Mears Care Limited

Mears Care - Rotherham

Inspection report

Unit 5, Ashley Business Centre
Rawmarsh Road
Rotherham
South Yorkshire
S60 1RU

Tel: 01709539001
Website: www.mearsgroup.co.uk

Date of inspection visit:
16 June 2017

Date of publication:
21 July 2017

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

We inspected Mears Care Rotherham on 16 June 2017. The inspection was announced in accordance with our methodology for inspecting domiciliary care services. The provider was given 48 hours notice of the inspection. This was the first inspection of the service at this location.

Mears Care Rotherham provides personal care to people living in their own homes, operating in Rotherham, Barnsley, Doncaster and Wakefield. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service, and those who were important to them, were involved in planning their care. People told us that the staff were caring in their approach. People were treated with respect and their privacy, dignity and independence were protected.

Care staff were trained in protecting people from harm, and the provider had appropriate systems in place for addressing safeguarding concerns

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

The provider had taken steps to improve how it managed medication, however, we found there were still shortfalls in relation to this, including a lack of documentation when medicines were administered.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received, and where complaints had been received, the provider managed this appropriately.

The registered manager had systems in place to monitor the quality of the service provided. People using the service and their families were asked for their views.

We found that while various aspects of the service were audited, the audits were not always sufficiently robust to identify shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Care staff were trained in protecting people from harm, and the provider had appropriate systems in place for addressing safeguarding concerns

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

The provider had taken steps to improve how it managed medication, however, we found there were still shortfalls in relation to this, including a lack of documentation when medicines were administered.

Is the service effective?

Good

The service was effective.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Is the service caring?

Good

The service was caring.

People using the service, and those who were important to them, were involved in planning their care. People told us that the staff were caring in their approach.

People were treated with respect and their privacy, dignity and independence were protected.

Is the service responsive?

Good

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People knew how they could raise a concern about the service they received, and where complaints had been received, the provider managed this appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had systems in place to monitor the quality of the service provided. People using the service and their families were asked for their views.

We found that while various aspects of the service were audited, the audits were not always sufficiently robust to identify shortfalls.

Mears Care - Rotherham

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.

We carried out this inspection on 16 June 2017, giving the provider 48 hours notice of the inspection visit in accordance with our methodology for inspecting domiciliary care services. The inspection was carried out by an adult social care inspector.

During our visit to the service we looked at people's care records and looked at records that related to how the service was managed, including personnel records, training records and qualirt audits. We contacted a sample of people using the service, their relatives and staff, to gain their views.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications the provider had made to CQC about certain, legally notifiable events. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We asked people for their views about whether they felt safe when receiving care. One person said: "The girls [care workers] know what they are doing, I think they've had good training, so that keeps me safe." Another said: "They've got the code to get in [in this case, a secure, coded storage in which the keys to the person's accommodation were stored] and I never worry about that, so I must feel safe." However, some people raised concerns about the number of different staff who carry out care tasks, with one saying that this gives them concern because of the number of people who have access to the number for their key safe.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. Records showed that staff had received traning in the protection of vulnerable adults, and this formed part of the induction that all new staff must undertake before commencing work. The provider also had a whistleblowing policy, which all staff were made aware of, which set out how staff should raise concerns about the provider's activities and the protections they would be afforded if they took this action. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce those risks. Care plans we reviewed included relevant risk assessments, such as continence, mobility and the environment. These included details of preventative actions that needed to be taken to minimise risks as well as measures that staff should take to support people safely. Risk assessments were reviewed and were updated when there was a change in a person's condition.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the service. We looked at the recruitment records for four members of staff and found that comprehensive background checks had been undertaken, and a satisfactory Disclosure and Barring Service (DBS) check was obtained prior to each staff member starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Two written references had been obtained for all staff, including one from their most recent employer.

We looked at the arrangements in place for the administration and management of medicines. One relative told us: "Medication [has] been given late or missed altogether" and another said: "When medication issues were reported there was no matter of urgency or anyone contacting us back to see how the patient was or any feedback as to what was happening." The provider told us in their provider information return that there had been no medication errors in the 12 months prior to the date of completion, however, we noted an incident where a person was accidentally given a double dose of medicines by staff. We raised this with the registered manager, who had not been made aware of this incident. They contacted us after the inspection to tell us that the overdose had been given by a member of agency staff, and said that they had reduced agency usage since then.

One of the local authorities that commissioned services from Mears Care Rotherham told us they had

concerns about the management of medicines within the service. They had shared this with the provider as part of their ongoing contract monitoring and in response the provider had developed an action plan which included refresher training with staff, closer monitoring of medication records and discussions in staff meetings and supervisions. However, we found that there were still concerns regarding medicines. We looked at the records for some people who required staff to apply topical medications. In several cases there were no records for staff to confirm that they had applied this medication, and there was also a lack of information about where on each person it should be applied.

Other medicines had a medication administration record (MAR) which in most cases had been handwritten by staff. Often there was no staff signature to show who had completed this form and att times the form lacked detail. For example, we saw some medicines were recorded to be administered "as directed." The provider's own medication policy stated that this was not acceptable, and set out that administration directions should be clearly recorded for staff to follow.
Some people were prescribed medication to be taken on an "as required" basis, often referred to as PRN. We checked records of this, but found there was little information for staff to follow setting out when this medication should be taken, what symptoms the person might show to indicate it should be offered, what the outcome should be and what action staff should take if the desired outcome was not achieved.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Good

Is the service effective?

Our findings

We asked people using the service about the help staff gave them with their meals. One person said: "It's in my book [care plan] what I like and that's what they do." Another told us that staff knew how they liked their food setting out and said they prepared it in accordance with their preferences.

We checked a sample of care plans and saw that they contained clear information about people's food preferences as well as any areas where the person was at risk due to poor nutrition of poor hydration. Where there were risks, appropriate risk assessments had been implemented. We checked daily records, where staff recorded all care tasks undertaken as well as any observations or incidents. These records showed that staff were acting in accordance with care plans in relation to nutrition and hydration. Where staff had recorded what meals were prepared, they reflected people's preferences as set out in their initial assessment of needs.

We looked at the arrangements for staff training. Each staff member undertook a five day induction before they commenced work. We looked at records of this and saw that it was a comprehensive training course, including practical, hands on training as well as knowledge checks by way of tests. The induction included infection control, equality and diversity, moving and handling, continence care and other relevant areas of training. There was additional training provided on an on going basis, and many staff held, or were working towards, a nationally recognised qualification in care.

When people began to use the service, a comprehensive document was completed which considered all aspects of the person's needs and risks, however, we noted that it did not contain any consideration of the person's mental capacity. We discussed this with the registered manager who told us that they had also identified this, and in response had introduced an additional mental capacity assessment document. We saw evidence of this.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures in relation to the MCA and DoLS were in place. Care records we checked demonstrated that people had completed forms giving their consent to receive care in the way set out. Where people were unable to record within documents that they had given consent, there were records evidencing that they had given verbal consent and that the contents of the assessment, care plan and risk assessment had been explained to them before this consent was obtained.

Good

Is the service caring?

Our findings

We asked people using the service whether they considered staff adopted a caring approach. They all confirmed that they did. One described the staff as "lovely people." Another told us: "They are all very good. I couldn't do without them." One person said: ""I really am very happy with the care. My carers are very good."

A number of people told us that the provider used to give them a printed rota which set out who would be carrying out their care, and when, but they said that this practice had recently ceased, which they were unhappy about. One person said that without the rotas "I don't know who's coming which gets me grumpy." Several people raised concern about the number of different care staff carrying out visits, with some telling us that they wanted to be more involved in deciding who carries out care tasks.

We looked at surveys the provider had conducted of people using the service. We found that all respondents stated that the staff cared for them in a way that upheld their dignity, and the vast majority said that the care provided met their needs.

We looked at people's care plans to assess to what extent people had been involved in planning their care. Each care plan we checked had been completed to a high degree of detail, and was highly personalised reflecting the person's preferences, opinions and tastes as well as their care needs. There was evidence that people's preferences had been taken into consideration when planning their care, with details such as their preferred order of care tasks, how they wished their property to be left, and what items care staff should ensure the person has accessible to them when the care staff have completed their visit. There were prompts within each care plan to ensure that staff maintained people's dignity and privacy when undertaking care tasks.

We checked daily notes, where care staff recorded the care they had provided. We saw that staff were acting in accordance with each person's care plan, ensuring that they received care that met people's assessed needs and reflected their preferences.

We cross checked daily records with people's assessments of how long each care visit should last. We saw that in most cases care visits lasted for the amount of time assessed, with a small number of shortfalls, but additionally some visits lasting longer than the assessed length of time. The registered manager told us that on occasions they had received comments from people using the service and their relatives about visits not lasting the allocated time. In response to this, the provider had implemented a new IT system which meant that staff's presence in each person's home could be clearly monitored, and any shortfalls in visit times could be addressed. This system was demonstrated to us, and it was clear that this would enable the provider to gain assurance that people's care visits lasted the intended duration.

Good

Is the service responsive?

Our findings

We followed the "journey" from when a person enquired about receiving care from Mears Care Rotherham, to the point at which they had been receiving regular care for six months or more. We saw that if the person themselves, or their relatives, made an enquiry, staff at Mears Care Rotherham took an overview of the person's needs, preferences and any risks. Alternatively, if the enquiry was made by a local authority, the local authority's assessment of the person was supplied to the service.

Following this initial enquiry, a member of the Mears Care Rotherham management team devisied a more detailed assessment of the person's needs, and used this to develop a care plan and assess any risks that the person may be subject to or may present. This was done in conjunction with the person themself, and, where appropriate, their relatives.

Once care had begun, a member of management staff conducted a review of the person's care, again involving the person concerned. This review took place to ensure that the care package was meeting the person's needs, and to inform any changes that might be required. These reviews were then conducted on a regular basis to ensure that the care package provided continued to be responsive to any changes.

We checked care plans and saw that, where relevant, the provider had worked alongside external healthcare professionals to ensure people's needs were met, and had made appropriate referrals as required where people needed the input of external healthcare professionals.

In the provider's PIR, which they submitted prior to the inspection, they told us that they had received 20 complaints in the previous 12 months. We looked at the arrangements for making complaints, and saw that this was explained to people when they began to receive the service, and was contained in the guide given to everyone using the service. Most of the people we spoke with told us that they knew how to make a complaint should they need to, although a small number of people told us they would not feel comfortable to do so.

We checked a sample of complaints and saw that they were investigated in line with the provider's own policy, and complainants were responded to in writing, with the provider setting out what was being done to address any issues if the complaint was upheld. We saw that such actions had been taken in relation to complaints we checked, and also saw that the provider signposted complainants to the appropriate source of external remedy if they remained dissatisfied.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager, who was supported by a deputy manager and a team of care co-ordinators also based at the service's office. The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us about any events or incidents they were required by law to tell us about. They were aware of requirements, following the implementation of the Care Act 2014, under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. One of the local authorities commissioning services from Mears Care Rotherham told us that they found the registered manager to be responsive and a regular attender at provider forums where developments and improvements were discussed.

People using the service told us they knew who the manager was, although some commented that the registered manager was difficult to get hold of.

Staff were informed of changes occurring within the service through staff meetings, one to one sessions with their line managers, regular memo's and newsletters. We saw evidence that meetings occurred regularly and were documented, and staff were able to raise concerns or suggestions during these meetings.

Staff communication appeared to be effective, and staff had four one to one sessions per year with a line manager. This included formal one to one meetings, quality checks during care visits and an annual appraisal.

There was a comprehensive quality assurance system which provided detailed information about the quality of care provided and how effectively the service was operating. This system monitored incidents, complaints and concerns, and produced regular reports which showed the performance of the service and any areas for improvement.

The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager and staff in various areas such as care documentation, health and safety, safeguarding, staff files and training.

One of the areas where auditing and monitoring had been increased in recent months had been around medicines. We saw that this had included very close monitoring of records, memo's to staff and discussions within staff meetings and one to ones. However, we identified shortfalls within the management of medicines that this increased auditing had failed to identify, indicating that the audit lacked completeness.

People's care records and staff personnel records were stored securely which meant people could be assured that their personal information remained confidential.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have appropriate arrangements in place to ensure the safe and proper management of medicines. Regulation 12 (1)(2)(g)