

Mears Homecare Limited

Freeman Court

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 9 and 16 May 2017. Both visits were announced with 24 hours' notice given for the first visit to make sure the registered manager would be present for the inspection. This was the first inspection of the service following registration with CQC in June 2016.

Freeman Court provides personal care for up to 60 people living in one bedroom flats arranged over three floors. There were 59 people using the service at the time of this inspection.

The home had a registered manager in post. 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 using the service told us they liked living at Freeman Court and felt safe there. They said they were treated in a respectful and caring manner by regular staff members who knew them well and supported them effectively.

People, managers and staff told us that there had been changes to the service in recent months with the number of hours commissioned by the local authority reduced following reviews of people's care needs. In spite of this, most people believed the service was of a good standard however opportunities for staff to spend quality time with people had been reduced.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received a full induction to the service. Staff we spoke with were confident that they provided a good service to people and said they would recommend Freeman Court to their family and friends. They had access to supervision and additional support when required.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. People had assessments which were individual to the person and their strengths and needs.

Medicines were administered in a safe way. Staff received training and a competency framework was in place to make sure they understood and followed safe procedures for administering medicines.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed a detailed personalised care plan for each person. They kept people's needs under review and made changes as required. Further work was taking place to make sure documentation was

regularly updated with electronic records being introduced.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

The service was well led. The registered manager monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team approachable and responsive.

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.

Any risks to individual safety and welfare were being identified and managed appropriately.

People were supported to take their medicines safely.

There were appropriate numbers of care staff allocated to help keep people safe.

Robust recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff at Freeman Court.

Relationships between staff and people receiving support were positive.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good ●

The service was well led.

Staff were well supported by a registered manager and team leader who were approachable and listened to their views. The ethos of the service was positive and staff felt part of a team.

Quality assurance checks included regular audits by the provider, medicines audits and feedback surveys.

Freeman Court

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 9 and 16 May 2017. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with 11 people using the service and one relative.

We also spoke with the registered manager and seven members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for seven people. We reviewed how medicines were managed and the records relating to this. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records kept for the management of the service.

Is the service safe?

Our findings

The majority of people said they liked living at Freeman Court and felt safe there. One person said, "They are very good, I am very comfortable, nothing is too much trouble. This is home to me." Another person using the service told us, "I carry a cord around my neck and there is one there to pull, that is good, that makes me feel safe." A third person said "I do not feel unsafe." Other comments included, "I am quite proud of my home here" and "Oh yes we are happy here."

Staff were aware of safeguarding procedures and confirmed they had completed training in this important area. Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. We saw there was information displayed for staff to follow should they need to report any concerns regarding abuse. One staff member told us, "I'd use the whistleblowing procedure if someone was not listening to me." Another staff member said, "I'd contact my line manager or social services if need be."

People using the service said that there were generally enough staff on duty to meet their needs but there were times when staff were very busy. One person said, "It's up and down sometimes but generally very good." People had their care hours funded through the Local Authority. The registered manager told us that the Local Authority determined the staffing hours allocated in order to meet each person's needs. Recent reviews of people's needs had meant changes to the service provided, for example, a reduction of the time used for routinely checking on people living at the scheme and for serving lunch.

Staff said that people were kept safe but expressed frustration that they were not able to spend as much time with people as they had done before. One staff member said, "We do the best we can but we are limited by the contracted hours." Another staff member said, "We still try to give the same care but the hours should go back to what they were." A third staff member commented, "There is more time pressure now." A relative commented, "It's not the staff, they keep cutting the hours, it just does not work, there is no slack." The registered manager and regional manager were aware of the issues raised and told us they continued to liaise with the local authority to help ensure people received the support they required.

Care records seen included risk assessments to help keep people safe addressing areas such as health, medicines, mobility and the environment. Each assessment included the actions required to reduce the identified risk. For example, when someone was at risk of falling or of not taking their medicines.

People told us that they received their medicines at the right time. Care records addressed the level of support required by each person. For example, people who required their medicines to be administered by staff and those people requiring prompts to take their medicines themselves. Records were kept when medicines were given to people and records showed that they had received all of their medicines as prescribed. Staff received appropriate training to give medicines and records were audited regularly.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to

their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with right to work checks where applicable and proof of identity.

Is the service effective?

Our findings

One person using the service told us, "It's my home, the staff are alright, and I like living here." Another person said, "I like it here. I have my freedom and the staff are nice." A relative commented, "Really good, really good staff." Other comments from people included, "I am quite well taken care of" and "Very good staff."

Staff told us they received the training they required to help keep people safe and to meet people's individual needs. One staff member said "I'm happy with my training, some is updated yearly and others two yearly." Another staff member told us, "We have been doing a lot of training."

We saw there was a training and development programme for staff that included a structured induction and mandatory learning for all new staff. This was a five day programme addressing important areas such as medicines, moving and handling, safeguarding and confidentiality. The service had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015. New staff shadowed more experienced staff members on shift when they commenced employment.

The training programme for existing staff consisted of regular updates to make sure mandatory training was kept up to date. Training sessions addressed medicines, infection control, safeguarding and moving and handling amongst other topics. Workbooks were used to underpin the learning and competency was checked, for example, around administering medicines.

Staff confirmed they were supported by their line managers through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. One staff member told us, "We are free to talk, the team works well together." Another staff member said, "A great staff team here."

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.

We saw many people using the service were independent and came and went as they pleased. People told us they were able to make choices about the day to day care they received. They confirmed that staff checked if they were happy for their care to be given and said their decisions were respected by staff. One person told us, "Yes staff are helpful, I can ask them." Another person said "Yes I feel they would listen." We saw some people took their lunch in the communal dining area whereas other people preferred to stay in their flats.

People's nutritional needs were supported with staff supporting people with meal preparation in their flats or delivering the meals provided by the local authority commissioned meals on wheels service. Staff also continued to serve delivered meals to people who chose to eat communally in the main dining room. The registered manager told us that this was not part of the commissioned hours but the staff team had wanted to continue providing this social mealtime opportunity.

The registered manager told us how they worked with district nurses and three local GP practices to make sure people's health was maintained. Records showed that staff were provided with information on people's health needs so they could monitor these effectively.

Is the service caring?

Our findings

People told us that they were treated with dignity and respect. One person using the service said, "I am well looked after". Another person commented, "I am treated with respect and dignity, this is much better than the last place." A third person commented, "Yes there is respect."

Staff respected people's privacy. We observed one staff member asking a person, "Are you happy for me to open your flat and bring you your bag." A staff member told us, "We always knock on doors; we respect people and listen to their views." Another staff member said, "I just do it the way I would like to be treated." Other care staff gave us examples of how they ensured privacy and dignity including making sure people's doors were closed and they were appropriately covered during personal care.

People using the service spoke positively about the support they received from staff. They told us that staff were kind and caring. We spent time observing the interactions between people and the staff who provided their care and support. The atmosphere at Freeman Court during our visits was calm, relaxed and friendly. The registered manager and staff clearly knew people very well and there was familiarity between them and people using the service. Staff were smiling, friendly and engaged positively with people using their names.

Individual support plans gave good information about the person and their background. For example, where they were born, where they lived during their life and their connections to the local area. Other parts of the plan addressed the person's hobbies and pastimes, friends and family and any religious or cultural needs. Other sections of the plan detailed how the person wanted their support to be given, their preferred routines and any other information they wanted staff to know about them.

Meetings were held with people using the service as and when necessary. Recent meetings had addressed the changes in the commissioning of the service, building renovations and the activities taking place. Written information about activities were also shared with people regularly.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the induction training for new staff.

Is the service responsive?

Our findings

People using the service told us that staff provided them with the care and support they required and it was responsive to their needs. One person told us, "All the staff here are jolly good." Another person said, "My chair was bad but now they listened and this chair suits the purpose. This was through discussion with staff."

People's individual needs were assessed before they came to live at Freeman Court. Referral information and assessments were provided by the local authority. Familiarisation visits were arranged so the person could come to see the service where possible. An individual support plan and assessments were completed by senior staff that were used to discuss with the person and / or their representatives about how they wanted to be supported.

Care plans addressed the support required by each person around areas such as their personal care, nutrition and health needs. All of the information we saw contained a good level of detail about the person's needs and the support they required. We noted that care plans varied as to when they had last been reviewed and updated and this was discussed with the registered manager. They told us an electronic care planning system was being introduced which would enable the information to be more easily updated.

We found that staff employed at the service were very knowledgeable about the needs of the people they supported. Staff told us that they received a daily handover and read the notes and care plans kept for each person using the service to make sure they were up to date.

Communal lounge, garden and dining areas were provided for people using the service. The ground floor lounge area was very homely with ornaments, trinkets, arts and crafts, pictures and books provided for people to enjoy. Objects were also displayed reflecting the history of the local area. Regular activity sessions were held at Freeman Court supported by an amenity fund co-ordinated by some of the people using the service. These included chicken and chip suppers, bingo and a regular Church service. Some people told us they would welcome more activities. The registered manager told us that there were no hours commissioned for this provision but the service tried to make sure regular activities took place for the benefit of people living there.

A copy of the complaints procedure was displayed on noticeboards on each floor. People told us they felt able to talk to a member of staff or the registered manager if they had a concern or wanted to raise a complaint. We saw records were kept of any complaints with timescales and action taken clearly recorded. One person told us, "I report to the staff and they report to the doctors or to the manager, yes they listen."

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. They were supported by a dedicated team leader for the service and other team leaders who floated between the supported living services run by the organisation locally as required.

The majority of people using the service said they were happy with the service provided and how it was managed. One person said, "I am well looked after, she [pointing to staff member] is my favourite, no he [another staff member] is my favourite, oh they are all my favourites." Another person told us, "Very good, I like living here."

Feedback about the registered manager and senior staff was positive. Compliments were recorded by the service and we saw recent feedback from relatives of people using the service. One relative said, "Thank you for all you do for [relative's name] to make his life as enjoyable as it can be." Another relative had emailed the service thanking them for sending a photo of their relative enjoying their Birthday saying it was "greatly appreciated."

Staff told us that they found the registered manager and senior staff to be approachable and supportive. One staff member said, "They are fantastic. You are free to talk." Another staff member said, "I get good support here." A care worker of the month scheme was in operation with the winning staff member receiving a small prize as appreciation of their work.

The staff members spoken with said that they felt the quality of care for people was of a high standard and they had no concerns about the service being provided. They said they would recommend it to their own friends and family. One staff member said, "It's a very good place, a nice place to live." Another staff member told us, "It's the best care, we do our best."

We saw records were kept of assessments of staff when working with people using the service. These looked at the care delivery including dignity and respect, medicine competency and choice. There was recorded feedback from the person or their relative and any changes found to be necessary were recorded.

A quality assurance exercise was being carried out with surveys being sent to people using the service. The registered manager was awaiting the summary of feedback at the time of our visit. A recent staff survey recorded positive feedback about working at the service and a four star rating awarded to the service. Regular quality returns were supplied to the senior managers who were able to monitor aspects of the service delivery electronically. For example, complaints, safeguarding alerts and incidents or accidents. Organisational audits regularly took place looking at the same key areas as CQC inspections.