

## Mears Care - Bromley

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### 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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Mears Care-Bromley provides personal care and support to people in their own apartments on a single site in

Bromley, Kent. At the time of this inspection they were providing personal care and support to 59 people. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We visited the service on 7 July 2014. This was an announced inspection. We told the provider two days before our visit that we would be coming. During this

# Summary of findings

inspection we spoke with five people using the service, two relatives of people using the service and a friend of another person using the service. We spoke with three care staff and the registered manager. We also spoke to a GP. We also sent 50 questionnaires to people asking them to tell us about the care and support they received from the service. 10 were returned to us.

The GP told us, “Staff are always helpful and very caring and have a good understanding of people’s needs and the registered manager is very helpful and on the ball.”

People using the service told us they felt safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported.

People told us they would talk to staff or the registered manager if they had any concerns and their concerns would be listened to and acted on. A friend of a person using the service said they raised some concerns with the manager and there was a “very good response, and immediate reaction”. A relative of a person using the service said they had complained about a couple of things, the manager was very approachable and everyone in the office was very helpful and accommodating.

The provider had appropriate arrangements in place to support people using the service with their medicines.

Staff were up to date with training. The provider carried out regular unannounced spot checks on staff to check on and evaluate their working practices. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

The local authority conducted a contract compliance visit to the service in April 2014. They said there were no major recommendations that they had to address. They had not received any complaints regarding the service and the service was working well with people who had increasing needs.

The regional manager visited the service at least once a month to meet with the registered manager, speak to people using the service and staff and to discuss current issues. People who used the service, their relatives and friends told us the manager was good at managing the service. Some people said the manager was “always present” to speak with them about any concerns.

# 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?

This service was safe. People using the service told us they felt safe and staff treated them well and understood how to safeguard people they supported. Appropriate recruitment checks were undertaken before staff began work. The provider had arrangements in place to support people using the service with their medicines.

Good



### Is the service effective?

This service was effective. Staff had completed an induction and they were up to date with their mandatory training. They were subject to regular unannounced spot checks carried out by senior staff where their working practices were evaluated. There was an out of hours on call system in operation that ensured that management support and advice was always available for staff. People using the service had access to a GP and other health care professionals when they needed it. People's care files included assessments relating to their dietary needs and preferences.

Good



### Is the service caring?

Staff were caring, kind and understanding and treated people with dignity and respect. People and their relatives and friends were consulted about their assessments and involved in developing their care plans. People's wishes were recorded regarding end of life care and support.

Good



### Is the service responsive?

This service was responsive. People we spoke with said they knew how to make a complaint if they needed to. They were confident the service would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

The local authority conducted a contract compliance visit to the service in April 2014. They said there were no major recommendations that they had to address. They had not received any complaints regarding the service and the service was working well with people who had increasing needs.

Good



### Is the service well-led?

This service was well-led. People who used the service, their relatives and friends said the manager was good at managing the service. Some people said the manager was "always present" to speak with them about any concerns. The provider recognised the importance of regularly monitoring the quality of the service provided to people using the service. Staff said they felt well supported by the manager and senior members of staff.

Good



# Mears Care - Bromley

## Detailed findings

### Background to this inspection

The inspection team consisted of a lead inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service and information sent to us by the provider in a Provider Information Return; this is a form submitted by the provider giving data and information about the service. We also looked at questionnaires returned to us by people using the service and we also contacted the commissioners of the service to obtain their views.

We looked at records about people's care, including five care files of people who used the service. We looked at

records relating to the management of the home for example, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of incidents accidents and complaints.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. The manager told us they were the safeguarding lead at the service. They showed us the organisation's procedure for safeguarding adults at risk. They also showed us a care workers' handbook, which included the service's safeguarding adults at risk policy and detailed the roles and responsibilities of managers and staff for reporting abuse. On a notice board in the hallway we saw a poster entitled "No more Secrets, Please say Something". It included the contact details of the local authority safeguarding adults team and the police.

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. The manager told us they and all staff had attended training on safeguarding adults from abuse. The training records we looked at confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff. We saw completed application forms that included the applicant's previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of Disclosure and Barring Service (DBS) checks, two employment references, health declarations and proof of identification.

The manager told us that all of the people they provided personal care to had been referred to the service by the local authority. We looked at the care files of five people using the service and saw the local authority's referral information, the service's care and health needs assessments, care plans, risk assessments and individual support plans. Care plans included detailed information and guidance to staff about how people's needs should be met. Individual support plans included more person centred information such as how the person would like to be addressed, details about their personal history, their

hobbies, pastimes and interests and their religious, cultural and social needs. The files we looked at included environmental, pressure sore and moving and handling risk assessments. Each person's file also included a fire action plan and a completed questionnaire with details of who they would like to be contacted in an emergency. We saw that people's care packages were kept under regular review by the registered manager and local authority care managers.

At the time of our inspection the manager told us the service was providing personal care and support to 59 people. They told us there were ten staff on shift each morning, seven staff on shift each evening and two staff worked through the night. They told us that the staffing levels were constantly evaluated by the registered provider and the local authority and arranged according to the needs of the people using the service. A friend of a person using the service said they were "totally satisfied" with the number of staff available in the service to provide care when needed.

We saw lockable cupboards in people's apartments for the safe keeping of medicines. The registered manager said some people using the service were independent and able to administer their own medicines and some people needed support from staff. They told us that staff prompted people to take their medicines and in some cases applied creams or ointments. We saw that people had been asked about their wishes regarding the management of their medicines, and where staff provided support with medicines, this had been formally agreed and signed by the person using the service. Medicines needs assessments were available in people's care files. These provided staff with details of how people should be supported to take their medicines. The registered manager told us, and staff training records confirmed, that all staff had received training on medicines awareness.

We sent 50 questionnaires to people asking them to tell us about the care and support they received from the service. 10 were returned to us. All of the people that had completed the questionnaire said they felt safe. They said that care staff had the skills and knowledge to give them the care and support they needed and they would recommend this service to another person.

# Is the service effective?

## Our findings

Staff files showed they had completed an induction programme and training that the provider considered mandatory. This included training on safeguarding adults, medicines awareness, moving and handling, health and safety, and understanding dementia. Staff had completed National Vocational Qualifications (NVQ) or equivalent accredited training qualifications in health and social care. The files also included records of formal supervisions, annual appraisals, unannounced spot checks and the minutes from staff team meetings.

We spoke with three members of staff. They all told us they had completed an induction when they started work and they were up to date with their mandatory training. They told us they were well supported by the senior members of staff and the manager. They received regular formal supervision, an annual appraisal of their work performance and they attended regular staff team meetings. They all told us they had been subject to regular unannounced spot checks carried out by senior members of staff. These were done to evaluate their working practices. They had received feedback about their performance from their manager. There was an out of hours on call system in operation that ensured that management support and advice was always available for staff.

We saw that care files included eating and drinking needs assessments. Where people needed support with meals this was recorded in their care plans. The manager told us that the building was owned and managed by a housing association. The housing association employed support workers who completed people's food preference profiles. The housing association also employed kitchen staff and

people were provided with a hot meal at lunch time. People's apartments had kitchens with cooking facilities and people we spoke with said they were able to make their own snacks and drinks throughout the day.

The registered manager told us that a Health and Care Needs Forum meeting took place every three months. They showed us the minutes from the March 2014 meeting. The meeting was attended by twenty four people using the service and they discussed Age UK's healthy eating fact sheet. They also discussed the importance of drinking fluids and the need for a variety of food.

The registered manager told us that all of the people using the service were registered with a local GP Practice. They told us that a range of health care professionals such as dentists, dieticians, opticians, district nurses, chiropodists visited the service on a regular basis to attend to people's needs. We saw that people's care files included records of all appointments with health care professionals. A person using the service told us they could get to see the GP if they needed to, who would usually come and see them after morning surgery.

We spoke with a GP. They told us GPs from the practice visited the service two to three times a week. These visits were sometimes in response to people living there and sometimes at the request of staff. They said "Staff are always helpful and very caring and have a good understanding of people's needs and the registered manager is very helpful and on the ball."

All of the people that had completed the Care Quality Commission questionnaire said care staff arrived on time, completed all of the care and support that they should do and the support and care they received helped them to be as independent as they could be.

# Is the service caring?

## Our findings

All staff received a handbook which gave information on respecting people using the service, including their privacy, dignity, independence and the right to make choices. The handbook also referred to the care staffs' code of practice, dignity code and dignity challenge. This advised staff on their responsibilities, for example, the need to have zero tolerance of all forms of abuse, supporting people with the same respect they would want for themselves or a member of their family and ensuring people felt able to complain without fear of retribution. Staff we spoke with told us that these issues were included in their induction. They all demonstrated that they understood the need to listen to people and respect people's different backgrounds. A relative of a person using the service said their relative's privacy and dignity was always preserved, when taken to the bathroom the door was closed. A friend of a person using the service said that staff respected their friend's rights and dignity; they knocked on the door before entering, and closed the curtains and bedroom door before providing any personal care.

A relative of a person using the service said "care quality is excellent". They had been involved in planning their relative's care and care was being delivered as agreed in the care plan and was kept under review. They said, "the manager is fantastic", and "we could not get anywhere better." Another relative said, "It is absolutely wonderful here." A person using the service said "I am looked after really well". Another person using the service said, "I would not say I am over pleased, people are ok but don't stay for a chat, just ask if you are all right."

Where necessary the provider had recorded people's wishes regarding end of life care and support. For example, one person's care records showed that a do not attempt resuscitation (DNAR) agreement was in place. The document included the person's wishes on how they would like to be cared for towards the end of their life. The DNAR had been agreed and signed by the person's power of attorney and their GP. This person was also being supported by the local authority's end of life care team.

A friend of the person receiving end of life care support said they were involved in agreeing their friend's care plan, and this was reviewed regularly. They said the provider was attentive to their friend's spiritual needs, who received regular visits from a priest. Staff always asked their friend if they were comfortable and knew their likes and dislikes. They said staff never rushed their friend; staff would sit down with them at meal times and encourage them to eat.

In a questionnaire returned to the Care Quality Commission a friend of a person using the service said the service was well led by the registered manager and senior members of staff. Their friend had been well cared for by staff. Especially catering for their friend's changing needs, providing emotional support and an exceptionally high standard of personal care. In another questionnaire a relative of a person using the service said, "I am very happy with service, the care and kindness my relative is given is 200%. We are so pleased and grateful for the way they are looked after."

All of the people that had completed the Care Quality Commission questionnaire said they were always introduced to care staff before they were provided with care or support and the care staff were caring and kind.



# Is the service responsive?

## Our findings

The registered manager told us that questionnaires had recently been distributed to people using the service and their relatives for this year's satisfaction survey. Comments from people using the service or their relatives included "Fantastic team and excellent management. Carers flexible and caring approach makes life much easier"; "Always room for improvement but on the whole the care is good", "Carers are patient and understanding and always helpful" and "Could not wish for better staff."

We saw a copy of the service's complaints procedure was included in the Service Users' Guide. We saw that the Service Users' Guide was available in different formats (such as larger print or on tape) or translated into other languages. This could be arranged on request when people started using the service. We looked at the service's complaints file. This included a copy of the service's complaints procedure, forms for recording complaints with details of the complaint, the name of the person making the complaint and action taken by the registered manager. The registered manager told us they had not received any complaints about the service.

People told us if they had any concerns they would talk to staff or the registered manager and their concerns would be listened to and acted on. One person using the service said "just walk into the office, they would listen to you." A

friend of a person using the service said they raised some concerns with the manager and there was a "very good response, and immediate reaction." A relative of a person using the service said they had complained about a couple of things, the manager was very approachable and everyone in the office was very helpful accommodating.

The registered manager showed us a newsletter that was available to people using the service. This included details of a summer barbeque, details of the next care needs forum meeting and information on how to contact the care team out of hours, new staff, new people using the service and the Care Quality Commission's new way of inspecting.

The local authority commissioned services from the provider. We contacted their contract compliance team. They told us they had conducted a contract compliance visit to the service in April 2014. They said there were no major recommendations that they had to address. They had not received any complaints regarding the service and the service was working well in an increasingly busy, challenging environment with people who had increasing needs.

All of the people that had completed the Care Quality Commission questionnaire said they were involved in planning their own care and support needs and the service responded well to any complaints or concerns they had raised.



# Is the service well-led?

## Our findings

People who used the service, their relatives and friends told us the manager was very good at managing the service and was always present to speak with them about any concerns. All of the people that had completed the Care Quality Commission questionnaire said the service had asked them what they thought about the service they provided.

Three members of staff told us about the support they received from senior staff and managers. One member of staff said, "From day one, when the place opened and we only had a few people using the service until now I think we have really grown together as a team. Everyone including senior staff and managers support each other." Another member of staff said, "We are well supported by the managers. They are very approachable and listen to what we have to say. I have never worked with a better team in my career." The other member of staff said, "We have a very good manager; if we have a problem they do their utmost to sort things out."

The registered manager told us that the regional manager visited the service at least once a month to meet with them, speak to people using the service and staff and to discuss current issues. The regional manager would report

their findings at monthly board meetings. Senior managers regularly visited the service to carry out audits. We saw a report from an audit carried out in May 2014. The audit covered areas such as health and safety, staff training needs and records, people using the service's care needs and risk assessments, individual support plans, first aid provision, gas safety check, portable appliance testing and the service's accident book. We also saw a risk audit report completed by one of the organisation's quality managers in May 2014. This report covered areas including care plans, Disclosure and Barring Service checks and staff supervision and training. The report included a risk action plan with actions agreed with management and target dates for completion. For example, the service's continuity plan (a contingency plan, in case of an emergency such as a fire or a flood) had not been tested at that point. The registered manager told us that this and all other actions had now been carried out.

We saw weekly performance reports for the service. These reports included information on, for example, the number of complaints received, the number of staff that had completed or were working towards health and social care qualifications and staff recruitment. The registered manager told us these reports were submitted to the regional manager and to the chief operating officer.