

Mears Care Limited

Mears Care - Nottingham

Inspection report

Suites PG11 & PG12 Foxhall Lodge, Foxhall Road,
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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?

Requires improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 9 November 2015. Mears Care is a domiciliary care service which provides personal care and support to people in their own home in Nottingham. 147 people use Mears Care Nottingham, although not all of these were using the service on the day of our inspection.

The service had 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.

There were not enough staff to ensure that people received their visits at the time they were expected – calls were often late. Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. People received the support required to safely manage their medicines.

Staff were provided with the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink.

Summary of findings

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

While people's care plans were regularly reviewed and updated but they did not always experience the service

which was planned around their care needs due to the service not being able to recruit and retain sufficient staff. People felt able to make a complaint and knew how to do so.

The culture of the service was open and honest, but there were few opportunities for the registered manager to discuss issues and deliver clear and consistent messages to the staff team. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager, both during and outside of office hours. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

There were not sufficient numbers of staff for people to receive their visits on time.

People received the support required to keep them safe from abuse and avoidable harm.

Medicines were administered safely, but may not be administered on time.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

People's consent was sought before care was provided and where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to eat and drink enough.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were treated with kindness and compassion by staff who involved them in planning their care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was not always responsive.

People's care plans were regularly reviewed and updated but they did not always experience the service which was planned around their care needs due to vacancies within the staff team.

People had confidence that they could make a complaint if they needed to and that the appropriate action would be taken

Requires improvement



Is the service well-led?

The service was well led.

Good



Summary of findings

Although there was an open, positive culture in the service further developments were required to ensure a clear communication process with the staff team.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed.

The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

Mears Care - Nottingham

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 9 November 2015. 48 hours' notice of the inspection was given because the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed information that we have on record about the service. In addition to this we reviewed previous inspection reports, information received

from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider did not complete a Provider Information Return (PIR) prior to our visit. We took this into account when we made the judgements in this report.

We spoke with seven people who used the service and two relatives. We also spoke with the service and area managers as well as eight members of the staff team during the course of our visit.

We looked at the care records of six of the people who were using the service at the time of our inspection. We observed care being delivered in one person's home and also looked at a range of records relating to the running of the service including care plans, staff files and training records.

Is the service safe?

Our findings

People could not be assured they would receive their calls at the intended time. One person told us, “I am very happy with my carers, but they are often late.” People told us late calls meant they sometimes had calls close together and could be going to bed soon after having eaten so they did not have sufficient time to digest their food. A relative told us they were concerned that their relation may be left sat in the dark until a care worker arrived and turned on the light. They had spoken with the registered manager about the staffing levels; they told us how the situation had improved for a time after their conversation, although had lapsed back shortly afterwards. Although we heard that calls were frequently late, it was rare that a call was missed completely and no-one expressed a concern that they would not receive a call.

We spoke at length with the registered manager and staff at the office about the late calls. They explained that they were continually recruiting and training new staff. We spoke to a staff member whose role was focussed on the recruitment of new staff. They told us how they had begun working for the company as a care worker so knew the organisation and many of those receiving support well. During our conversation they told us how they had tried some different ways of recruiting staff recently. Despite these efforts, the service was struggling to retain many of the new staff beyond induction. The provider told us how they were supporting the registered manager with a number of initiatives within the next few months to ensure the frequency of late calls was reduced. This included reviewing activities at the office as well as ensuring sufficient staff were employed, and retention improved. The registered manager had stopped taking new referrals until they had additional staff and were sure that they will be able to fulfil all of the existing and new commitments.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work

The people we spoke with told us they felt safe when staff were caring for them. “Without the help from my carers I

would come to harm,” one person told us. We saw a staff member tell someone as they were leaving that they would make sure the door was locked properly when they left so that they felt safe and had reassurance that strangers could not wander into their home.

Staff we spoke with could describe the different forms abuse may take and what action they would need to take to report any concerns. The registered manager ensured staff were provided with the required skills and development opportunities to understand their role in protecting people. For example, a safeguarding workshop was being held for staff during our inspection which was being facilitated by a trainer from outside of the service. We saw how staff had reported any concerns they had to the registered manager, who had in turn made referrals to the local safeguarding authority in order to protect people from harm.

People told us that any risks to their health and safety were appropriately managed by staff. One person told us how staff always wash their hands on arrival at their home to prevent them spreading infection and used an apron and disposable gloves before handling their food. Another told us “I am partially sighted and it is important that everything stays in the same place. The staff are very good, they understand this. They read the file and make sure there are no ‘trippy bits’ I might fall on when staff leave.”

The registered manager ensured that each person’s property was visited prior to any care being provided to assess potential risks to people’s health and safety. This information was recorded in people’s care plans and was reviewed regularly, being updated if needed. We spoke to a staff member who was involved in reviewing the risk assessments and they told us how they ensured other staff knew of any changes so that risks to safety were reduced. We saw that accidents were recorded and reported to the office. Actions were taken to ensure that any risk of reoccurrence was minimised. For example, when a staff member tripped on an uneven pathway, other staff involved in visiting that person were made aware so that they could take extra care while the family arranged the repair.

We spoke with a staff member who could describe how they used personal protective equipment to prevent the

Is the service safe?

spread of infection. The staff we observed working, wore a clean uniform and demonstrated the correct use of personal protective equipment while they supported someone to prepare their lunch.

Staff provided the level of support each person needed to manage their own medicines. We spoke with someone who told us, “The help they give me with my medicines is all fine,” although a relative we spoke with said they would be concerned about a late visit if their family member received support with medicines which had to be taken at a specific time. The care plans we looked at contained information about what support, if any, people required with their medicines. Some people only needed a reminder of when to take their medicines, whilst other people required staff to prepare their medicine for them. Staff were able to correctly describe to us the different levels of support people required and the procedures they followed when assisting people.

Medication administration records were completed to confirm whether or not people had taken their medicines. These were returned to the office at the end of each month and checked to ensure that medicines had been given as prescribed. If the records had not been fully completed, the registered manager followed this up with the relevant member of the staff team so that they could be sure that people would receive their medicines as prescribed. All staff received training and support before administering medicines. Observations were also carried out to ensure that staff were competent to support people with their medicines. They also ensured that regular observation of the administration of medicines were undertaken to ensure that best practice was maintained.

Is the service effective?

Our findings

The people we spoke with told us they were well cared for by staff who were competent. One person told us, "I am happy with my staff, they don't mess me about!" Another person told us that they were also happy with the staff, but they preferred the older staff as they could relate to them better. We spoke with someone who told us how they liked meeting new people and were happy for new staff to accompany their care workers as part of an induction, "It gives me a few extra people to talk to," they said.

We found new care workers were provided with a suitable induction when they started work at the service. We looked at the induction process for new staff and spoke with a new staff member who had only been working for Mears Care for a few days. They told us how their induction had prepared them well for their role. After the initial 'classroom days' they were introduced to each person and as they got to know them moved from shadowing their colleague to supporting the person as they gained confidence. They spoke about the importance of establishing positive rapport with people's family and the position of trust they had having access to people's own homes. We were told that support was in place for them and the registered manager had checked to make sure they knew they could be contacted for any advice.

Staff were provided with training that was relevant to their role. All staff received a comprehensive induction when they started, and received updates of training as required. Additional training was also provided to increase the skills of the staff. Staff were positive about the quality of training provided to them and said it was delivered in a way that met their training needs. One staff member said, "I can always say if there is something that I need training in and it always comes forward, it is no good going to see someone if you haven't got the skills to support them." The records we saw confirmed that staff received training relevant to their role, such as safeguarding and infection control. The service had access to a dedicated regional staff trainer who was delivering training to a group of staff during our inspection and there was a training room equipped to facilitate the delivery of specialist training.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. The

registered manager ensured that periodic visits to people's homes were undertaken to observe staff practice. We saw that where any issues with staff performance were identified, these had been quickly dealt with.

People were asked for their consent prior to any care being delivered. The assessments sent to Mears Care by the local authority were checked with each person prior to care being delivered and translated into a care plan. We saw that people had signed their care plans as confirmation of this. One of the people we spoke with could recall reviewing their assessment with someone from Mears Care and signing their care plan before they started receiving support from staff.

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.

Whilst people did have the capacity to make their own decisions, the registered manager ensured that procedures were in place to follow the principles of the MCA and ensure people's best interests would be considered. The staff we spoke with described how they supported people to make decisions where possible and understood the importance of gaining consent. One of the staff we spoke with told us how important it was to ask permission from the person each time they attend to them, "I don't tell someone what I am going to do, I ask their permission, and talk to them so that they can do as much for themselves as they can."

Where required, people received support from staff to prepare their food and drink. We observed staff checking with someone their choice of food for lunch. They then prepared for the person their preferred option, and presented it in an appetising way and so that it could be easily eaten. The staff member took time to sit with the person and engage in conversation while they ate, before clearing away the dishes and ensuring that the person had the drinks and snacks they wanted to last them through to

Is the service effective?

their next visit. Another person told us how their care worker peeled vegetables, or prepared salad for them to have with their dinner. People told us how they received support from their care workers with their food shopping. Some people received support to go to the supermarket, while others wrote a list which their care worker shopped to.

Any risks relating to people while eating and drinking were assessed in their support plans. For example there were details of the consistency of certain foods or sizes that food needed to be cut to. We saw that when staff had concerns that these may not be being followed they had reported the matter to the registered manager so that appropriate actions could be taken. The registered manager told us they had liaised with other professionals, including the safeguarding team and this had been recorded at the office. This reduced the risks to people while eating and drinking.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. Staff told us that they would speak with the registered manager if they were concerned that people were not receiving the healthcare that they needed and were confident that she would take the appropriate action.

A staff member told us how they had not received a reply at the door when they went to visit someone they call on regularly. Rather than move on the next call they rang the office and got advice. The emergency services were called and entered the property to discover the person was unwell. Plans were made for the staff member's subsequent visits that morning to be covered by other staff so that they could stay with the person, ensuring they had the support they needed until they got to hospital.

Is the service caring?

Our findings

There were positive relationships between staff and people who used the service. The people we spoke with told us they got on well with the staff and enjoyed their visits. “I have one carer who has been with me for six years, and we have our little team,” one person told us. Another person told us how important it was that their shoe was fitted correctly as it may need adjusting several times after it was put on each morning in order to be comfortable. They told us staff were always happy to make sure it fitted well and was comfortable before they left. We visited one person in their home whilst staff were present and saw warm and positive interactions.

Staff were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. Staff told us they valued the relationships they had built up with people and enjoyed the time they spent with them. Where possible, the same staff were regularly assigned to care for people so that relationships could be developed over time. Staff told us this consistency helped them build relationships with people, and how they could engage in conversations with them about everyday life while they were providing care. “It is important that people have someone to chat to as well as meeting their needs,” a member of the care staff told us.

People and staff told us there was sufficient time available on each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. People’s care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk.

We saw people’s care plans contained details of their life history to support staff in conversations with them. There was also information about people’s likes and dislikes and how this impacted on the way they preferred to be cared for.

People and their relatives were involved in making decisions and planning the care to be provided. One person told us, “They came and saw me from the office to

check what social services had written before they sent carers, and wrote it down for the carers to follow.” We spoke with another person who told us how they preferred to explain to staff how they wanted to receive their care. They told us, “The staff need to read and write in the folder, but it is much nicer if we chat along while they help me.”

The staff involved in writing and reviewing the care plans told us how much of a responsible task it was; discussing people’s care needs with them and ensuring that the information was all correct and translating it into the care plans and risk assessment formats. Care staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be cared for. We saw staff write up notes of their visit with the person before they left so that they knew what was being written about them. We also saw from records that care plans were reviewed regularly and changes to the care plans had been made based on feedback people had provided.

The people we spoke with told us they were treated with dignity and respect by staff. One person we spoke with told us how their dignity was maintained by staff and added, “They always treat me with respect!” However, people felt their dignity was compromised by the number of staff who had provided them with personal care but not soon after left their jobs. They told us how when a care worker only comes a couple of times and then leaves, they are left reflecting that another person has seen them in a state of undress. The registered manager and other staff members also shared their frustration with us around the numbers of new staff who left quickly after starting, stating, “Care work is not for them.”

People were cared for by staff who understood why it is important to protect their dignity and respect their privacy. Staff described how they would provide personal care in a dignified manner, such as by ensuring doors or curtains were closed when people were being supported with their personal care. People were encouraged to maintain independence by carrying out tasks for themselves where they were able to, and staff told us how important it was for them to promote this.

Is the service responsive?

Our findings

The registered manager set a rota which allowed time for staff to travel between addresses. Although there was an allowance made for travelling time between appointments, staff told us there was not sufficient for staff who had to walk or use public transport.

People told us some staff did not always stay for the full length of their call but others did more than needed. Some people told us that care workers occasionally left early, as soon as the allocated tasks were completed. Others told us, “If they finish before their time, I can ask them to peel some vegetables for dinner or they will just sit and chat with them which I really enjoy,” If people required additional support for example, if they were unwell, staff would stay for the amount of time required to ensure that people received the support they needed, although this would usually lead to subsequent calls being late.

The people we spoke with told us they received the support they wanted and this met their needs. One person told us how their support package was divided out into separate tasks such as shopping, cleaning and personal care. They told us these were provided at different times to suit their needs.

Before people started to use the service the amount and length of calls they needed were agreed, as well as the preferred timings. Vacancies in the staff team, however, meant that it was not always possible for people to receive their calls at their preferred times. While people were accepting of the need for flexibility we were told that calls were often in excess of 20 minutes after the agreed time. One person told us how most days this was just inconvenient, but there was a risk that an appointment would be missed if staff were significantly later than expected on two specific days each week.

Staff also told us that they felt the registered manager listened to their feedback if they felt a person’s care needs

had changed. One staff member told us they spoke with the registered manager about possible changes that may be required to a person’s care plan, or if something needed clarifying in the care records in the person’s home and these had been responded to.

A family member told us that new staff were introduced to people by staff they were familiar with, although they were not always confident if two relatively new staff came to attend to their family member. The staff we spoke with told us they were provided with sufficient information about people’s needs before visiting them for the first time. One member of staff said, “Yes we get the time to read people’s care plans before we begin to support them.” We also spoke with a new staff member who was able to describe for us how they were being introduced to those they would be supporting and shown how to provide their care.

People’s care plans were reviewed on a regular basis with the full involvement of people and their relatives if they wished to be involved. We saw that changes and additions were made when required and staff were made aware of any changes.

The people we spoke with felt they could raise concerns or make a complaint and knew how to do so. We spoke with someone who told us, “I would speak with [the registered manager], I have never met her, but I know her phone number so could ring it if I needed to. Another person told us, “I have nothing to complain about!” Each person had a copy of the complaints procedure, so that they would know who to contact if they needed to raise an issue.

We looked at the records of the compliments and of complaints that had been received. The complaints log demonstrated that complaints recorded had been investigated and responded to quickly and resolved, where possible, to the satisfaction of the complainant. However, not all complaints were being recorded. We saw details of a resolved complaint contained within someone’s care records which was not recorded in the complaints log.

Is the service well-led?

Our findings

The staff we spoke with during our visit were friendly and approachable. The people we spoke with told us they felt able to approach the staff or registered manager if they wished to discuss anything. “I have my own little team and we are OK – I’ve had one carer for the last six years,” one person told us. They went on to explain how that one person provided consistency as other team members changed.

While rotas were prepared in good time, we saw staff at the office frequently speaking to people and to care workers to change plans to maximise the available resources and so they knew who would be visiting them. Staff we spoke to felt that there was not enough time allowed between calls to allow for travel. The registered manager told us that this time was kept to a minimum as it was unpaid.

Staff told us about a system for delivering messages to them by text, which the registered manager also showed us. This enabled messages to be conveyed to staff quickly and accurately without disturbing them while attending to those they were supporting. The system also logged messages sent for future use, should they need to be referred to. Staff told us they felt an overreliance on this system to deliver messages. They told us the system was being used to send messages to the team as a whole that might be better delivered face to face to individual staff or in a group team meeting. We looked at the records of group staff meetings. These were not held regularly and further developments were required to ensure opportunities to discuss issues and deliver clear and consistent messages.

The findings of a customer survey were on file. This identified things that those using the service thought Mears Care did well, “the carers are lovely, they are helpful and polite” as well as some things that they would like to see improved “Having a phone call if the carer changes or is going to be late.”

We saw considerable effort were being made to recruit and train new care workers by the office staff and care workers worked flexibly to ensure that calls were not missed altogether. No-one complained of a missed call although people told us that their care workers were regularly late. People were supported by staff who were clear about what

was expected of them and had confidence that they would get the advice they needed from the registered manager and staff at the office if they had a problem. Office staff told us that the on-call could be busy, but recognised the need to ensure that staff were well supported out of hours.

Policies and procedures governing practice were available. There were clear decision making structures in place. Both care staff and those working at the office understood their role and what they were accountable for. While staff told us about the pressures of being short staffed, they were also clear that there were plenty of training opportunities to develop their skills and physical resources such as personal protective equipment were always

The conditions of registration with CQC were met. The service had a registered manager who had been in place since September 2011, and they understood their responsibilities. Providers are required by law to notify us of certain events in the service. We saw that these notifications had been made in good time when needed.

The quality of the service people received was regularly assessed and monitored. People told us that they were happy with the service that was provided, even though staff were frequently late.

Unannounced observations of staff practice were also undertaken to ensure that staff were of smart appearance, using any equipment correctly and providing care to people as described in their care plan. The records we looked at showed that these were recorded and feedback was given to staff. The registered manager completed regular audits. For example all medication charts returned to the office were checked so that people could be sure that they had received their medicines as prescribed. A sampling of the care records were also checked so that the registered manager could be sure that these were being completed correctly and any issues that needing bringing to their attention had been raised.

Both the registered manager and the regional manager told us that there were plans to review and clarify the roles of those working in the office so they could provide more effective support to people using the service and the care staff. We saw some of these discussions taking place during our visit.