Mears Homecare Limited

Mears Homecare Limited (Swindon)

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of Mears Domiciliary Care Agency (DCA) on 21 and 22 of February 2017.

Mears provides personal live in care services to people in their own homes. At the time of our inspection 54 people were receiving a personal care service.

Services are required to display their most recent ratings on their website and at the provider's principle place of business. Ratings of the July 2015 inspection were displayed at the location of the service. However we noted that the most recent ratings were not displayed on the services website.

Services that provide health and social care to people are required to inform The Care Quality Commission (CQC) of important events that happen in the service. The manager did not always notify CQC of reportable events.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the manager of the service was in the process of registering.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

Staff spoke positively about the support they received from the manager. Staff had access to effective supervision.

The manager and staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

Staff and the manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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 told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to meet people's needs.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Requires Improvement

The service was not always well led. Ratings of the July 2015 inspection were not displayed on the services website.

The manager did not always notify The Care Quality Commission of reportable events.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

Staff and the manager shared the visions and values of the service and these were embedded within service delivery.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 21 and 22 February 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete 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. The provider did not return a completed PIR and we took this into account when we made the judgements in this report.

We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with seven people, six relatives, six care staff, two senior care workers and the manager. We looked at 10 people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they were safe. Comments included "I feel very safe in their company", "I really appreciate what they do for me", "I wouldn't be able to cope without them" and "There are some lovely carers". Relatives we spoke with told us, "She feels very safe with them", "I feel better knowing someone's there to help him if he needs it" and "She feels safe with them and they're very respectful".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the manager. One staff member we spoke with told us "The first port of call would be to report it to [senior care worker], if they were not available I would go to my manager". Another staff member was able to describe the different types of abuse they could come across. These included physical, emotional and sexual. The staff member told us "Whether a person is 40 or 101, age does not matter and people have a legal right to be safe. Whether we are just going in for half of an hour, we still have a responsibility to make sure people are safe. Some people we see don't have anyone else, so we need to look out for them".

Staff were also aware they could report externally if needed. Comments included "I would report it to social services or the police", "I would contact the persons G.P, if they were harmed in any way then I would call an ambulance" and "I would report it first to the office, if I did not feel that I was being listened to then I would go straight to social services". The manager told us "I feel the carers are aware of the procedures and what action to take to safeguard people".

Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was assessed as being at high risk of falls. This person's care record gave guidance for staff to mitigate the risk to the person by ensuring that the persons walking aid was always within reach.

Where people had been assessed by district nurses as at risk of pressure ulcers, care plans and risk assessments were in place. Records confirmed that people were repositioned in line with the guidance from healthcare professionals. Records contained guidance for staff on what specialist equipment people used to mitigate the risk associated with pressure ulcers. Staff we spoke with were aware of the equipment and how to support people appropriately.

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. Comments included "They've never not turned up", "They're always on time, and they always stay for the allocated time", "They always arrive on time, they're spot on", "I always have two carers" and "They always arrive on time". The service had an electronic telephone monitoring system to manage care visits. The system logs staff in and out of people's homes and alerts the service if staff were late. The manger told us and records confirmed that the service regularly monitored its visits.
Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring

Service checks. These checks identify if prospective staff were of good character and were suitable for their role. A new member of staff told us "I had to wait for my DBS to come back before I could start work".

Accidents and incidents were recorded and investigated. For example, one person had experienced a missed visit. The service took immediate action in contacting the person's family and G.P. The service then alerted the local authority about the incident. The service then took further action to mitigate the risk of this happening again.

Where people needed support with taking their medication we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. People we spoke with told us that staff supported them appropriately with their medication. One person told us "They handle all my medication. They get it out for me because (medical condition)". Another person said "They prompt me to take my medication and watch me take it".

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. One person told us, "No problems at all with using the hoist, the Occupational Therapist has actually watched them using it and they know what they are doing". A relative said "Without the Carers, I wouldn't be able to manage him. I'd be lost without them".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included moving and handling, safeguarding, MCA, fire safety, infection control, medication, dementia, catheter care and first aid. The service had a system in place that ensured that staff were up to date with their training. If training was not up to date on the system then it would prevent work being allocated to the staff member until they had completed the training. Staff told us that the training supported them in their roles. Comments included; "The trainings good. I get refresher training yearly", "I enjoy the training" and "The training is excellent".

Staff told us, and records confirmed they had effective support. Staff received supervision. Supervision is a one to one meeting with their line manager. Staff were able to raise issues and make suggestions at supervision meetings. One staff member we spoke with told us "We get to discuss any problems we might have". Another staff member said "We discuss how I am getting on in the job and any support I might need".

Staff we spoke with told us they felt supported. One staff member told us "I feel supported and listened to". "Another staff member told us "The support is good". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member told us, "I have done my NVQ level 2, I really enjoyed it".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member we spoke with told us, "It's good having spot checks as you can't hide anything".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us "We always assume capacity until it is proven otherwise" and "Just because you may lack capacity in one thing, does not mean you lack capacity in other things".

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "It's there to support an assessment as to whether a person has the mental capacity to make safe decisions", "If I had any concerns

about a person's capacity, then I would speak to my seniors and request a care review" and "It's there to keep people safe".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families or staff went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated that they needed staff to remind them 'that they needed a healthy intake of food'. This person's care record's highlighted what food and fluids the person liked so staff could support them appropriately. One person we spoke with told us, "They do all my meals. They're all freshly cooked, they're excellent at cooking".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with staff. Comments included; "The girls are lovely", "Very pleased with the Carer, she was very kind", "Great team of carers", "They never rush me, they always let me take my time", "I never feel rushed with them and they always ring up if they're going to be very late", "We've only had one visit so far but very pleased with the lady, she was very kind" and "My carer in the morning is excellent".

Staff were enthusiastic about supporting people. Comments included; "The clients are lovely it's a great environment and that's why I love my job", "I love my job and helping people" "I feel I make a difference" and "I really enjoy helping people".

People told us they were treated with dignity and respect. One person we spoke with told us, "When they're doing anything personal, they're very respectful and I never feel embarrassed or anything with them". Another person told us, "They're very respectful of my dignity when they're showering me". Relatives told us, "They're very respectful with her" and "They're very good when they're showering him and always very respectful".

We asked staff how they promoted people's dignity and respect. Staff comments included; "Keep people covered up during personal care", "Make sure people are covered and comfortable, it's about respecting people's personal space", "We keep windows and doors closed during personal care" and "[Person] needs to get from their bathroom to their bedroom. Even though it's their own flat I still make sure (they) have a towel around them and that doors are kept shut".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "You explain to them what you are doing, this way they know what you are doing. It keeps everybody safe", Another staff member told us, "It's important to tell people what's happening as it promotes self-worth, by taking over you are not promoting people's dignity".

People told us they felt involved in their care. One person told us, "They include me in everything". Another person told us, "If wasn't involved then I would say something. We have our chats and they let me know what's happening".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carryout personal care tasks for themselves. The staff member told us, "It's important that we support people to keep their independence as long as possible. I try to get people to do as much as they can for themselves. It helps self-confidence and self-respect". Other staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. Comments included; "Supporting people to what they can were possible is very important", "Independence is also about having a choice" and "If you start taking over and doing everything for someone, then eventually they will give up".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. One person we spoke with told us, "I had an initial visit to discuss my needs". A relative said us, "The initial assessment with the manager was very good; she understood my husband's needs very well". Another relative said, "They understood [persons] needs very well at (their) assessment".

Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included people's personal care preferences and important people in their lives. Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about how a person liked to follow a set routine around their personal care. The information shared with us by the staff member matched the information within the person's care records.

People told us the service was responsive to their changing needs. Comments included; "They're very accommodating. I go to Church on a Sunday and my visit is always arranged so that they can make sure that I'm ready", "They also always accommodate any of my Doctor's appointments", "They've rang the doctor for me in the past and always waited until they could leave me in capable hands" and "They've phoned for a nurse and arranged for a doctor to come to see me".

We saw evidence of how the service had responded to a person's change in needs in relation to moving and handling. The service worked in partnership with a local occupational therapist to ensure that this person was supported appropriately following the change. Another person's needs changed following a fall that resulted in a hospital admission. Following the person's discharge the service visited them and carried out another assessment to ensure that the person's care needs could be catered for.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person had had requested for staff to ensure that items of clothing were warmed prior to the person receiving personal care. Daily records confirmed that staff followed this guidance.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us that their care was regularly reviewed by the service.

The home sought people's views and opinions through regular 'telephone monitoring reviews'. The manager told us "We have the telephone monitoring in place to see if the clients are happy and to make changes if people are not". Records relating to 'telephone monitoring reviews' identified that one person had responded to the survey and asked if their visit could be carried out at a later time of the day. Records confirmed that the service carried out this request. We noted that the service was in the process of sending

out a satisfaction survey to people and their relatives.

People knew how to raise concerns and were confident action would be taken. Records showed there had been two complaints since our last inspection. These had been dealt with in line with the provider's complaint procedure. One person we spoke with told us "No complaints at all".

Requires Improvement

Is the service well-led?

Our findings

Services are required to display their most recent ratings on their website and at the provider's principle place of business. Ratings of the July 2015 inspection were displayed at the location of the service. However, we noted that the most recent ratings were not displayed on the services website. We spoke with the manager about this and they were not aware of this requirement. They gave their reassurances that this would be addressed. We requested that this information be added to the services website within 21 days of the inspection and the provider carried out this request.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of reportable events. However, we identified an incident where the manager did not submit a statutory notification to the CQC.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However the manager of the service was in the process of registering.

Staff spoke positively about the manager. Comments included; "[Manager] is brilliant, she listens and deals with any problems", "You don't feel worried speaking to her about anything", "[Manager] is a marvellous mentor. She listens and she is always there for you", "She is a really good manager" and "I think [manager] does a smashing job". The service had recently carried out a satisfaction survey with staff. The responses to the recent survey were positive.

The manager told us their visions and values for the service were, "To make sure we are providing a quality service. We need to be client led, if we are not then we are not providing a quality service". Staff we spoke with shared these visions.

Regular audits were conducted to monitor the quality of service. These were carried out by the manager and the provider. Audits covered all aspects of care including, care plans, risk assessments, medication and the day to day running of the service. Information was analysed and action plans created to allow the manager to improve the service. For example, following a recent staff supervision audit the manager identified that some staff were overdue a face to face supervision. As a result the manager had developed a supervision schedule and was taking the appropriate action to ensure that staff were booked in with their seniors for supervision sessions.

Another audit had identified shortfalls in visit times for some people in that some staff were leaving the visit prior to the scheduled end time. The manager had started to address this with staff in team meetings and individual supervision. The manager told us, "If the care task is complete then it's a good opportunity to have a chat. It supports continuity and relationship building" and "You can't just assume people's needs and wishes. If a call visit is not person centred, then it is meaningless in my opinion. We need to do more work

around this". This demonstrated that the service was continually looking to improve.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us "I would not have a problem reporting something. If something needed sorting out then I would take action. The clients come first".

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care records.