

Mears Care Limited

# Mears Care - Bristol ECHS

## Inspection report

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22 June 2017

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 20 and 22 June 2017 and was an announced inspection. The provider was given 48 hours' notice. At our last inspection in April 2015 the service was rated as Good. At this inspection, we rated the service as Outstanding.

The service provides personal care to people living in an extra care housing scheme. People live in their own flats within the complex and staff are based on site to deliver their commissioned care packages. The service also provides personal care to people in their own homes within a small radius of the office. Throughout the report we refer to the extra care housing scheme as ECHS and those people receiving care in their homes outside of the complex are described as receiving 'domiciliary care'. This is how staff distinguished between the two aspects of the service.

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. 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.

We found the service to be very well led. The registered manager had embedded a strong person centred ethos throughout the service. This was reflected in the Customer Service Excellence (CSE) accreditation that the registered manager had been part of achieving. We found clear examples of how this approach to care had impacted on people. For one person, the registered manager had supported them to make contact with family that lived abroad and this had resulted in family flying over to attend the person's birthday.

Staff and other professionals spoke very highly of the registered manager and gave positive feedback about their approach to caring for people. The registered manager told us they were passionate about providing social and community engagement opportunities for people they supported and this was evident throughout our inspection. The registered manager was innovative and proactive in their approach to finding ways to enhance people's lives through social activities. This was achieved through applying for and being awarded funding; this included a grant from the National Lottery to provide community activities for people. The impact of these opportunities was clear for people as they told us about the difference this had made to their lives.

The service often went above and beyond their contractual obligations to ensure people had a good quality of care. This was evident in feedback we received and the feedback we viewed from the service's own quality monitoring measures. Comments included, "We would like to say a special thank you to X (staff) and X (staff) who were with him at the end. The way they handled their job was above and beyond and earned the love and respect of our whole family". Another comment was "Thank you so much for all the love and care you have given to mum and as a family. You really have gone above and beyond".

People receiving support from the service were safe. There were sufficient numbers of staff to meet their needs and ensure their calls happened at the right times. There were processes in place to ensure people

received their medicines as prescribed.

Staff had good links with healthcare professionals to ensure people's health needs were met. People had clear information in their support plans about their dietary needs.

Staff received good training and support and their performance was monitored. This included senior staff undertaking 'spot check' of care staff carrying out care, to ensure this was done safely and in a person centred way.

## 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.

People received safe support with their medicines.

There were sufficient numbers of staff to ensure people's needs were met across the service.

There were risk assessments in place to guide staff in providing safe support.

### Is the service effective?

Good 

The service was effective.

Staff worked well with healthcare professionals to ensure people's health needs were met.

Staff were aware of and worked within the principles of the MCA.

People received support with their nutritional needs when required.

### Is the service caring?

Outstanding 

The service was very caring.

Staff went above and beyond expectations to ensure people received good care.

People were involved in planning and reviewing their own care.

### Is the service responsive?

Outstanding 

The service was exceptionally responsive to people's needs.

The service went the 'extra mile' to ensure people had the opportunity to socialise and make links with the community.

The service was person centred and flexible according to people's needs.

## Is the service well-led?

The service was very well-led.

The registered manager had been part of the organisation achieving a 'Customer Service Excellence' accreditation.

Staff and other professionals involved with the service spoke in very positive terms about the registered manager.

There was a culture of continual improvement within the service.

Good 

# Mears Care - Bristol ECHS

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014.

This inspection took place on 20 and 22 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure there would be someone available to support our inspection.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed information we held about the service including the Provider Information Return (PIR). This is a form that the provider completes to tell us about what they do well and what they wish to improve. We also looked at notifications. Notifications are information about specific events the provider is required to send us by law.

As part of our inspection we spoke with 14 people using the service, or their relatives. We spoke with five care staff, the coordinator for domiciliary care and the registered manager. We also received feedback from two professionals involved in the service.

We reviewed care records for five people and looked at other records relating to the running of the service such as quality monitoring, staff recruitment and supervision records and records relating to an accreditation received by the service.

## Is the service safe?

### Our findings

The service was safe. We noted that one person commented on a feedback survey "when I have an emergency or need someone to come they always reply to my call which makes me feel safe". Another person we spoke to told us that due to a medical condition they had, there had been a number of occasions when they had needed to summon emergency support. They showed us the equipment they used to call for staff, which they carried on their person and confirmed that any time they had needed to, staff had come quickly. People also confirmed that staff arrived on time and stayed for the expected time. Comments included "They are pretty good, come on time, stay for the time and do all they should", "sometimes they go over time, brilliant" and "They are always in the building- just come in on spec to make sure I'm OK".

There were sufficient numbers of staff to meet people's need and ensure that all calls were covered. Staff confirmed that when anyone had to take unplanned leave, their shifts were covered and so no agency staff were used. This provided continuity of care for people and enabled them to build positive relationships with staff. Staff completed time sheets to record when they had completed a visit, so that this could be monitored. Nobody we spoke with raised any concerns about missed or late visits and in some cases, told us that staff stayed over their allotted time to ensure the person's wellbeing.

People received safe support with their medicines. There was information about the level of support people required with their medicine from commissioners and this was used to inform people's support plans. We did discuss with the registered manager how sometimes the support described by commissioners didn't always reflect the level of support a person actually required. However staff told us that support with medicines was closely monitored at the onset of a new package of care and any discrepancies would be identified and discussed with commissioners if necessary.

Most people receiving support with their medicines had their medicines arrive from the pharmacy in a dosette box. The dosette box came prepared with a list of the medicines and a description of what individual medicines looked like so that staff could identify them. Where staff were administering medicines for people, staff recorded this on a Medicine Administration Record (MAR). Where medicines were being given from a pharmacy prepared dosette box, staff recorded that the contents of the box had been administered; there was a list kept of the contents of the dosette box so that this could be cross referenced.

At our last inspection we found that staff weren't following the provider's medicine policy for returning unused medicines because they weren't obtaining a receipt from the pharmacy. This had been addressed at this inspection and we saw that any medicines returned to the pharmacy were logged and the log stamped by the pharmacist to confirm it was accurate.

There were risk assessments in place to guide staff in providing safe support for people. Where a risk was identified, measures were in place to identify what needed to be done to ensure the person's safety. For example, the risks associated with moving and handling were identified and for any equipment a person used. Measures to keep a person who used an electric wheelchair safe, included checking that brakes were

on and checking that there were no loose wires or fixtures. For those people receiving care in their own homes, there were risk assessments in place to identify any hazards in the environment; for one person this included steep steps leading up to the house.

Any incident and accidents were recorded on a form. The form recorded how the accident happened, any injuries sustained and any first aid that had been given. The registered manager told us these forms were used to monitor how well people's packages of care were working. For example, if a person had experienced a number of falls, the package of care would be reviewed and discussed with commissioners to look at whether extra support was required.

Staff were trained in safeguarding vulnerable adults and confident about reporting any concerns or issues they had about people. It was evident from the registered manager's records that the local authority had been contacted when staff had raised any concerns about a person and the Care Quality Commission had been notified. Staff understood the term 'whistleblowing'. This is the procedure for reporting bad or concerning practice in the workplace. Staff all felt confident about reporting any issues to the registered manager but were aware that they could go to other organisations if they needed to. Staff were aware of where to find policies and procedures to support them if they were required. Staff told us they were given handbooks with information contained in them about what to do if they had to report concerns.

There were systems in place to ensure new staff were safe and suitable for their role. This included carrying out a Disclosure and Barring Service (DBS) check. This check identifies whether a person is barred from working with vulnerable adults and whether they have any other convictions that might affect their suitability. References from previous employment were also obtained as a further check. There was photographic identification on staff files as is required by law.

## Is the service effective?

### Our findings

The service was effective. People were supported by staff who were well trained and supported in their roles. Staff were positive about the training opportunities they had and told us important topics were refreshed on a regular basis. This gave staff opportunity to ensure their knowledge was up to date. We reviewed staff files and saw that training included areas such as safeguarding vulnerable adults, dementia care and health and safety. Staff received an annual appraisal as an opportunity to discuss their performance and development and any training needs for the coming year. Staff told us that they were encouraged to follow any particular interests they had and this would be supported. Eight staff had recently been enrolled on an 'end of life' training programme.

The registered manager told us that new staff to the service completed the Care Certificate. The Care Certificate represents the minimum standards that all staff working in the care sector should meet. We saw evidence that staff had completed this in their files. Staff confirmed they received regular supervision so that they had opportunity to review their performance on an ongoing basis. This included senior staff undertaking 'spot checks' of care workers when they attended people's flats or people's own homes if they were receiving domiciliary care.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA). The 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 Act 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.

We noted that people had a mental capacity assessment in their care files. The registered manager explained that this was intended as an assessment of people's ability to consent to their care arrangements and provide a 'base line' of people's ability to make decisions. We discussed how one of the principles of the MCA is to assume capacity and therefore the form wasn't necessary for every individual using the service. The registered manager was aware that assessments were decision specific and staff had good awareness of the Act, so this form didn't impact on people's rights. However, we did discuss other ways of highlighting people's ability to make decisions, such as incorporating this information in to their support plans. Staff told us how they put the principles of the MCA in to practice by giving people choices when they supported them. We also noted that on MAR sheets and in daily records, it was recorded where people had declined medicine or food and drink. This reflected that people were making their own decisions on day to day aspects of their support.

Not everyone required support with their eating and drinking. For people in the ECHS there was a dining area within the scheme that they could attend if they chose to do so. There was information in people's support plans about any dietary needs they had such as a diet suitable for people with diabetes and whether they needed support to eat more healthily. Staff working in the domiciliary care service told us they had experience of supporting a person with a percutaneous endoscopic gastrostomy (PEG) tube. This is a specialist means of receiving nutrition and fluids through a tube. Staff told us they had been given training

to be able to support with this, through nurses at the local hospital. Staff weren't able to carry out calls for anyone with this particular need unless they had undertaken the appropriate training.

Staff worked well with other health and social care professionals to ensure people's health needs were met. We spoke with one professional during our inspection who felt that good working relationships had been built. They told us staff contacted them appropriately and had a good knowledge of people's health needs. For one person in the ECHS, we noted in a review that staff had supported them to register with a dentist and optician. The registered manager told us that prior to this, the person had not seen a dentist or optician for a number of years. We also saw an email exchange with a healthcare professional who commented 'great news about X's health, it is all down to your good practice'.

## Is the service caring?

### Our findings

People who used the service benefitted from a staff team who were kind and caring. Comments from people included "They are very polite and kind and always arrive on time", "Kind caring, polite and very efficient" and "they are very friendly". We observed throughout our inspection that staff and people living at the ECHS interacted positively together, sharing laughter and staff showing interest in what people wanted to talk about. There was a pleasant atmosphere throughout our inspection with people meeting to join in activities and enjoy meals together.

The service received a number of thank you cards. Comments contained in them included; "We would like to say a special thank you to X (staff) and X (staff) who were with him at the end. The way they handled their job was above and beyond and earned the love and respect of our whole family". Another comment was "Thank you so much for all the love and care you have given to mum and as a family. You really have gone above and beyond". The willingness to go 'above and beyond' what was expected of the service, was evident for one person who had been supported to make contact with family abroad. Prior to arriving at the ECHS, contact with the family had been sparse but as a result of the registered manager's support, a member of the family had flown over to attend the person's 80th birthday. It was clear from email exchanges that the family had been given support to find accommodation during their stay, including being offered a room at the ECHS. We saw that the relative had thanked the registered manager for their 'attention and concern'. This person also, had found the transition to moving to the ECHS quite difficult and so staff had been involved in the move from the beginning, and as a result of the support they'd received had settled quickly in to their new home.

There was a strong person-centred approach to providing care within the service that was flexible according to people's needs. One person told us how they had a period of illness recently and staff had been able to adapt their support around this. A health professional visiting the service told us about a person they supported who had a particular mental health condition. They told us that staff had recognised when this person was becoming anxious and put in strategies to help them cope, such as putting them in contact with a debt advisor. This was an example of staff going the extra mile to ensure the wellbeing of people they supported. This professional also commented on how staff found ways to work around any problems that came up. They gave the example of someone who needed medication urgently but weren't able to collect the prescription for themselves. The registered manager organised for staff to collect the prescription on the person's behalf. This meant the person had their medicine when they needed it and without a delay that may have impacted on their health.

Although it wasn't part of their contracted service to provide social activities for the people they supported, people's birthday's at the ECHS were celebrated if they wished them to be. One person had a friendship that was particularly important to them and the registered manager had supported this relationship to be maintained by making email contact with the friend and letting them know the telephone number for the person's flat.

There was an expectation that staff would use any spare time they had to interact and engage with people.

Spare time might become available for example, if a person at the ECHS was in hospital and so didn't require their usual support package. During our inspection we observed staff stopping to talk with people in the communal areas of the ECHS and engaging in activities such as drawing together. We also saw staff lead activities such as a 'play your cards right' game which people evidently enjoyed and all contributed to a positive caring community. This was over and above the contracted expectations of people's support packages. This approach encouraged friendships between people living in the complex; we noted how people were on first name terms with each other and used the communal areas of the complex to meet and chat.

People and their relatives were involved in planning their care and reviewing it on a regular basis. This ensured that people had regular opportunity to make their views or any concerns they had known. Staff worked with people and their families to ensure they discussed particular tasks and who would be responsible for them. For example, some people had family members who were regularly involved and able to carry out tasks such as opening letters and making appointments. Other people needed more support and this was identified in a chart completed by staff.

People told us that staff treated them with dignity and respect and made sure they had privacy when personal care was being delivered. Comments included; "they always keep bathroom door and bedroom door closed, yes very polite" and "always polite and cheerful and respectful".

## Is the service responsive?

### Our findings

People were positive about the service they received and it was clear that for some it exceeded expectation. One person told us, "I cannot speak more highly of them. They are all aware of (name) self-harming and will sit and chat when I need them to. Sometimes they can spend half an hour over time and never moan", other comments included "they go out of their way" and "I'm very happy with them, don't know what I would do without them".

The registered manager told us they were passionate about providing opportunities for social engagement for the people they supported and this was evident throughout our inspection. Although support with social engagement was not commissioned for everyone in the ECHS, the registered manager was proactive and innovative in making links with the community that had a clear benefit for everyone; both those people living in the housing scheme and those receiving care in their own homes as well as the wider community. The ECHS had become a focal point for the local area and this enhanced the quality of life for all concerned. People receiving care from the domiciliary service were encouraged to take part in activities and events taking place at the ECHS and this had a clear impact on addressing social isolation within the community. We spoke with one person receiving a domiciliary service who attended the ECHS twice weekly. They told us that being able to attend the ECHS "changed my life" and went on to describe how they had made a particularly good friendship through attending the ECHS. This person described staff as "angels" and said "I love every single one". They told us that their life would be significantly impaired if their support from Mears was ever taken away.

People living in the ECHS were empowered to take responsibility and make decisions about aspects of their lives within the scheme. The registered manager had facilitated a social group of people receiving support from the service, to make a lottery bid for funding. The group had applied for and been successful in obtaining a grant from the National Lottery to support social and community activities. The group had decided on the events they wanted to use the money for and this had included a community open day. The day had attracted a significant number of visitors and been a big success. As a result, 12 people within the local area had made links with the service and visited on a regular basis. Further planned events included a 'music week' and people in the community could attend this if they wished. Again, events such as this provided opportunity for people to forge relationships and to feel a part of the local community. We spoke with one of the group of people involved in the organising social group. They told us how much they had enjoyed being part of this. The registered manager told us that the group had had a positive effect on people's self-esteem.

The registered manager had also been successful in obtaining grants to enable them to take part in a project alongside Bristol University. The project was called the 'Parlours of Wonder'. The leaflet for the project stated '...we hope to work with you to create and develop a new space of discovery, connection, meaning making and mystery in your care setting in which older people, carers, local community members and families can connect with each other'. We saw the space that had been created within the scheme and this included memorabilia items such as old telephones, a record player and LPs. The registered manager told us the space had been used to invite local school children to come in and work with people on

electronic tablets. Through this project, people had been supported to make books about themselves and their lives. A professional who was involved in this project commented about the registered manager; 'Although she is increasingly under financial pressure with very little funding to provide activities for residents she will always look for ways to make this happen. (The manager) really understands the value of this kind of work and how it can impact on the quality of life of residents.'

Local school children and people in the ECHS had also been involved in the 'paint pals' project, which involved coming to the service to complete art projects together. Other projects included a volunteer shop that was held at the service two days a week. This allowed opportunity for people to make purchases for themselves if they weren't able to get to local shops. As well as providing links with the community, this enabled people to remain independent with their shopping. We saw the shop being used during our inspection and was clearly of value to people living within the housing scheme. The registered manager had applied for funding too from the 'Mears Foundation Trust' to enable people from both the ECHS and those receiving domiciliary care, to take part in organised activities. Two such events had taken place; this included a trip to a local town and afternoon tea.

The range of social and community projects available for people to become part of reflected a significant effort on the part of the registered manager, staff and people using the service. This was an exceptional aspect of the service and greatly enhanced the lives of people receiving support.

When a new package of care was commenced, an assessment was carried out with the person concerned and their family, if they wished to be involved. This provided opportunity to identify any discrepancies in what support had been commissioned and what the service felt the person needed. The person's care would then be reviewed after 14 days to monitor how well support was working and whether any changes were required. The package of care was then reviewed on a six monthly basis, or when required, to ensure it continued to meet people's needs.

Care plans were person centred and gave clear information about the person's needs and preferences. For one person we read about a pet that was particularly important to them; there was information in the person's care file about what needed to be done to maintain the pet's health and how staff would support this. Care of the pet was incorporated in to the description of what staff needed to do when supporting this person, including when the pet needed to be fed. This clearly acknowledged how important the pet was to the person concerned.

There was a keyworker system in place within the ECHS. A key worker is a member of staff with particular responsibility for the wellbeing of a person they were supporting. Staff confirmed that they were given time to be able to carry out this role effectively. 1:1 time between people and their keyworker was scheduled in on a monthly basis.

People were able to make complaints and could be assured that when they did so, concerns would be fully investigated. We viewed the response to one complaint that had raised a concern about a breach of confidentiality. It was clear from the response, that a full investigation had been carried out and disciplinary action taken as a result. Most people we spoke with had had no need to raise concerns but felt confident about doing so, should the need arise.

## Is the service well-led?

### Our findings

The service was very well-led. There was a registered manager in post who was supported by a coordinator responsible for the domiciliary care aspect of the service. There were also senior carers who took on responsibilities such as checking medicine charts and carrying out risk assessments.

There was a clear focus on achieving high standards and a desire to continually improve. In April 2017, since our last inspection the registered manager had been involved in Mears achieving the Customer Service Excellence accreditation (CSE). This accreditation involved being judged in five areas; customer insight, the culture of the organisation, information and access and delivery. The accreditation reflected how well the service focused on people's individual needs and how staff went to great lengths to ensure people's wellbeing. The impact of the strong focus on people's wellbeing was reflected in the feedback given by one person as part of the accreditation; "the carers here are beyond description, they look after you so well, a lovely smile, a cheerful good morning and in the evening you feel cared for but we also have laughs in between". The registered manager had a track record of innovation in their approach to providing care. This was evident in the projects outlined in the responsive section of this report.

The registered manager told us that in the past they had been part of a forum for ECHS in the area and had found this useful to be in contact with other managers. The forum had lapsed but the registered manager told us they wished to reinstate this as a means of sharing best practice and ideas. In their PIR, the registered manager told us they were a representative for Mears at the ECH partners meeting with Bristol City Council. We saw meetings of these minutes that confirmed the registered manager had attended and been involved in issues such as the development of new contracts for ECHS' across the region.

The ability to identify barriers to an effective service and make improvements was evident throughout the staff team. The coordinator for domiciliary care told us that the system for receiving and acting on issues raised by staff on visits was becoming unmanageable because staff were phoning in and reporting issues verbally. This meant there was a risk of issues not being followed up. Because of this a new form had been introduced for staff to fill out and capture any concerns and bring back to the office. This was already proving beneficial and provided a clear audit trail of what the service were doing when they were concerned about a person they supported. In one example, we saw the form had been used to identify that a person wasn't safe using the stairs in their home because there were no rails. As a result the service had made a referral to the occupational therapy service. The registered manager had also devised a 'keyworker task list' for staff to record the support they had given to people. We saw this form in use in people's files and have referred to its use under the caring section of this report.

One professional who had been involved with the service through a project to enhance the social opportunities for people, told us 'We have worked with Blaise Weston Court (the name of the ECHS) for some time now and have found the care manager to be completely brilliant. It is her creative approach to care and her willingness to try to do things differently that makes a huge difference'. Another health professional told us they were "very impressed" with the registered manager and commented on the good working relationship that had been formed.

Staff spoke positively about the management team. All staff felt confident and able to raise any issues or concerns with the registered manager and other senior staff. This encouraged an open and transparent culture within the service where staff were encouraged to bring their views and opinions to the management team. During our inspection, we observed the 'open door' policy in practice. Staff and people from the service frequently visited the registered manager's office. We also observed that the registered manager took time to speak with people and knew them individually. Staff commented on how they appreciated how the registered manager undertook care visits when they needed to, for example to cover staff sickness. This ensured that the registered manager was visible and approachable for people using the service.

One member of staff commented on how the registered manager always passed on positive feedback from people about the support they had given and how this made them feel appreciated. Another member of staff talked about how their confidence had grown in the time they had worked at the service due to the support they had received from the registered manager and the rest of the staff team.

Staff meetings were held to share important information about the service and staff were all positive about the team they worked in. They told us handovers took place to share important information and these were effective in ensuring that key information was shared.

The organisation had a clear set of values and behaviours and these were clearly embedded in staff's approach to providing care. One of the values was about 'empowering'. One member of staff told us about a person they worked with who had significant physical disabilities that meant they were limited in how much of their own care routines they could manage independently. Staff told us how they encouraged the person to carry out the aspects of their routine they could do, for example by holding out cream for the person to apply to their face.

There were systems in place to monitor the quality of the service provided. This included care file audits, checks on MAR charts when they were returned to the office and surveys to gather feedback from people who used the service. The latest survey results reflected that people were happy with the service and it met their needs. Out of 40 responses to the survey, we noted that 31 considered the quality of care to be either 'very good' or 'outstanding'. When asked about how well the service was meeting their needs, 27 people responded with 'very good' or 'outstanding'. This reflected the high quality of care that had been embedded within the service. Comments from the survey included "nothing is too much trouble", "I cannot fault the service" and "coming to ECHS has changed my life".