Mears Care Limited

Mears Care - Greenwich

Inspection report

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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

This announced inspection took place on 16 and 17 November 2016. We told the registered manager that we would be coming two days before our visit, as we wanted to make sure senior staff would be available. At our last inspection on 28 August and 02 September 2014 the service was meeting all the legal requirements we inspected.

Mears Care – Greenwich provides support, including personal care to people in three extra care housing schemes in the Royal Borough of Greenwich. At the time of our inspection there were over 160 people receiving support by the service.

There was a registered manager in post who had been registered in September 2016. 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.

At this inspection we identified a breach of regulations because the provider's recruitment processes had not always been properly followed and sufficient checks had not been made to ensure that applying staff were of good character. We also identified a further breach because the systems in place to monitor the quality and safety of the service were not always effective in identifying issues or driving improvements. You can see the action we have asked the provider to take at the back of the full version of this report.

We found that there were sufficient numbers of staff on duty, although improvement was required to ensure they were deployed effectively to support people safely. Risks to people had been assessed and staff were aware of the action to take to minimise identified risks. However, improvement was required to ensure people's risk assessments were consistently reviewed in line with the provider's policy.

People told us they were supported to take their medicines appropriately and records confirmed people received their medicines as prescribed, although further improvement was required to ensure people's medicines administration records included information about the reasons why people had not always taken 'as required' medicines.

People were protected from the risk of abuse because staff had received training and were aware of the action to take if they suspected abuse had occurred. There were procedures in place to deal with emergencies. Staff received training and supervision in support of their roles. They were aware of the importance of seeking consent from people when offering them support and told us people had capacity to make decisions about their care. There were arrangements to comply with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet where this was part of their assessed needs. They were also supported to access healthcare services where required. Staff treated people with dignity and

respected their privacy. People were involved in day to day decisions about their care and told us staff treated them with kindness and consideration.

People's needs were assessed and care provided in line with their individual needs and preferences. The provider had a complaints procedure in place. People told us they knew how to raise concerns and had confidence that any issues they raised would be addressed.

People and staff spoke highly of the registered manager and told us the service was well run. The registered manager encouraged staff to work in a positive and open culture and was available to provide support when needed. The provider had systems in place to enable people to offer feedback about the service to help drive 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?

Requires Improvement

The service was not always safe.

Appropriate recruitment checks had not always been carried out on staff before they started work to ensure they were of good character.

There were sufficient staff on duty to people's needs but improvement was required to ensure they were consistently deployed effectively.

Risks to people had been assessed and staff were aware of the action to take to minimise risk. However improvement was required to ensure risk assessments were reviewed on a regular basis.

People received their medicines as prescribed, although improvement was required to ensure information about people's medicines support was properly recorded.

People received their medicines as prescribed, although improvement was required to ensure information about people's medicines support was properly recorded.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and an annual appraisal in support of their roles.

Staff sought consent from people when offering them support. The service had systems in place to comply with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a balanced diet and to access a range of healthcare services when required.

Is the service caring?

Good

The service was caring.

People were treated with care and consideration by staff

People treated with dignity and their privacy was respected.

People were consulted about their support needs and were involved in day to day decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and documented in their care plans. Staff were aware of the need to monitor people's conditions in order to identify any changes in their needs.

The service was responsive to people's individual needs and preferences.

People knew how to make a complaint and information was available to them on how to take further action if they were unhappy with the response they received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements.

Staff and people spoke highly of the registered manager and told us the service was well managed.

The provider had systems in place for receiving and acting on people's feedback.

Mears Care - Greenwich

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.

This inspection took place on 16 and 17 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. The inspection team consisted of a single inspector over both days of the inspection.

Prior to our inspection we reviewed the information we held about the service which included any 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. We contacted the local authority responsible for commissioning the service to obtain their views. The provider had also 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.

During this inspection we visited two of the three extra care housing schemes where the service provides support to people. We spoke with twelve staff, including the registered manager and two scheme managers. We also spoke with thirteen people using the service, two relatives and two health and social care professionals who visited one of the schemes during our inspection. We looked at records including nine people's care plans and risk assessments, eleven staff files, and other records relating to the running of the service including policies and procedures, and minutes from meetings.

Requires Improvement

Is the service safe?

Our findings

The provider had a recruitment process in place when employing new staff, but staff files did not always contain sufficient information to demonstrate that new staff were of good character and suitable for their roles. Records showed that staff had not always provided details of their full employment history, or an explanation for any gaps where requested to do so. For example, one staff member's application only contained details of their work history from the previous three years, despite them being over 40 years old. This had not been followed up to determine whether they had worked prior to this, or whether there were appropriate reasons for them not having been employed.

Staff files contained completed criminal records checks and health questionnaires to help confirm that staff were suitable for the roles they were applying for. However, we also found examples where requested references were missing from staff files, or where references had been completed by friends, even when staff had provided details of previous employment. This meant the provider had not taken sufficient action to ensure robust checks had been made to demonstrate that staff were of good character. Additionally, whilst checks on identification had been made, in one case this did not include a recent photograph to demonstrate the applying staff member was who they claimed to be.

These issues were breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

There were sufficient numbers of staff on duty, although improvement was required to ensure they were deployed effectively to support people safely, in line with their assessed needs. The registered manager and senior staff explained that staffing levels were based on people's assessed needs and could be increased or decreased accordingly. For example, staffing levels in the afternoon at one of the schemes had increased because of changes in the level of support people required.

Twelve of the thirteen people we spoke with confirmed there were enough staff on duty to ensure they received support in line with their assessed needs. One person told us, "The staff know when to come and support me; I get the help I need." Another person said, "There are enough staff, I get my calls OK." Staff we spoke with also confirmed there were sufficient staff on duty during each shift to enable them to support people safely.

However, improvement was required because one person told us they had not received support at two lunchtime visits in the previous two weeks, despite this being part of their planned support. We spoke to the registered manager about this. They confirmed that whilst there may have been some confusion in this case because the person in question was sometimes supported by family members at lunchtime, staff were expected to check in with the person to ensure support was not required. Records we reviewed confirmed that on at least one of the two occasions, staff had not checked in with the person at a lunchtime visit during the previous two weeks which had resulted in them having to manage unsupported. The registered manager confirmed they would follow up on this issue with staff, although we were unable to check on this at the time of our inspection.

Risks to people had been assessed and care was planned to ensure identified risks were minimised. People's records contained risk assessments which covered a range of areas including moving and handling, falls, any health conditions and the environment. We saw guidance in place for staff on how identified risks should be managed, for example how people should be supported when transferring out of bed or when mobilising. Staff we spoke with were aware of people's identified areas of risk and knew the action to take to manage these safely.

Records showed that most people's risk assessments had been reviewed at least annually or when their needs had changed, in line with the provider's policy. However, improvement was required because two people's risk assessments were overdue a review to ensure they remained up to date and reflective of their current needs. The registered manager told us he would arrange for these assessments to be reviewed following our inspection.

There were arrangements in place to deal with emergencies. Staff were aware of the action to take in the event of a medical emergency or fire. People told us they had calls bells which they could use in an emergency to contact staff. One person said, "One night I had a fall and had to use my buzzer; the staff came immediately." Another person told us, "Staff come promptly if I use my buzzer."

People were supported to take their medicines as prescribed where this was part of their assessed needs. One person told us, "Staff help me to take my medicines when I need them; I get them on time." Another person said, "They [staff] make sure I've taken my medicines; there have been no problems."

Staff told us, and records confirmed that they had received training in medicines administration which included an assessment of their competency to ensure they were able to safely support people with their medicines. People's care plans contained information about the level of medicines support they required and included a list of their prescribed medicines, as well as details of any known allergies. The registered manager explained that most medicines were dispensed to the service in monitored dosage systems to help reduce the risks associated with medicines administration.

Medicines Administration Records (MARs) confirmed that people had received their medicines appropriately, as prescribed by healthcare professionals. However improvement was required because staff had not always completed people's MARs to explain why any 'as required' medicines had not been administered when people had declined to take them. Additionally, one person's MAR did not include a body map or any guidance for staff on where one person's prescribed cream should be applied.

People and relatives told us they were happy with the service they received and that they felt safe. One person told us, "I've no worries and feel quite secure; it's a good service." A relative said, "I think the service is safe; overall [their loved one] has been well looked after and I'm confident to leave [their loved one] in the care of staff.

The service had procedures in place to safeguard adults from abuse. The registered manager confirmed he was the safeguarding lead for the service and knew to report any concerns raised by staff to the local safeguarding team and CQC. Staff we spoke with were aware of the different types of abuse that could potentially occur and the action to take in reporting such concerns. One staff member told us, "I've had safeguarding training and would report any concerns I had to the manager. If he wasn't available, I would contact the council's safeguarding team." Staff were also aware of the provider's whistleblowing procedure and told us they were confident to use it if necessary.

Good

Is the service effective?

Our findings

People told us they thought staff had the right skills and training to support them effectively. One person commented, "The staff know what they're doing." Another person said, "I think they [staff] have been well trained; they need to hoist me every day and do a good job."

Staff confirmed received an induction when starting work at the service which included a period of orientation, reviewing policies and procedures, time spent shadowing more experienced colleagues and completing training in key areas. The registered manager confirmed that new staff were also required to complete the Care Certificate which is a nationally recognised qualification in Health and Social Care.

Staff commented positively about the training they received. One staff member told us, "I feel I've had enough training; it's helpful and we get regular updates." Another staff member said, "The training has given me the right skills to do the job." Records showed that most staff were up to date with their training in areas considered mandatory by the provider, and where some staff were due refresher training we saw that this had been scheduled. Training areas included medicines management, safeguarding, moving and handling, food hygiene and infection control. We also saw some staff had completed more specialised training where required, in order to support people's individual needs.

Staff told us, and records confirmed that they were supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "We have regular supervision and the manager is always available if we need support." Another staff member commented, "Supervision is helpful, the manager is very supportive and has been able to give me guidance to resolve any issues I've experienced."

People told us that staff sought their consent when offering them support. One person said, "They [staff] always check that I'm happy with what they're doing." Another person told us, "They ask what I want help with and make sure I'm comfortable." Staff we spoke with were aware of the importance of seeking consent from the people the supported. One staff member said, "We can't force people to do things; it's important to respect their wishes." Another staff member told us, "If someone doesn't want me to do something, I won't do it. We can encourage them, but it's their decision."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us that people had capacity to make specific decisions about their care and treatment and that nobody using the service had been deprived of their liberty. A senior staff member identified one person as having fluctuating capacity with regards to making certain decisions but told us staff supported them to make their own choices. Both the registered manager and senior staff we spoke with were aware of the process to follow should a person lack capacity and require support to make specific decisions in their best interests, in line with the MCA.

People were supported to maintain a balanced diet. People's care plans included information about any specific dietary requirements they had and details of any known food allergies. Staff we spoke with were aware of people's dietary needs and confirmed they supported them accordingly. One person told us, "Yes, staff help me to cook my meals; it's great, I have no complaints." Another person said, "They [staff] help me prepare food on the days I need assistance."

People were supported to maintain good health and access healthcare service when required. They confirmed staff helped them to make appointments to see a GP or community nurse when required, or to arrange transport for them so that they could attend hospital appointments. We spoke with a healthcare professional who was a regular visitor to people in one of the schemes where the service provided support to people and they told us, "The staff are brilliant at keeping us up to date with people's health needs. They provide good support and if we need any help, we get it."

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support they received, and that staff treated them with kindness and consideration. One person said, "The staff are good to talk to and we like to have a laugh together. They're caring and work hard." Another person told us, "They [staff] are friendly and treat me well." A relative commented, "From what I've seen the staff seem to be kind and caring."

We observed staff to be considerate of people's needs when interacting with them during our inspection. Conversations between staff and people were friendly and engaging, and the atmosphere at both of the schemes we visited was comfortable and relaxed. Staff showed a clear interest in people's wellbeing when they sought assistance, and were prompt to support people when needed.

Many of the staff we spoke with had worked at the service for a number of years and it was clear that they had built strong relationships with the people they supported. This was reflected in the positive comments we received from people. For example, one person told us, "All of the staff are good but some are really excellent; they'll go the extra mile."

People were consulted about their support needs and were involved in day to day decisions about their care. One person told us, "My care has been discussed with me. They [staff] follow my care plan but will check and do any extra tasks I ask them to." Another person said, "If I want anything doing, the staff will do it for me; I'm very happy [with their support]." Staff we spoke with told us they sought to offer people choices wherever possible for example in the way in which they supported them with personal care, or when supporting people to prepare meals.

People's diverse needs were taken into account by the service. Staff were aware of the importance of supporting people in accordance with their needs with regards to their disability, race, religion, sexual orientation or gender. One staff member told us, "Everyone here is an individual and we're supportive of their differences; we don't discriminate." Another staff member explained that they were aware to ensure people were up and ready early enough to attend religious services where they wished to do so.

People were treated with dignity and their privacy was respected. One person told us, "Staff always ring and wait for me to answer before coming in." Another person said, "Staff respect my privacy; they don't intrude." A visiting healthcare professional commented, "I visit here almost every day and have only seen staff treat people in a respectful manner; they're always courteous."

Staff we spoke with were aware of the importance of treating people with dignity and described the ways in which the worked to ensure people's privacy was maintained. For example, they told us they made sure people's doors were locked and curtains closed when providing support, and ensured people were covered up as much as possible when supporting them with personal care.

Good

Is the service responsive?

Our findings

People told us that their care requirements had been discussed with them and that the service they received was responsive to their needs. One person said, "The staff support me when needed; if I decide I want to go to bed early, I'll let them know and they'll come and help me at the right time." Another person told us, "I have a care plan which the staff follow, but they'll do extra tasks if I ask them to." People also confirmed that their personal care needs were met by staff, in line with the requirements of their care plans.

People's needs had been assessed and care plans developed prior to them receiving support from the service. All of the people using the service had undergone an initial assessment by the commissioning local authority to ensure they were suitable to receive support within an extra care housing scheme. This assessment had been shared with the provider and records showed they formed the basis for a further assessment conducted by staff to help identify people's individual needs and preferences which were documented in their care plans.

People's care needs were reviewed on at least an annual basis, or more frequently where their needs had changed. The registered manager explained that people were able to discuss any changes to their needs as and when they arose in addition to more formal reviews. Staff we spoke with told us they were aware to monitor people's conditions and report back to senior staff if their needs changed to ensure care plans were updated. People confirmed they were able to talk to staff about changes to their support when needed. One person told us, "We regularly discuss my care and they [staff] have made changes where needed. I'm happy with the support I get."

Staff we spoke with demonstrated a good understanding of people's individual support requirements and preferences. They were aware of people's daily routines and told us they encouraged people to be as independent as possible when supporting them. This was reflected in people's care planning which had focus on what people were able to do for themselves as well as the things they needed support with. People confirmed their independence was promoted. One person said, "I like to do things for myself where I can and staff support this; it varies from day to day."

People and relatives we spoke with confirmed they knew how to make a complaint and felt comfortable raising any issues they had with senior staff. One person said, "If I had any problems I'd talk to the manager; I have confidence he'd sort things out." Another person commented, "I'm very happy here and haven't had any problems, but I'd speak to the manager if I did." A relative told us, "I'm happy with the way any issues we've raised have been dealt with."

The registered manager confirmed that people received a service user guide when they started using the service which included information on how to make a complaint and the action people could take if they were unhappy with the response they received. The service maintained a record of received complaints which included details of any investigation and the provider's response. We saw that complaints had been responded to in a timely manner although one complaint in the previous twelve months had not been responded within the twenty days aimed for by the provider in their complaints policy. However, we noted

that the delay had occurred due to the requirements of the investigation and the issue had been identified with an apology in the complaint response.

Requires Improvement

Is the service well-led?

Our findings

The systems in place to monitor the quality and safety of the service were not always effective in identifying issues or driving improvements. Checks conducted on staff files had not identified the issues we found with gaps in staff employment history having not been explained or explored during the recruitment process. We also noted examples of checks which had identified staff references were in place despite them being not being on file at the time of our inspection.

We also found that regular audits had been made of people's Medicines Administration Records (MARs), but that the action taken where concerns had been identified had not always addressed the issues. For example, we noted that three consecutive monthly audits of one person's MARs had identified an issue with staff not recording a reason for not administering an 'as required' medicine. Senior staff confirmed they had followed up on this issue with staff, but acknowledged that this had not been effective as the issue had continued to occur. In another example, we saw that there had been no audits of people's care planning since May 2016 which would have helped identify when people's risk assessments were due for review.

These issues were breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We spoke to the registered manager about this and he confirmed that as a newly appointed registered manager, he was still in the process of identifying areas which required improvement at the service and that he would address these concerns as part of that review, We were not able to assess the impact of this review at the time of the inspection as it was still in progress. We will assess this at our next inspection of the service.

People told us they thought the service they received was well managed and that they were happy with the service they received. They knew who the registered manager was and told us he was approachable and listened to them. One person said, "He [the registered manager] is friendly and engaging; he does a good job." Another person told us, "The care support is well managed; I'm lucky to be here."

There was a registered manager in post at the time of our inspection; they demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. The registered manager was primarily based at one of the three extra care housing schemes where the service provided support to people. He confirmed there were management teams in place at the other two schemes who reported to him and with whom he was in regular contact. The registered manager also told us he visited each scheme at least once a week and this was confirmed by staff we spoke with. It was also apparent from the registered manager's interactions with people at the two schemes we visited that he was a recognisable presence who was familiar with the needs and interests of the people using the service.

Visiting health and social care professionals confirmed they considered the service to be well run in their experience. One social care professional told us, "The registered manager is new to the role but has worked at all of the schemes and has hit the ground running. I've found him to be very responsive to any issues I've raised and as a regular visitor to the services, I'm happy with the way they are managed." A healthcare

professional commented, "I think the service is well managed; the staff are organised and know what they're doing."

Staff told us the service was well led and that the registered manager and management team provided them with the support and guidance they needed. They also told us the registered manager an open and inclusive culture at the service. One staff member said, "The registered manager does a good job; the service is running well and there's a good focus on team working. We took part in some team building exercises which I think really helped improve the way we work together." Another staff member told us, "Any issues I've brought to his [the registered manager's] attention have been dealt with promptly. His door is always open, if needed."

Staff took part in handover meetings between each shift to share information about people's current support requirements. For example, we sat in on one handover meeting during our inspection where staff discussed one person who had just returned from hospital so that the incoming members of staff on shift were aware that the person required support and that there had been changes to the person's care plan. The management team also held staff meetings to discuss the running of the service and to feedback on any areas identified for improvement.

The provider sought people's views through a range of methods including tenants meetings and conducting surveys. People confirmed that regular meetings were held which they could attend to discuss the service and suggest improvements. Minutes from a recent meeting showed that discussions had included group activities, raising complaints and issues with the environment. We saw that the registered manager had acted in response to feedback from meetings. For example a number of activities had been introduced at the schemes for people to take part in and the registered manager was looking at expanding on this. We also noted that where environmental issues had been raised, these had been fed back to the tenancy provider and addressed.

The registered manager confirmed they were still in the process of reviewing and acting upon the feedback from the most recent survey but had already addressed some of the issues that had been identified. We reviewed a sample of the surveys people had returned which showed they were experiencing positive outcomes from the service they received. Where issues had been raised, we noted that the registered manager had taken action. For example, staff confirmed throughout our inspection that there had been an increased focus on improving communication, which was an area in the survey in which the feedback had been mixed. We also noted that staff were wearing name badges during the inspection which the registered manager confirmed had been an issue he had addressed in response to people's feedback.

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 17 HSCA RA Regulations 2014 Good governance Systems were not always effective in monitoring and mitigating risks to people.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not sufficiently robust to determine whether new staff were of good character.