuse was happening. The manager and senior staff knew how to share information with the local authority when needed.

People were supported by a sufficient number of suitably experienced staff. The manager had ensured appropriate recruitment checks were carried out on staff before they commenced working with the organisation. Staff had been recruited safely and had the skills and knowledge to provide care and support taking into account people's preferences and choice.

The provider had systems in place so that staff were trained to administer medicines and people were supported to take their prescribed medicines safely. The service had a number of call times that were deemed as time specific. That is to say it was important staff were present at an allocated time to support people with their medicines, for example before breakfast.

Staff had received training in mental capacity assessments, best interest and were competent to work with relevant professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Staff were aware if they had concerns about people's capacity to make decision for themselves they were to inform their manager for guidance.

The staff responded to people's needs in an understanding and caring manner. Positive and supportive relationships had been built up between the staff, people using the service and relatives. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and

enabled to be as independent as possible in all aspects of their lives. The service had worked with other organisations as a result of listening to the people using the service to support the development of activities for people if they wished to join a club and the plan was for this to meet monthly.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. Senior staff carried out spot checks on staff. This is when the senior person visits the staff member unbeknown to them to check they are on time and working to the policies and procedures of the organisation. People and family members were involved in the planning and reviewing of the support provided by the organisation on a planned basis and should the persons needs change rapidly..

People's health needs were managed appropriately with input from relevant health care professionals. The service had worked with GP's and Occupational Therapist to arrange appointments with these professionals and carry out support as instructed. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored through careful and accurate recording of information in people's support plans.

The management was approachable and staff were supported to provide care that was centred on the individual. The manager and senior staff were approachable to people using the service and staff and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People, who used the service or their representatives, were encouraged to be involved in decisions about the service through information from the welcome pack when commencing to use the service. The provider had systems in place including audits to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to 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

Staff had received training about how to recognise and report matters of safeguarding

All the people we spoke with felt safe when staff were in their home.

Risk assessments and resulting support plans were in place for people who used the service.

Medicines were administered safely to people by staff trained in medicines management.

Is the service effective?

Good

The service was effective.

Systems were in place to provide support to staff. This included on-going training, staff supervision, spot checks, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Staff monitored and supported people as required regarding their nutrition and fluid needs.

The service communicated effectively and worked with other professionals for the benefit of people using the service

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and respect.

The service provided a small consistent team of staff to support people to meet their assessed care needs.

People thought that staff listened to them and respected their

dignity.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to a service being provided to ensure the service could meet the person needs.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

Is the service well-led?

Good

The service was well-led.

The service had a statement of purpose and had been developed in line with the needs of the people using the service.

Senior staff were approachable and supportive to the staff of the service.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their roles and responsibilities.

Systems were in place monitor the service. This included audits of people's care and people told us they received regular 'spot checks' from the management staff that carried out quality checks.

Mears Care - Stowmarket

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.

The inspection took place on 19 and 21 September 2016 and was announced. Telephone conversations were held with people using the service on 12 and 20 October 2016

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return, safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who used the service which provides domiciliary support, their relatives, speaking with staff and professionals.

We visited five people who used the service in their own homes and we spoke with 20 people and four relatives by telephone. We spoke with two care co-ordinators, the training manager and five care staff members. We also spoke with one professional who supported people using the service.

We looked at nine people's support plans and medicine records, staffing rotas and records which related to how the service monitored staff attending to people on time and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints. We also looked in detail at the assessments used by the service and noted how they related to the peoples individual support plans and risk assessments. We also looked at five looked at five staff files.

Good

Is the service safe?

Our findings

It is important that staff are aware of what abuse is and how they report to the local authority any suspected abuse to protect people using the service. There were systems in place to minimise the risk of abuse and the staff we spoke with were aware of their responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received was good. They informed us, the training manager was knowledgeable and helpful and discussed examples of safeguarding practice with them. We spoke with a new member of staff and they told us,. "It is really good that the training manager talks through the different types of abuse, rather than you be given a book to read or do some test on the computer."

Each person and their relatives, we spoke with told us they felt safe when the staff came to support to them in their home. One person informed us about their key safe and felt assured that staff could enter their property to support them. Another person told us, "I feel safe as I always have the same four or five staff, I know them well." A relative told us. "The staff read the support plan after saying hello and the start providing care [to my relative]."

We looked at how the service organised to ensure that there were enough staff to support people. We saw from a computer record comprised by a Care Co-ordinator that staff were assigned to a certain number of people to provide care. Travelling time and the amount of time each person required for their support had been calculated to determine how many people each member of the care staff could support on each round. A Care Co-ordinator explained, how the staffing rota was compiled and showed how this was recorded onto the computer system. The aim of the service was to provide each person using the service with a small number of regular staff, in order that they could build up a rapport and understanding with the person regarding their needs. We saw from the rota, records and the care plans in people's homes that they were usually supported by the same staff which contributed to support being consistent. Staff we spoke with told us the small staff teams worked well and this view was supported by the people and their relatives we spoke with. We saw in the risk assessments in people's support plans that, risks were identified and clearly documented the person needs. For example it was clearly documented when two staff were required to the support the person. In another support plan we saw that allergies had been clearly recorded.

All people and staff we spoke with informed us that sufficient numbers of staff came to provide the support necessary to them in their own home. The service worked on a half an hour either way of the allocated call time. Should staff ever be running late, they were required to inform the office staff who would then alert the person awaiting care of the situation. The staff and people using the service said staff were rarely late. When they were, for reasons of travel delays, staff sickness or needing to stay with someone as they were unwell the office staff did inform people of the situation. There were a number of time specific calls which is when the person is relying upon the staff to attend to give them medicines at a specific time or they need to be ready to go out for an appointment. Should staff ever be struggling to achieve the time specific calls, the Care Co-ordinators would cover for them.

A Care Co-ordinator informed us they had not had any missed calls to people in the past six months. They consider a reason for this was due to employing enough staff and the senior staff planning accurate rounds for the staff and being supportive to the support staff. The service also focussed upon providing support to people within a local geographical region which also helped the staff to arrive on time, as travelling distances were kept to a minimum. One person told us. "The staff are on time and they have never left me before the time they are set to leave me is up."

We spoke with the Care Co-ordinator about staff recruitment as the manager was on leave at the time of our inspection. We saw there was a policy and procedure in place. This showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. It was also explained to us how the organisation had compiled interview questions which were asked to determine if the candidate was suitable to work with people requiring support. Staff frequently worked alone and were encouraged to visit the service office regularly. Each member of staff had a phone so that they could talk with the office staff at anytime to resolve queries and an out of hours service was also available to support staff.

We saw that the service supported many people with their medicines and when a medicine was administered a record was made in the person's support plan appropriately. One person told us, "It is a relief to me that the staff help me with the tablets." A relative we spoke with told us they were happy with the support their relative received with their medicines. Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure for the safe administration of medicines. Part of the care review carried out by the service was to check upon the medicines administration. We saw that people were supported with regard to the arrangements for receiving and returning any unrequired medicines to the pharmacy. The training manager told us how they trained staff in the practice of medicine administration. The staff we spoke with informed us that they felt the training was of high quality and informative, so that they were clear about the process to be used. One staff member told us, "We are given a number of bottles to check in our training against the medicine record and to identify any errors with the strength of dose or times to be given."

Good

Is the service effective?

Our findings

People told us they were content with the support received from the staff. One person told us, "The staff ask me which meal I would like, always offer me a choice." A relative told us, "The staff are understanding, [my relative] can be forgetful and the staff training has prepared them for this."

A Care Co-ordintor explained the induction program to us for new staff, which was confirmed by the staff we spoke with. A member of staff told us, "I was very nervous to begin with as I did not what to do anything wrong, even after the training which was interesting. I worked with an experienced member of staff and the manager told me to take my time and I could work with other staff until I was ready to work on my own."

We saw there was an induction plan for new member of staff to work through and the subjects covered during the probation period and each subject was signed off the staff and a manager when it was agreed they were competent in that area. New staff received an induction which included office based training and also a period of time working in the community alongside an experienced member of staff. A member of staff explained to us what 'shadowing' is and would be continued until the staff member felt confident to work independently. Shadowing is when a new member of staff works with an experienced colleague until it is agree by all parties the new staff member is ready to work on their own.

Another member of staff told us. "The training is very good without that you would run mile, but that gives you the confidence, I had not done anything like caring before I worked here, but I love it and wish I had done this years ago." We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We also saw that the service had provided training in conditions such as diabetes so that they were knowledgeable about the care required. The training manager told us that they were aware of the assessments of people referred to the service requiring support. They worked with the manager and senior team to ensure the staff had the necessary training in order that the staff work be able to provide the support required.

It is important to support and develop staff skills for there to be a supervision process and an appraisal system in operation. Staff informed us they had regular supervision with a senior member of staff that was booked in advance. All of the staff we spoke with told us they were supported by their supervisor. Staff also told us that the service carried out spot checks. This is when a member of staff came to see them working in someone's home and they would give them feedback as a result of this observation. All staff told us they had an annual appraisal which was organised well in advance of the appraisal meeting. This was an opportunity to discuss their progress during the year and to plan how they wished their career to develop which would include discussion about future training.

The staff had received training about The Mental Capacity Act (2005). This act provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The training manager spoke to us about the training provided to the staff about mental capacity. They explained how staff were encouraged, trained and supported to be aware of any changes in the person's well-being and to discuss with a senior member of staff. We heard how these

concerns had resulted in best interest meetings being arranged with relevant parties to determine how best to support the person. The staff we spoke with confirmed they had received training and understood the process.

It is important for the welfare of people that staff support them to ensure food and fluids are available as per the support plan while also monitoring that people are eating and drinking sufficiently. One person told us. "My support is about having help with meals, so the staff come three times a day to help me with breakfast, lunch and supper." We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. Staff told us how they encouraged and supported people with their meals. A member of staff told us, "The person will eat anything as stated in the support plan no allergies and no dislikes but they had lost weight before we support them. I think they had enough of ready meals so I am able to prepare or cook something fresh each day, they have not lost any more weight." Staff also told us that any concerns identified would be discussed with the person and also brought to the attention of the manager to determine if additional support was required from another team such as dieticians.

In order to provide an all round care package of support it is vital that the staff work with and involve other professionals to support the person. We saw at an assessment stage information had been collected about other professionals involved in the person's care. We saw staff had encouraged people to request visits from GP's and information had been recorded.

People's care was subject to regular review with them, relatives and external health professionals as appropriate on a planned basis and also as required as a result of a situation happening. We saw that service staff had worked on behalf of the person to involve other professionals in the person's care.

Good

Is the service caring?

Our findings

People were positive and appreciative of the support they received. One person told us, "The staff that come are kind and caring, one is excellent." A relative told us, "Marvellous, lovely people."

The staff training focussed upon empathy that staff would be working in someone's home. Hence the need to respect people's choice, privacy, dignity and rights. One person told us, "They always ask, so yes they do give me time to make choices." A relative told us, "It is necessary as I cannot look after [my relative] myself, but I did dread the idea of people coming in and out of our home. However the staff are thoughtful and helpful, so no way is it as bad as I thought it would be."

All of the people using the service that we spoke with told us that they felt comfortable and were happy to have staff in their homes. One person told us, "I look forward to the visit, the carers are kind and always have a smile and joke which cheers me up." People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences.

A Care Co-ordinator told us that the service tried to provide continuity of care which helped staff to develop relationships with the people that they supported. They said the benefit of this was that it enabled staff to respond to changes in people's needs and to act upon them. This was confirmed by the people that we spoke with who told us that they had a regular team of staff who were able to meet their needs. One person told us. "I have three carers, they cover for each other and I know who is coming."

The support plans showed that people had been involved in making decisions about the support that they received. Family members informed us that, they had opportunities to express their views about the care and support that their relatives received. This was at reviews of the support provided and also they could arrange with their relative to bring a review forward if anything was of concern to them. A relative told us, "We had a review and I thought this was done a sensitive and caring way."

We saw that the support plans were written in a supportive and person-centred way to take account of people's individual needs while promoting their independence. Staff were mindful to do what was required to support the person while supporting them to maintain their independence.

All of the staff we spoke with informed us they did not have to rush or shorten visits; they felt that they were given appropriate time to provide the care that people needed and has sufficient travelling time between appointments. This was confirmed by the people that received the service.

It is important that the service informs and agrees with people the service that will be provided in response to their assessed needs. People and their relatives said that they were provided with information about the service to help them understand what support they could expect from the service before staff came to begin supporting them. We saw that a contract of support had been drawn up for each person which was individualised with the support required. The welcome pack provided information for the person about the service which included who to contact in an emergency.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us that an assessment relating to their needs was carried out prior to the service supporting them. One person told us. "I only need one visit a day but they went through things with me to check and said they would check with me again in a month to see how all was going." A Care Co-ordinator informed us the assessment was to identify the person needs and from that that how many visits per day and preferred times were discussed and confirmed. IT was most important at this stage to explain that the service would send staff as close as possible to an allocated time but this was half an hour either way. Of course people would like a definite time on the dot and the service would always try to achieve that goal. However it would be wrong to set up false promises at this stage and hence the need to explain the timings that the service worked to which was half an hour either side of the allocated time. A relative told us. "Considering the traffic problems around here, I think they do very well."

All the people we spoke with told us they had a support file which contained within it a support plan. We looked at support files in the office and also when visiting people in their own homes and saw that they were in agreement. A Care Co-ordinator explained to us the system they used to ensure that the support files were accurate copies of each other. The file included an assessment to identify people's support needs, risk assessments and care plans outlined how these were going to be met. The management team carried out visits to people, following the commencement of a support package to determine that everything was alright.

It is important that staff communicate with the person and each other effectively, particularly as staff may not see each other regularly, although they are all providing support for the person. Hence the need to write accurate daily records which need to be read each time that support is provided. The support files were clearly organised and included a section for staff to record information about each visit regarding the support provided. The individual plan also contained details about the person, their needs, goals, risk assessments, emergency contacts and medicines, plus a relevant history and personal preferences. We saw how the plan related to the daily records which had been completed for each visit made by the care staff.

Our observations and feedback from people who used the service and relatives informed us that the staff knew people well and staff respected people's choices, preferences and decisions about their support needs.

The staff of the service had become aware that a number of people lived alone and would like more contact with the local community and make new friends and catch up with old friends. The service had worked with other organisations as a result of this awareness identified by staff to arrange a community get together with the ambition that this would become a club which people could use and enjoy. This is a massive while worthwhile undertaking and it has been found that at this stage weekly meeting are not possible unless further support is provided from other organisations. However the service has supported a monthly meeting which is being appreciated from the people we spoke with and the plan is to develop this more meetings and increased activities at the meetings.

The aims and objectives of the service are person centred, defined and known by the staff. These were around supporting people in their own home to improve or maintained their independence. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions. A staff member told us. "It is easy to take over and assume you know what to do especially when you know the person but this is a mistake, you must always ask and check." They explained nine times out of ten a person they supported would drink tea but occasionally coffee.

People were actively encouraged to give their views and raise concerns or complaints about the service. People were given a welcome pack when they started using the service and we saw this provided information on how to raise a complaint. A staff member told us, "If a person made a complaint to me, if I could not sort things out I would report to the office staff or help the person to make the complaint." We saw the last written complaint that had been made with regard to the support provided by the service. The complaint had been taken seriously and resolved quickly and satisfactorily to all concerned. This demonstrated that the complaints policy and procedure in place had been used effectively. A Care Co-ordinator informed us, "We try to avoid complaints but we are all human and nothing is perfect, so when they happen we do our very best to sort things out."

Good

Is the service well-led?

Our findings

The service had a statement of purpose and there was an experienced registered manager in post. The manager was supported by area management of the organisation. The senior staff of the service considered they were very well supported by their manager who was approachable, knowledgeable and helpful with a passion for the delivery of good support.

We received positive feedback about the manager's leadership. Staff told us the manager was approachable, had an 'open door' policy and was a problem solver but better still prepared in advance. For example they encouraged staff to book annual leave in advance so they could enjoy their time off in the knowledge that other staff were covering for them.

We saw there were clear lines of accountability within the management team for listening to the staff and information regarding who reported to whom. Staff told us there was strong and good spirit within the service and they considered this was because the senior staff did some care visits themselves and hence were in contact with providing support to people.

One member of staff told us. "There are regular 'spot checks' from the managers, you never know when they are going to happen but not to be concerned about, they are to help you but do of course make you feel nervous." A spot check is when a senior person visits unannounced to the staff while gaining the person's permission for them to check the staff arrive on time and carry out the designated support as per the support plan. We saw records of spot checks and for every question, such as was the person in uniform, as well as yes or no, there was also space to document the conversation between the staff member and the senior staff member carrying out the spot check.

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. All of the staff informed us they received support through training, supervision and annual appraisals.

As staff frequently work alone from early morning to late in the evening it is important their safety is recognised and responded to as required. Staff told us they thought communication was very good and one staff member reported. "I think it is good that there is always a manager to talk with by phone." A Care Co-ordinator explained to us that the senior staff took it in turns to provide a 24 hour on-call support service which staff could use at any time as well having the national back-up emergency call number for help and support.

There were systems and processes in place to monitor the service, identify and drive improvements forward. The management team held meetings to plan, operate and monitor the service regularly and in turn information was given to the staff at team meetings and by newsletters. The management also arranged regular audits to consult with the people using the service, their relatives and also members of staff. We saw that the audits spoke favourably of the service with regard to people being satisfied with the service and also staff content to work for the service.

There were on-going reviews, of the support provided by the service to make sure the support was to people's satisfaction. People using the service said these 'face to face' checks and reviews were undertaken and they felt fully involved. A relative told us. "[My relative] was deteriorating and the staff responded with everyone's agreement to provide another daily visit, it was organised quickly which is what we all wanted and needed."