

Mears Extra Care Limited

Dean Road ECS

Inspection report

19 Dean Road
Hampton
TW12 1BF

Tel: 02089419800

Website: www.mearsgroup.co.uk

Date of inspection visit:
22 February 2022

Date of publication:
21 March 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dean Road ECS is an extra care housing service providing personal care to people. The service provides support to people aged 65 and over. At the time of our inspection there were 24 people using the service. People using the service lived in flats in one purpose-built building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Risk management plans did not always give staff clear guidance to mitigate identified risks to people. People's 'as and when required' medicines were not always recorded in line with good practice. The registered manager took action to address our concerns after we pointed these to them. We have made a recommendation in relation to records management.

Staff followed best practice guidelines regarding COVID-19 and the prevention and control of infection. Recruitment checks undertaken ensured only suitable staff members were employed. There were sufficient numbers of staff deployed to keep people safe. The registered manager learned lessons when things went wrong.

Staff received ongoing training to meet people's needs. Staff told us they received opportunities to reflect on their work through one-to-one meetings with the registered manager and felt well supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity, kindness and respect. Staff understood the importance of supporting people to maintain their independence. Staff monitored people's health and wellbeing and sought medical guidance and support when necessary.

People were all complimentary about the way the scheme was managed and how approachable the office-based managers were. The provider promoted an open and inclusive culture which sought the views of people living, visiting and working at Dean Road ECS. The provider worked in close partnership with a range of local community health and social care professionals and agencies to plan and deliver people's agreed packages of care and support.

People's care was planned in line with their preferences. Care plans were regularly reviewed to reflect their changing needs. People were aware of how to raise their concerns and were confident these would be addressed. People were supported to document their end of life wishes if they chose to.

People, their relatives and staff spoke highly of the registered manager. The values of the provider were evident through the management of the service. Audits were undertaken to ensure issues identified were acted on swiftly. People's views were sought to monitor and improve the service delivery. The registered manager placed importance of working in partnership with stakeholders.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 27 July 2019.

Why we inspected

This service was registered with us on 16 December 2019 under the current provider and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Dean Road ECS

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors. An Expert by Experience made phone calls to people and their relatives'. 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

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 February 2022 and ended on 1 March 2022. We visited the location's office on 22 February 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with three people and six relatives by telephone. We also spoke with five staff members including care staff and the registered manager. We spoke with a visiting G.P. We reviewed a range of records including, five care plans, four staff files, staff rotas and a range of medicines records.

After the inspection

We continued to seek clarification and requested further documents, for example policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- People were not always protected against identified risks. Risk assessments were not clear in specifying clear potential risks, or the action needed to mitigate them.
- One person's care plan, and recent incident records highlighted that they could behaved in ways others could find challenging. We reviewed their risk assessment and found there were no clear steps guiding staff as to how to respond should this person have these behaviours.
- Risk assessments were not always specific to a person's individual needs, and lacked details to ensure people were cared for safely.
- Whilst the provider told us they were in the process of reviewing people's risk assessments, we were not assured that those that were currently in place were sufficient enough to ensure people, staff and others were always safe.
- After the inspection the registered manager told us all risk assessments would be reviewed and updated by 31 March 2022. The registered manager also sent us a copy of a revised risk assessment which detailed specific support to keep people safe.
- We were satisfied with the registered managers' response. We will review this at the next inspection.

Using medicines safely

- People received their medicines as intended by the prescribing GP.
- One person told us, "Yes I get my medication when I am supposed to." A healthcare professional said, they had no concerns in relation to the medicines management at the service.
- People had PRN ['as needed'] protocols in place where necessary. However, we found that the provider did not record the reasons for administering a PRN medicine.
- One person's medicines list was not updated. We found that there were three medicines signed for on the medicines administration records (MAR); that were not recorded in that person's medicines list.
- We shared our concerns with the registered manager who after the inspection sent us an action plan addressing how our concerns would be addressed no later than 4 March 2022. We will review this at our next inspection.
- The above points notwithstanding; MAR that we reviewed showed that people received their medicines at the times they needed - and that staff signed for them.
- Records showed staff received medicines training.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse as staff were aware of how to identify, report and escalate

suspected abuse.

- One person told us, "Yes, I feel very safe, the [staff members] just make me feel safe."
- Staff received safeguarding training and told us they were confident in identifying, reporting and escalating suspected abuse.
- The provider had a safeguarding policy in place which staff were aware of.

Staffing and recruitment

- People's care and support was provided by staff that had undergone robust preemployment checks to ensure their suitability for the role.
- Staff personnel files included, for example, a completed application form, two satisfactory references, photographic identification and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were adequate numbers of staff deployed to meet their needs and keep them safe. Comments included, "I can't remember when [staff members] didn't come on time." And, "No I am never rushed." Records confirmed what people told us.
- At the time of the inspection there was a full complement of staff.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- The registered manager, and staff told us that they completed an LFT test daily. Whilst some staff completed this at home, others did this upon entering the building.
- Staff members demonstrated a good understanding of their IPC roles and responsibilities.
- Staff told us they had plentiful supplies of PPE and we saw that staff wore them in line with guidance.

Learning lessons when things go wrong

- The registered manager placed importance on learning lessons when things went wrong. For example, accidents and incidents were reviewed to minimise the risk of repeat incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff that we spoke with were not always clear in their understanding of the MCA and how they needed to support people. We raised our concerns with the registered manager who confirmed they would be providing further guidance for staff in the next team meeting.
- People's consent to care and treatment was sought prior to being delivered.
- Records showed the staff had received training in MCA.

Staff support: induction, training, skills and experience

- People received support from staff that reflected on their working practices. Staff told us they received regular supervisions, however, during the inspection we identified gaps in staff supervision records.
- We shared our concerns with the registered manager who confirmed she had not documented one senior staff members supervision record; however, the senior staff member confirmed the supervision had taken place. The registered manager also stated that due to the pandemic there had been a focus on the care delivery and would ensure the supervision records were documented going forward.
- One person told us, "Yes I have total confidence in everything [staff members] do for me, all [of them] are well trained to do what I need them to."
- Staff told us they found the training provided beneficial to their role and enhanced this knowledge. Training provided included, safeguarding, medicines, health and safety, moving and handling, mental capacity and infection control.

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

- People's needs were regularly assessed to ensure the care provided was tailored to their specific needs.
- Prior to using the service, an assessment of needs was undertaken by the funding local authority. The registered manager reviewed the needs assessment to decide if they could meet the persons' needs prior to a placement being offered.
- The registered manager confirmed, another review carried out by the service was undertaken after 48 hours' of the commencement of the placement to ensure the care plan reflected the person's needs.

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

- People were supported to eat and drink food that met their dietary needs and preferences.
- One person told us, "[Staff members] organise fish and chips on a Friday which is really nice and every day they [prepare] a meal for me." A relative said, "[Staff members] make sure [my relative] gets something to eat if I can't get to see her each day."
- Staff were aware of people's dietary needs and confirmed these were catered for. For example, people who required softened or pureed foods were supported to access these.

Supporting people to live healthier lives, access healthcare services and support and Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and wellbeing and were supported to access healthcare services to do so.
- People confirmed staff members would make contact with the GP on their behalf if they were feeling unwell.
- A healthcare professional told us the service worked well with them and contacted them for advice and guidance appropriately. They also confirmed guidance provided was implemented into the delivery of care.
- People's health needs and diagnosis were recorded in their care plan and staff were aware of people's specific conditions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People spoke extremely highly about the care and support they received from staff members. Comments included, "I couldn't be any happier with everything that [staff members] do for me, the best thing I did was move here." "The [staff members] are lovely and so kind. Nothing is any trouble to any of them." And, "My [relatives] care is exceptional, the [staff members] are kind, very efficient and I know that [if my relative] has any problems at all they will try to help her with them."
 - Staff spoke about people in a kind and compassionate way and gave examples of people which evidenced they knew them well.
- Staff told us, that at the time of the inspection there was no one using the service that had any cultural or religious need. However, they told us they understood how to respect people's diverse needs.
- Care plans detailed people's cultural and faith needs and as to whether they followed these.

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

- People's care records reflected their life histories as well as how they wished to be supported.
- Records showed that people were consulted as part of the care plan review process.
- Staff were aware of and gave us examples of how to support people to make decisions about the care they received. For example, by providing people with visual aids to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible and were treated with dignity. Records detailed people's dependency levels and the support they required.
- Staff told us they encouraged people to do things for themselves, whilst being on-hand to ensure they maintained their independence where safe to do so.
- Staff were aware of the importance of ensuring people's privacy and dignity was maintained. A staff member told us, "We don't invade [their personal space] too much, let them know what we're doing [during personal care]." Another staff member expressed the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was tailored to their individual needs and preferences.
- A relative told us, "Yes [my relative] has a care plan and it's pretty comprehensive so I can tell each time I visit what has been going on, on a daily basis."
- Care records were clear in defining how people wished to receive their care. For example, there were clear steps for one person stating when they wished to be informed of the next steps in their care.
- Tasks and duties that needed to be carried out were clear, for each visit that a person received. For example, moving and handling guidance was clear in equipment that needed to be used; and how and when staff needed to use this.
- Staff confirmed they would raise any changes in people's needs with the registered manager to ensure the care plan was updated to reflect this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plan.
- The provider AIS policy followed five key aims: Ask, Record, Alert, Share and Act, for staff to follow. The five key aims are used to ensure people are communicated with effectively.
- The policy stated communication can be provided to people in British Sign Language, Speech-to-text, communication aids, braille or large print.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were confident complaints made would be managed effectively.
- The provider had a complaints policy which detailed what people could expect when making a complaint and the process to seek a positive outcome.
- At the time of the inspection, there had been no complaints received in the last 12 months.

End of life care and support

- People were supported where they so chose to document their end of life wishes. At the time of

inspection, there was no one using the service who had wanted to partake in this discussion.

- The provider had an end of life policy in place, that described how people's end of life wishes would be gathered and the support staff would provide to ensure these met people's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we identified records were not always up to date. For example, care plans did not reflect people's current medicines, staff supervisions were not always recorded, and risk assessments were not always as clear as they could be and did not always give staff clear guidance to follow.
- Audits undertaken did not always identify the issues found during our inspection. For example, in relation to risk assessments and 'as and when needed' medicines.
- We raised our concerns with the registered manager who sent us an action plan to address our concerns. We were also sent an updated risk assessment which clearly detailed the action staff were to take when faced with the identified risk. We will review their progress at our next inspection.

We recommend the service review their recording systems and update their processes accordingly.

- The registered manager was aware of their responsibility in notifying the Commission of reportable incidents in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were supported by a service that placed importance on being person-centred and inclusive.
- People, their relatives, staff members and a healthcare professional spoke highly of the management of the service. Comments included, "The [registered] manager is always available to discuss any issues that may arise with her." "I have nothing but praise for the company." And, "[The service] really look after me very well, I have nothing but praise for all they do for me."
- Staff told us how they felt supported and consulted at the service. Comments included, "[The registered manager] is absolutely lovely, can go to her with any problems. She understands everything we need, can approach about personal and work stuff" and "Good management. It goes smoothly, everyone is friendly and happy."
- The provider's values were shared by the management team and staff members alike. The service place importance on providing care that was inclusive.
- The registered manager understood the need to apologise where mistakes were made. They told us they would ensure full investigations were made to reduce the likelihood of similar incidents reoccurring.

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

- People were encouraged to share their views to drive improvements.
- A quality assurance questionnaire was provided to people to gather their views. The questionnaire looked at the support provided, consistency of staff members, staff knowledge of people's needs and whether staff stay the full duration of the visit.
- We reviewed the completed questionnaires and found feedback received showed people were extremely satisfied with the care they received.
- Staff told us the registered manager listened to their views and took them on board; and that this was actively encouraged and beneficial to the development of the team and care provided.

Continuous learning and improving care and Working in partnership with others

- The registered manager confirmed they were keen to continually learn and improve the care that people received. This was in line with the provider's values and culture.
- The registered manager told us the service worked in partnership with a range of stakeholders to drive improvements.
- A healthcare professional told us, "The service does work in partnership with [our healthcare professional service]. Communication between us and [the service] is very good."