

Mears Homecare Limited

Colchester Community Care Services DCA

Inspection report

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26 April 2016

27 April 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 20, 26 and 27 April 2016 and was announced. Colchester Community Domiciliary Care Agency is a care agency providing personal care and support to individuals residing in Colchester, Clacton and Ipswich areas. The Ipswich service is primarily a service to individuals with a diagnosis of dementia or those who require palliative care. In total the agency provides support to approximately 180 people and employs 90 staff.

At the time of the inspection there was no registered manager in post but a manager from a nearby service managed by the same provider was providing management cover. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were well supported by the agency and there were systems in place to identify and respond to allegations of abuse. Risks to individuals were identified and managed although some of the risk management plans would benefit from more detail.

People told us that they liked having the same team of carers who knew them and gave them the time that they needed. People spoke positively about the office staff. There were clear arrangements for out of hours support to ensure that emergencies were dealt with promptly and people kept safe. Staff were checked as part of their recruitment to ensure that they were suitable. They were trained and supervised by more experienced colleagues before working independently. Supervisions and spot checks were undertaken to ensure that they were putting their training into practice.

People were supported to maintain a balanced diet and to access healthcare services. They told us that they were supported by friendly, caring staff who promoted their independence. There were systems in place to ascertain people's views about their care and people told us they felt listened to.

Care plans were in place and while they would benefit from further detail, staff knew individuals, their preferences and how they wished to be supported. Complaints were taken seriously and investigated.

The manager was aware of their responsibilities and was supported by a management team. There were a range of systems in place to check on the quality of the care and to drive improvement.

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.

Staff were clear about their responsibilities to report matters of concern and expressed confidence that the agency would respond to issues appropriately.

Risks to people were identified and systems put into place to manage them and reduce the impact on individuals.

Staff's suitability for employment was checked and there were sufficient numbers of staff to keep people safe.

Where people needed support with their medication this was provided by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training and guidance.

People were supported to make decisions about their care.

People were supported with eating and drinking and helped to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were consulted about their needs and their preferences were respected.

Staff knew how to support people to be as independent as possible and promote peoples dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and documented. People had a say in how they were supported and their plan of care was reviewed if changes occurred.

Peoples concerns were taken seriously and they were listened to.

Is the service well-led?

The service was well led.

There was a clear management structure and visible leadership.

There was a quality system in operation which sought the views of people who used the service and identified areas for improvement.

Good ●

Colchester Community Care Services DCA

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.

The inspection took place on the 20, 26 and 27 April 2016 and was announced. The provider was given notice because the service provides a domiciliary care service and we wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of supporting someone who uses this type of care service

Before the inspection we checked the information that we held about the service and the service provider. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. We also looked at statutory notifications sent to us by the service about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we visited five people who were in receipt of care and spoke with them and some of their relatives. We spoke to a further 20 people who used the service and four relatives by telephone. We also spoke with seven care staff and three team leaders about the support they provided. We spoke with the manager, the area manager and a number of office staff, including the training manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the

care records, medicine administration record (MAR) sheets, staff training records, support and employment records, quality assurance audits and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe using the service. One person told us, "They're all nice. They take me out walking every day. I like to go out walking. We also go to a social club for our lunch. Yes I feel safe with them all." Another person told us, "They always make sure I have my trolley with me, they don't let me walk without it."

All staff we spoke with told us that they had received training in recognising and responding to allegations of abuse. One member of staff described their safeguarding of adults training and how they had not realised the scope of abuse. They said this training had helped them understand the impact on people and how to report abuse should they have any concerns. Staff told us that they would have no hesitation in reporting matters of concern to the office and were confident that they would be addressed. Records of concerns were viewed and confirmed that staff raised issues when appropriate and appropriate referrals to the local authority were made. There were systems in place to ensure safe handling of people's finances where this was required, through Essex Guardians There was clear guidance with procedural guidelines for staff in recording financial transactions and obtaining receipts. One individual told us, " They do my shopping for me . . . I always get a receipt."

Risks were identified as part of the care planning and assessment processes. This included environmental risks such as those from bed rails, fire, electrical equipment and flooring. Where risks were identified guidance was given on how they should be managed. For example a person's risk assessment for trips and falls reminded staff to ensure that the person's glasses were cleaned on a regular basis. The risk assessment on diabetes referred to staff preparing meals which were low in sugar and the importance of reporting any issues. The risk assessments however were not always very detailed and the manager told us that this was an area that they had already identified and would be looking at further with staff.

There were sufficient numbers of staff to meet people's needs. Most people told us that they valued the continuity of having a small team of regular carers, which gave them increased confidence about their care. One individual told us, "I have four visits daily, I nearly always have the same ones, and that makes such a difference to me." People told us that staff stayed for the required length of time, and that they did not feel 'rushed' by their carers, even though they understood how busy they were. This was very much appreciated.

The manager told us that the agency did not take on any new packages of care unless they were confident that they could meet the needs of the individuals. They had identified that some geographical areas had less staff capacity than others but were in the process of recruiting more staff to these areas. There was a management system to schedule calls and monitor timings. Staff had been provided with a mobile telephone which they used to receive updates and to confirm attendance and departure from people's homes. Office staff monitored these timings and followed up anomalies with staff and people using the service.

Staff described a good out of hour's duty system whereby the team leaders work one week on and one week off. All staff spoken with said their calls for support were always answered promptly and they were well

supported no matter what time of day or night. One staff said, "The out of hours support is amazing, really, really good. They are always there for you when you need them." We looked at the logs of calls and saw that matters were responded to and followed up.

We looked recruitment files for three staff who had recently been appointed and saw that a range of pre-employment checks had been undertaken to check on individuals suitability for the role. This included the completion of an application form to evidence work history, references, identification checks and disclosure and barring checks.

People were supported to receive their medicines safely. One person told us, "They do all my medication, they never forget, and while I take my tablets they stand and wait to be sure." The individual told us that the chemist was not always efficient at delivering the medication, and the carers ring the chemist to ensure deliveries are made urgently when necessary. Another individual told us, "My carers put my drops in my eyes, I just can't manage it. I never have to remind them, it's the first thing they do when they arrive."

Staff confirmed that they had received training in the safe handling of medication and their practice was observed as part of their induction. We saw that they had also completed a quiz following training to evidence understanding of what they had learnt. Staff we spoke with were clear about their responsibilities and the difference between 'prompt' and 'administration.' We looked at a sample of Medication Administration Record (MAR). They had been fully completed and were amended when there was a change or the medicine had been discontinued. MAR sheets were collected and brought to the office on a regular basis for checking by the team leaders who signed the back of the MAR to confirm that this had been undertaken.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. People told us that staff were well-trained and delivered care in a professional, efficient way. Several people told us that they felt they were "in good hands" One person said, "I think they would be able to handle anything" and "they know exactly what they're doing."

Staff told us that the induction training they received was informative and provided them with the knowledge they needed. One member of staff told us that, "They were not thrown in the deep end." The provider was in process of introducing the new care certificate which is a nationally recognised induction programme for care staff. It aimed to give care staff the knowledge and skills they needed to provide safe, compassionate care. This training programme included workshops and observation of staff practice on areas such as administering medication to ensure that staff were competent. Staff told us that as well as the training they were supported by an experienced member of staff before working unsupervised. They told us that they were, "given the time they needed." This was confirmed by people using the service and one person said, "Staff always shadow others first, which is a good thing."

Ongoing training and updates were provided to staff on a regular basis covering areas such as infection control, moving and positioning and first aid. One member of staff told us, "The training is excellent, there is lots of face to face training." They described specialist training provided to support people, for example, training in meeting the needs of people, who required palliative care, support for people with a tracheotomy in place and support with receiving their nutrition through specialist feeding tubes. Staff said they had attended two day dementia care training with role play enabling them to experience the limitations people living with dementia may experience, such as, impaired sight, poor mobility and lack of verbal skills. One relative told us that their family member, "Has dementia . . . and when they, (staff) do anything, like washing her hair for example, they will explain to her what they are doing, they couldn't do anymore for her."

All staff spoken with said they were supported with regular supervision on a three monthly basis and annual appraisals. Staff meetings took place every three months and senior staff worked alongside staff, hands on. This staff told us supported them and enabled them to feel less isolated. Staff also received spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan.

The Mental Capacity Act (2005) provides a legal framework for decision making for people who may lack capacity to make some decisions. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack capacity to make a particular decision, any decision made on their behalf must be in their best interest and as least restrictive as possible. People we spoke with told us that they were involved in their care and listened to. Staff told us that they had undertaken training and were aware of the meaning of capacity and possible restrictions on people's liberty. They were aware that people had to give consent to care and had the right to make their own decisions and described how they obtained consent before starting to provide care. We saw individual records which demonstrated that people capacity had been considered. The manager was clear about who had power of

attorney and there was documentation in place for staff to complete should they need to assess an individual's capacity to make a decision.

People were supported with eating and drinking and to maintain a balanced diet. One person told us that they and the carer generally had a look in the fridge and they decided what to have. They told us that the carer, "suggested" healthy eating but never forced them and they were very "keen on choice, asking me what I want." People told us that meals are presented in an appetising way and drinks were left within reach. Care plans described people's preferences with regards to food. People told us that they were supported to maintain their independence with daily living skills such as making drinks and preparation of food and shopping.

People were supported to maintain their health and told us that staff were observant and if they were unwell they sought medical advice promptly. One person told us, " My skin can get sore but the carers were very alert to that and as soon as they see a red mark, on goes the cream." Another person told us that they had been unwell recently but "when the carer came they noticed immediately," and that "The carer rang for advice before calling for an ambulance, " and stayed until the ambulance arrived. A number of individuals we spoke with were full of praise for the pro-active response from the carers, who they felt had saved them from deteriorating further.

There was evidence of staff supporting people to access health care services including community nurses, physiotherapists and GP's. One staff member was observed supporting one person with undertaking their daily exercises as prescribed by the physiotherapist. Staff gave examples of where they had sought specialist advice from dietician or occupational therapist such as the arranging of specialist mattresses where individuals were at risk of skin damage.

Is the service caring?

Our findings

People had positive caring relationships with those who supported them. One person told us, "My carers are more like a friend than a carer, we have a laugh together, and they care for me really well." Another person told us, "I couldn't ask for better carers . . . they are really caring, they're more than carers, they're friends.We laugh about things together, they do the very best for me."

People told us that they were supported by a consistent staff team who knew them well. Staff told us that they generally supported the same group of individuals and knew most people very well. People were observed to be at ease with staff, there was warmth of interaction and people treated with patience. People were offered choice and their views considered when asking what they would like to do and with choice of drinks. We observed staff in the office speaking to people on the telephone and staff were patient and took time to let the person speak and discuss any issues they may have.

People told us that staff listen to them, and are guided by their wishes. One individual told us that, "They'll always open my wardrobe, and ask me what I'd like to wear, they don't just get stuff out for me." Another person told us, "I'm not dressed this morning. When they arrived I just wanted to be left alone, and they understand I have bad days." The person told us that staff stay but do not force the individual to get washed and dressed if they are feeling unwell. The person said, "I'll probably feel differently tomorrow – I'm glad they listen to me." We saw that people's preferences were included as part of care planning and that people were asked for their views of the service they received.

Several people told us that they are regularly sent questionnaires, which they appreciate, One person told us, "We always feel we can express our views, and we feel listened to." We saw samples of the surveys that were undertaken and saw that these provided people with the opportunity to make their views known on a range of areas including communication and dignity.

People were supported to maintain their independence. A key objective of the service was to 'carry out tasks with individuals rather than for them'. Several people told us of their gratitude that their carers did not 'take over'. One lady said, "I'm trying to be as independent as I can be – they encourage me to do what I can." Another person told us, "They don't rush me, they understand my limitations, but they let me do what I can do for myself." One person told us about their shower routine, saying, "They usually wash my back, and I do my front, the same with the drying. They stay with me all the time in case I need them, but they don't take over unless I ask them to." Staff were clear about the importance of privacy and were able to describe how they ensured people's dignity by for example drawing curtains and closing doors prior to providing personal care.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported and their needs. One person told us, "I have a bad back and several other problems . . . because they know me, I don't have to keep explaining, they know my needs." They added, "If I'm down, they'll soon notice. I get very depressed, and they'll talk to me, and advise me. I'd be lost without them." Another person said "The girls know I like an early call, as I'm normally awake about 4am. They make me the first one on their list."

Pre-service assessments of need were in place and were comprehensive. This assessment identified people's preferences for example the gender of carer and any cultural or religious issues. The information was used by the agency staff to develop a care plan which provided staff with guidance on people's preferences such as for example, 'I like to sleep in the dark, I have my bedroom door open.' However not all the information in the assessment was transferred over to the care plan and some areas were brief. For example, a care plan stated prompt with personal care but no other information was included to say how and what 'prompt' meant? Staff said the previous care plans used by the previous provider were much better and more detailed. Despite this staff were able to describe in intricate detail the needs of people and demonstrated their ability to meet the current care needs of people. Care plans could be an issue for new staff if they relied on what was written alone. The manager told us that they had identified that the plans could be more person centred and this was an area that they were planning to take forward.

We saw that reviews were undertaken on a yearly basis or more often if people's needs changed. People told us that they were involved in the review process and were able to tell us about the senior staff visits to them. One person said "The manager comes fairly regularly to take away the paperwork in my (relatives) care plan, so we can talk then if we need to." We saw that daily notes were made by staff and were comprehensive in detail. They described the support that had been provided and also the emotional wellbeing of people. Food and drink consumed was detailed enabling good communication between staff

People told us that they were supported to maintain relationships and to follow their interests. One person told us about going out for walks with their carer and another said about going out for meals. Families told us that they had good relationships with the carers and the agency communicated well with them.

People told us that that they were provided with a programme which set out which member of staff was going to be supporting them. They said that this was generally accurate and meant that they knew who was coming when. However these were occasionally changed and sometimes staff were delayed at previous support visits. The policy was that the office staff should let people know about the delay. People told us that this was not always consistently adhered to. One person said "Carers say 'did you get a phone call to let you know I'd be late?' . . . So they ask the office to let me know, but they don't." The manager said that they would monitor this further in the different locations.

Most people had not had reason to complain but those that had told us that they were listened to and any concerns were taken seriously and addressed. One person told us that they had raised concerns about some care staff and they had spoken to the office, "They've never been back since . . . they don't make you feel like

a nuisance. I'm very grateful." Another person told us that they rang the office, "After a man came out to me, I told them I didn't like it. They understood, and they were very kind." Another person told us that they "Made a complaint in the past. It was sorted out well, and that gives me confidence in them."

We looked at the records of complaints and we saw that there was a clear process which included investigation and responding to the complainant at the end of the process. Where an error had been made, an apology was given.

Is the service well-led?

Our findings

People told us that this was a good service and they would recommend the agency, explaining that it delivered a good standard of care to them. Many people told us that they could not think of any improvements that the agency could make, telling us that they were, "Thoroughly satisfied with everything" and "Very happy with all aspects." One relative told us, "They are all really good. I am very happy with the support [my relative] receives. The people in the office are helpful and supportive, I could not ask for better."

The service did not have a registered manager as they had recently left the service. Day to day management support was being provided by the registered manager of a nearby service. They told us that they regularly visited the service and provided support to the office manager. The manager told us that they were planning to make an application for registration. Roles and responsibilities were clear and there was a system of team leaders in each locality who care staff liaised with on a regular basis.

The provider promoted a person centred culture and which focused on placing people who used services at the centre of what they do and giving them a voice. We saw posters reinforcing these key messages throughout the office. Staff told us that they were asked for their views about the service and how it could be developed. Good or exceptional practice was rewarded and staff told us that where staff were nominated they received a financial benefit. Staff were positive about their role and told us that they enjoyed working for the provider. Staff described the leadership of the service as, "So approachable", and "It has been 100% better since Mears took over. They are more organised. They listen and take your needs into consideration" and "We have been through a very difficult time with the changeover but it has improved and is now much better than before. We are a good, close team who work well together. We are well supported." Another staff member told us, "They want to keep carers happy... and they are fair."

People using the service also commented on the recent changes and told us that they felt the agency had improved in recent months. One person said, "It's a definitely improving service, they listen more."

There was an out of hours on call system for management support and advice. Staff told us that the arrangements worked well and they felt supported. They said that if they had any problems they could contact the office or out of hours number and they would receive help or advice they needed. We looked at the records of the calls which had been received and saw that these were monitored to identify any patterns or issues.

We found that the management used a number of different methods to assess the service and check it was meeting its aims and objectives. This included staff supervision, staff meetings, spot checks and analysis of information from areas such as surveys from staff and people using the service. There was also a number of internal quality audits which looked at people's overall experience of the service as well as specific areas such as communication. The results were generally very positive. We saw that checks were undertaken on a range of documentation including care plans and risk assessments and where shortfalls were identified, actions were identified with a clear target date for completion.