

Mears Care Limited

# Mears Care South Gloucestershire

## Inspection report

Suite A1, The White House  
Forest Road, Kingswood  
Bristol  
BS15 8DH

Tel: 03333218297  
Website: [www.mearshomecare.co.uk](http://www.mearshomecare.co.uk)

Date of inspection visit:  
05 January 2017  
06 January 2017

Date of publication:  
07 February 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 5 and 6 January 2017 and was announced. We gave the registered manager 48 hours notice of the inspection to ensure that the people we needed to meet with were available. This was the first inspection of this service since it was registered in November 2015.

This branch of Mears Care was providing support to 80 people who lived in their own homes, at the time of the inspection. These people lived in South Gloucestershire. The service employed 28 care staff.

There was a registered manager in post at the service. 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.

People said the care they received was safe. They were happy with the care staff who were supporting them. Staff had received safeguarding adults training and knew what to do if there were concerns about a person's welfare. They had also received moving and handling training therefore those people who required assistance to move, were supported safely. Staff were recruited following robust recruitment procedures which meant unsuitable staff could not be employed. Risk assessments were completed and management plans were put in place to manage the risk. Where required people were supported to take their medicines safely.

People received an effective service that met their care and support needs. They received the service they expected and had agreed upon. Staff were knowledgeable about the people they supported and received the appropriate training and support to enable them to undertake their roles effectively. Where identified in the assessment process, people were provided with support to have food and drink. People were supported to access health care services if needed.

People received a caring service. They reported the care staff were kind and caring and were treated with kindness and respect. Staff had good relationships with the people they were supporting. People were involved in having a say about the support they received and how their service was delivered.

People received a service that was responsive to their individual care and support needs. Assessment and care planning processes ensured that each person received the service they needed. Their preferences and choices were respected. People were provided with copies of their plans and knew what service was provided. People were asked to express their views about the service they received and were listened to.

People received a service that was well-led. The registered manager provided good leadership and management for the staff team. Recent changes to the office structure had been as a result of feedback received from people using the service and staff. The quality and safety of the service was regularly monitored and used to make improvements. The service had a plan for making improvements.

## 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 were safeguarded from abuse and staff had a good awareness of safeguarding issues and their responsibilities to protect people from coming to harm. Staff were recruited following safe recruitment procedures.

Risk assessments were completed to ensure people and staff were safe. Medicines were well managed where people needed assistance.

There were sufficient care staff available to meet the needs of people.

### Is the service effective?

Good 

The service was effective.

Staff were well supported and trained to do their jobs which meant people received the service they needed and had agreed to.

Staff were aware of the principles of the Mental Capacity Act (2005). They knew of the importance of gaining people's consent before providing a service.

People were provided with support to have sufficient food and drink where this was part of their care plan. People were assisted to access the health care services they needed and staff monitored their well-being.

### Is the service caring?

Outstanding 

The service was very caring.

People were supported by care staff who were kind and caring. The care staff respected their views and supported them in the way they wanted.

Staff spoke well about the people they were supporting and knew the importance of good working relationships. People were

listened to and their views and opinions were seen as important.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with a service that met their care and support needs. Adjustments to the service were made when people's needs changed. People were provided with a personalised service and this was regularly reviewed.

People were encouraged to have a say about the service they received. People were provided with a copy of the complaints procedure if they needed to raise concerns.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager provided good leadership and management for the staff team. The office staffing structure had been changed to drive through improvements.

Feedback from people who used the service and staff was gathered and where improvements were needed appropriate action was taken to address any issues.

Audits were undertaken to monitor the quality of the service and plan improvements. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

# Mears Care South Gloucestershire

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of Mears Care South Gloucestershire since they had moved to their new location. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has used this type of service in the past.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, the care coordinator and the visiting officer, the regional training officer and five care staff. We spoke with 11 people who were provided with care and support from the service. We looked at five people's care records, six staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

We contacted social care professionals after the inspection and asked them to tell us about their experience of working with the staff from Mears Care South Gloucestershire. They provided us with positive feedback which we have included in the main report.

# Is the service safe?

## Our findings

People told us, "Yes (I feel safe) and I trust the staff. They make me feel safe", "I don't have a problem. I know all the girls who come to me and they are kind to me", "I have a balance problem so when we go shopping, they walk slowly behind me" and "It takes me a while to get going in the morning and she (the carer) respects that".

Staff completed safeguarding adults training as part of the essential training programme they all had to do. They knew and understood what was meant by abuse and what their responsibilities were to keep people safe. The training included a workbook that had to be completed and 'passed'. Those staff we spoke with said they would report any concerns they had about a person's safety to the registered manager or the care coordinator. Staff were aware they could report concerns directly to the police, South Gloucestershire Council and the Care Quality Commission. Details regarding the provider's safeguarding adults policy were included in the staff handbook. This did not contain the relevant telephone numbers that staff could use to report any concerns and some of those we spoke with thought this might be useful. In the evenings and weekends when care staff were working there was an on call person (shared between the registered manager and the care coordinator) who could be called upon if care staff needed advice. The registered manager had completed level two safeguarding training with South Gloucestershire Council and has demonstrated their competence in reporting any safeguarding concerns. The registered manager had raised five safeguarding alerts where there were concerns about a person's welfare and safety and told us on other occasions they had contacted the local authority for advice on whether a safeguarding alert was required.

We checked staff personnel files to ensure the service followed robust recruitment procedures. Appropriate pre-employment checks had been completed and these include written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures ensured the service did not employ unsuitable staff.

In order to ensure the person being supported and the care staff were safe a risk assessment of the person's home was undertaken at the start of service provision. Staff were expected to report any new safety concerns that had not been present at the initial assessment. This meant action could be taken to prevent any accidents, incidences or near-misses. Staff were clear that any accidents or incidents had to be reported and were provided with health and safety guidance in the staff handbook, about how to keep people safe.

Where people needed to be supported by the care staff to move or transfer from one place to another a moving and handling risk assessment was undertaken. A management action plan was completed where people needed to be assisted by the staff. These set out the equipment to be used and the number of staff required. Staff told us if a person was supposed to have been moved by two carers they were never expected to do this on their own. Staff told us the information in the assessments and care plans was sufficient to enable them to undertake tasks safely.

The provider had put together a business continuity plan. This set out the arrangements in place in the case of adverse weather conditions affecting the delivery of the service, IT failure and a reduction in staff availability. The plan contained the contact details for relevant services the registered manager or on-call may need to use.

The service had sufficient staff in order to meet the care and support needs of those people being assisted. The registered manager said new people were not taken on unless the service had the appropriately skilled staff available to meet their needs and the care package. People said staff were available to support them with the tasks detailed on their care plan. On the whole people were provided with the same care staff or at least the smallest number of staff as possible. Those people who had a visit from care staff were supported by more care staff though. People's comments included, "I have my main carer", "I see roughly three to four care staff" and "I have the same person, she is like a daughter to me, very competent". The registered manager told us there had been a problem in the summer months (2016) when a number of visits had been missed, visit times had been shortened and timekeeping was awry. This was because of a reduction in staff availability (leave and sickness). We asked people, as part of this inspection about missed and shortened calls and they did not say this was a current problem.

Before people could be supported with medicines the level of support they needed was assessed and recorded in their care plan. People retained responsibility for their own medicines where possible. All staff received medicine administration training and spot checks were carried out by the coordinator to ensure medicines were administered safely. Staff we spoke with confirmed they had received training and the spot checks had been carried out. We saw a record of these spot checks in staff files. Staff had to complete a medicine record after medicines had been given, these were returned to the office and audited each month by the registered manager. Any discrepancies found were followed up and if necessary care staff were re-trained and had a supervision session. Because of the measures in place people were protected against the risks associated with medicines.

# Is the service effective?

## Our findings

People told us, "The staff do whatever I want doing", "They always ask me if I am happy for them to help me", "She always asks what I want, never takes things for granted" and "I get the help we agreed upon when (named member of staff) came to see me".

Staff told us about the people they supported. They said they looked after some people on a regular basis and others they would visit when they had a slot in their work programme or were doing extra work. Staff said they were given enough information about the people visited and would call in to the office if they needed more information. They also said they would read the care plan kept in the person's home before assisting them.

There was an electronic call monitoring system in place where care staff had to log in and out of calls as they visited people. This meant the office staff would always be able to locate the care staff if they needed to pass on any messages. This system was able to evidence that people received the number and length of calls that had been agreed. The system was monitored by the local authority for those people whose care package had been commissioned by them. They told us they had no concerns about the service provided by Mears Care. The coordinator or other office staff would contact people to tell them if their care visit was going to be late because of traffic or delays at a previous visit.

All new staff completed a week long induction training programme when they joined Mears Care irrespective of whether they had previously worked for other care agencies. The training was delivered by a combination of power point presentations and discussions, dvd's, practical training sessions and work books to complete. The regional trainer had completed a train the trainer course and was therefore qualified to instruct staff on moving and handling procedures.

We were told that not only new staff but the whole team were to complete the Care Certificate training. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career as an adult social care worker. The Care Certificate comprises of 15 modules to ensure workers were suitably trained and able to deliver safe, effective, responsive care. The programme had to be completed over a 12 week period and for new staff this took them up to the end of their probationary period. Care staff we spoke with confirmed these arrangements.

On-going training for all staff was then arranged on an annual basis (some aspects were repeated on a two yearly basis). The programme of mandatory training included moving and handling, safeguarding adults (including the Mental Capacity Act), medicine administration, health and safety and dementia awareness. Staff training records were kept for each staff member. The regional trainer told us that 'person specific' training had also been arranged. For example parkinsons, diabetes, epilepsy and mental health issues. These measures ensured staff had the skills and competencies appropriate to their role.

Staff were encouraged to complete a diploma in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). The registered manager had completed their level five



leadership and management training and was waiting to be awarded the certificate.

Staff were well supported and had regular supervision sessions and team meetings. Those staff we spoke with said they were always welcome to call in to the office and found the registered manager and office staff, helpful, understanding and approachable. The registered manager monitored who attended team meetings but ensured the notes from the meetings were sent to all staff. The last staff meetings were held at the end of November /beginning of December 2016. One staff member told us they always tried to attend the meetings because they got to meet their colleagues and could "get help from more experienced staff if they had a problem".

Staff had completed Mental Capacity Act 2005 (MCA) training and were expected to gain people's verbal consent before starting to provide any assistance. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People we visited told us they were always asked if they were happy with the support to be provided. Staff told us they asked people what they wanted done during that visit and from our discussions with people who used the service, they confirmed they were asked.

People would be provided with assistance to eat and drink where this has been identified as a care need. The level of support the person needed would be recorded in the care plan and agreed. People said, "I have help with my breakfast. They make me my ready-brek", "They prepare a sandwich for me" and "The staff prepares four meals at a time and puts them in the fridge. They are good quality". Staff were expected to report any concerns they had about a person's food and drink intake to the registered manager or the office staff.

People told us the care staff had contacted their GP when necessary. One person had had a fall and another said a member of staff had dealt with a situation "efficiently" and then called a GP. One person told us they had requested an earlier visit on a particular day in order to get ready for a health appointment. Where people were supported by other health and social care professionals, the staff team worked alongside them to make sure people were well looked after. The registered manager and regional trainer told us they would work together with occupational therapy services where there were concerns regarding moving and handling issues. Staff told us they would report any concerns regarding people's health and welfare to the registered manager and would also make a note in the daily records.

## Is the service caring?

### Our findings

People made the following comments when we asked them if the staff treated them nicely. They said, "Oh yes they will close doors when I'm in the shower. I'm a shiver-er. They keep me covered and warm", "Yes they are very respectful", "The staff are always respectful, they close the doors when they help me wash and wait outside the toilet till I am ready" and "I can't fault them". One person told us they had felt "uncomfortable" with one member of staff and would not have her back in her home. The service had respected this person's wishes.

Before a service was set up people were visited by the visiting officer to discuss how the service could support them. Where the care package had been commissioned by the local authority, the service would have obtained a copy of the care assessment however the visiting officer asked people what they needed support with and how they wanted to be looked after. People were asked by what name they preferred to be called and any preferences regarding the gender of the care staff. People were asked about their life history, their occupation and hobbies. The service did this "in order to get to know the person better" and as a means of generating "kind and friendly conversations where the person was at the heart". People's wishes were respected if they did not want to give this information.

The service provided to each person was personalised and based upon their specific care and support needs. People were very much involved in making decision about their care and how the service was delivered. Family, friends or other representatives were involved in setting up the care arrangements where needed. People told us, "My daughter is involved in all decisions", "We have had regular reviews- every six months", "Mostly they listen to me and act on what I ask of them" and "They have discussed my care package with me, they asked if I understood".

Staff spoke about the people they were supporting in a caring and respectful manner. They knew them well and what support they needed. It was evident from the discussions we had with people who used the service that they were treated with respect and dignity. Staff demonstrated respect for people's dignity and had signed up to the provider's confidentiality policy.

Staff showed concern for people's well-being in a caring and meaningful way. The registered manager told us the care staff had delivered Christmas hampers to 13 people they supported. These people had been identified as not having much to celebrate with and the staff team had wanted to enhance their Christmas. We saw a letter that had been sent from one person thanking the staff for the hamper. Staff were thanked for "the care and support and looking after me".

The registered manager also told us about the Mears Care community and volunteering initiative. This was where the staff team supported people outside of their job role in order to enhance their life. Staff who had improved the well being of a person using the service could be nominated for a Mears Smile award. One example was where staff had assisted a person to keep their front garden tidy so as not to identify their house as belonging to an older vulnerable adult. Other examples included taking a person out for the day, visits to a garden centre and doing a person's hair. The registered manager told us there was a budget to meet the

costs of providing this service.

The registered manager kept a log of any thank you letters and cards. These are an example of a few of the comments made: "My brother and I are so pleased you are able to support dad on a regular basis. He is delighted with the lady who comes", "Mum is very pleased with the high standard of care you deliver" and "Mr (named person) commented on how lovely the carers were and said he couldn't wish for better carers".

People told us the service generally told them who was going to be covering each of the calls. They were sent a copy of the next weeks plan. This meant that people always knew who was going to support them. These arrangements were changed if there was last minute sickness, or a member of staff had been delayed on a previous call. People said, "They call from the office and tell us if the carers is going to be late" and "If my carer is late I worry, so I call the office and they tell me why. It would be good if they rang me". We discussed with the office staff and were told that some people phone in if the care staff were only a couple of minutes late.

Mears Care, the provider, valued their employees. The registered manager told us about examples of how Mears Care 'cared'. Each branch was able to nominate a 'Carer of the Month'. The last carer of the month had received the award because of extra hours they had put in to assist a person using the service with a specific task. Mears Care also had a confidential helpline for employees who needed advice and guidance on work and personal issues. Each year the provider arranged a 'Mears Family Day'. This year it was at Alton Towers and all employees were invited.

## Is the service responsive?

### Our findings

We asked people if the service they were provided with was responsive to their specific needs. People told us they received the service they expected. They said, "They come and do a re-assessment every six months", "I was asked what help I needed initially and then during the reviews. Everything has been explained" and "They asked me lots of questions when they put the plan together and they have reviewed it regularly".

We looked at care records in the office and were told an exact copy of the assessment, care plan and weekly timetable was kept in people's home, in their care file. The assessments were in-depth and provided an overall picture of the person, their care and support needs and any support they received from others. Each person was provided with a tailor-made service that met their specific needs. The assessments recorded a good level of detail and the care plans were clear and well structured. A weekly timetable of support showed the times during the week when a service was to be provided and 'details of my support routine' listed the tasks the care staff were expected to complete. People had signed their agreement to the care plans.

People were provided with a care file and this contained a copy of the provider's statement of purpose, service users guide, the out-of-hours contact details and the complaints procedure. People told us, "If I had any concerns I would ring up the senior staff but I haven't needed to complain", "I have complained to the office about timing. I am insulin dependent and have to eat regularly", "I would contact the carers office" and "When I have contacted the office they have dealt with any issues. Nothing serious though".

Following a new service being set up the person was telephoned after the first couple of calls to make sure everything was alright. The care package was then reviewed after a four to six week period, then on a six monthly basis. People we spoke with confirmed these arrangements. These measures ensured that the service people received was appropriate to their needs. One person told us the level of service they were provided with had reduced as their health had improved. Care plans were adjusted and rewritten as necessary. The registered manager said the visiting officer would reassess people's care and support needs as often as was necessary. Staff were expected to report any changes in people's care, support and health needs to the office.

People were encouraged to respond and tell Mears Care how they thought about the service they were provided with. Satisfaction surveys were sent out on a yearly basis and people were asked to comment on the quality of the service, communication with the office, the care staff, and whether they were listened to for example. The last satisfaction survey had been completed in June 2016 and a report had been prepared on the findings. One hundred and fifty-two surveys had been sent out and 126 were returned. The majority of responses were outstanding, very good or good. An improvement action plan was written to show the planned improvements in five areas. The registered manager had already implemented the improvements – these included introduction of customer service training (we saw evidence in staff training files of this having been completed), changes in language that people will understand, and improved communication methods.

The registered manager informed us there had been one formal complaint received in the last 12 months, however records evidenced there had been three. Appropriate action had been taken with all three complaints. The complaints had been resolved and were dealt with as per their complaints procedure. Although we were concerned that the registered manager had thought there was only one complaint, the provider had already introduced a new electronic programme to log any complaints. The most recent complaint (December 2016) had been logged in the system. The system enabled head office and the regional manager to follow up that appropriate actions had been taken. The registered manager said they acted upon complaints quickly in order to put things right and "seek to learn from mistakes to avoid recurrence. The Care Quality Commission have received no complaints about this service.

## Is the service well-led?

### Our findings

On the whole people were satisfied with the service they received. Their comments indicated the service was well-led. Some people said they had been visited by a senior person to review their care, others had not. There were also different responses from people about being asked to comment about the service they received. People described the care staff as "top notch", "very good" and "good and helpful" but thought communication with and from the office could be better. This had been discussed with the registered manager during the inspection and the new staff structure and customer services training had been introduced to remedy this. One person said they would recommend the service to others and another said they had had trouble with a care agency but Mears Care were good.

Staff said the service was well-led and they would recommend Mears care as an employer to their friends and family. The registered manager had just completed the level five leadership and management qualification and provided good leadership.

There had recently been changes to the office staffing structure and the registered manager said these had had a positive impact. The registered manager led the team for the South Gloucestershire branch and the Bristol branch of Mears Care run from the same office. Each of the branches had a coordinator who arranged the day to day work of the care staff. A visiting officer covered both branches and did the new assessments and care plan review visits. This was the office structure however the registered manager was keen for the three staff members to be able to cover each other and know how to do their jobs. There were other office staff including an administrator who monitored the electronic call monitoring system, and a human resources officer. A recruitment officer was due to join the staff team later in 2017. This meant there was a good staff structure in place to ensure that the service provided was as planned.

All staff said the registered manager was approachable. There was an on-call system for management support and advice out of hours and staff said this worked well. Staff told us that they were able to make suggestions about staff visit plans for example.

Staff meetings were held on a three monthly basis but staff were able to call in to the office at any time to discuss any matters or to report changes. The registered manager attended regional meetings with their manager and other branch managers and a larger area meeting on a yearly basis. These meetings enabled the registered manager to share what had gone well and not so well with the other managers and to learn from the other managers. Outcomes of Care Quality Commission inspections were shared so that remedial action could be taken when breaches had been identified in other branches.

The provider expected each branch office to complete regular audits. A health and safety audit had been completed to ensure the safety of the premises for staff to work in. The registered manager told us they were waiting for some improvements to be made to the main door as the intercom system was broken. The Mears Care quality team completed a full audit of the service based upon the Care Quality Commission five questions, Is the service safe, effective, caring, responsive and well-led?. The last audit had picked up the need for risk assessment processes to be more detailed as the ones seen had been tick-box only. Those risk

assessments were seen to have a good level of detail with added comments recorded by the assessor. Action plans were followed up by the quality team.

The registered manager audited all daily record and medicine administration records as they were returned to the office for storage and referred to the results of the audits with individual staff members and in team meetings. The registered manager recorded any accidents and incidents, complaints and safeguarding alerts electronically and analysed the results for trends. This enabled them to make improvements and prevent reoccurrences.

Mears Care used a process of satisfaction surveys to gather feedback from people who used the service and also the staff who worked for them. The registered manager and provider had taken action in response to feedback from both surveys. This evidences the provider listens to what people and staff have to say and takes action where possible.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the last 12 months the registered manager had only needed to submit safeguarding notifications to CQC to make us aware of concerns they had raised with the local authority regarding the safety and welfare of a person.

All policies and procedures were kept under regular review. Key policies, for example safeguarding adults, lone working, health and safety and moving and handling for example, were included in the staff handbook given to all care staff.