

Mears Care Limited

# Mears Care Stoke

## Inspection report

Suite 1  
Unit 26, Parkhall Business Village, Parkhall Road  
Stoke on Trent  
Staffordshire  
ST3 5XA

Tel: 01782590020  
Website: [www.mearshomecare.co.uk](http://www.mearshomecare.co.uk)

Date of inspection visit:  
19 December 2019  
23 December 2019

Date of publication:  
11 February 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Mears Care Stoke is a Domiciliary Care Agency (DCA) registered to provide personal care. People are supported with their personal care needs to enable them to live in their own homes and promote their independence. At the time of the inspection the service supported approximately 291 people with personal care in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Medicines were not always managed safely by the service. Medicine administration record (MAR) had not always been signed to confirm that medicines had been given. Daily notes then did not confirm if they had been administered. The registered manager had a process when staff identified that a MAR chart had not been signed. However, we found that staff were not following this process.

Risks to people were not made clear to staff. People's files contained information from professionals relating to their physical health condition, however there was no guidance in people's care file to advise of this and staff were unaware of the risks.

Care files did not contain risk assessments for equipment in people's homes or regarding their health condition. We consistently found in people's 'Equipment maintenance information' that this had not been completed to advise staff what equipment people used in their homes.

Capacity assessments, where appropriate, did not detail the support people required from staff, and areas which they lack capacity.

Staff received the providers mandatory training. However, staff did not always receive training on people's specific physical or mental health needs that they worked with.

People's care files were not always personalised to their needs and information was minimal to guide care staff on specific needs.

People's needs, and choices were not always taken into account. People's care files did not identify how their medical condition impacted on their lives.

Quality assurance processes in place were not effective. Audits carried out did not identify areas found during the inspection with people's care files and MAR Charts. Care records were not accurate and up to date.

People felt the service was on time for their calls. Staff told us they felt there were enough staff to meet people's needs.

People's views on how the service was run and the support they received was regularly sought.

The registered manager understood their Duty of Candour, to be open and honest when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

(The last rating for this service was good (01 July 2017)).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches. Regulation 12 the registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed safely and the registered person failed to ensure the proper and safe management of medicines. Regulation 17 the registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We requested an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Mears Care Stoke

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, one assistant inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service on the first day of inspection. The second day of inspection was carried out by two inspectors and one assistant inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received from the provider such as notifications of events they are required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, assistant manager, 11 members of staff, 11 people and two relatives. We looked at 25 people's care records, records of accidents, incidents, and complaints received by the service. We looked at, recruitment records, staff supervision, appraisal records, training matrix, and audits completed by the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the services policies and procedures. We spoke with one professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- We found that medicines were not always managed safely by the service.
- We found where people had been administered medicines, staff had not always signed the associated medicine administration record (MAR) to say this had been given. The registered manager told us, that if staff identified a missed signature on a MARs during a call, they should circle the missed signature and call the office to inform management. A medicines audit would then be completed. However, we found that this did not always happen, and there were missed signatures on MARs that the registered manager was unaware of. Where records had not been signed, daily notes did not evidence if medicines had been given. We could not therefore be certain that people had received their medicines and no explanation for the missed signature was present in the records.
- One person's care file contained a letter from their GP regarding their swallowing risk with medication if they were intoxicated. There was no risk assessment for staff regarding the risk to the person when they were intoxicated or when it was possible for the person to swallow their medicines.
- One person's care file contained a letter from their GP that stated that they were at risk of choking on medicines when under the influence of alcohol. This person's care file did not evidence in the care plans or risk assessments regarding this choking risk. Care staff who regularly worked with the person were not aware of the choking risk, and told us, "It's the first time I have heard about it." There was no guidance in this person's care file to advise staff, if the person did start choking. There was a risk that the person could not swallow or choke on their medicines.
- One person had a paper and electronic file but the information in these were conflicting. The paper form health assessment stated the person had a catheter and staff were to support them with emptying the bag, however, this was not on the electronic care plan. The paper care plan referred to a stoma bag. Guidance was confusing and there was a risk staff would not know the action to take. When we spoke with the registered manager, they told us they did not currently support anyone with stoma care and they would have sought specialist training if they did. However, upon speaking with staff, staff confirmed they had supported people with their stoma bag. The inconsistencies in staff practice and care planning meant there was a risk a person might be harmed.

The registered person failed to protect people from the risks associated with the unsafe management of medicines. The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Staffing and recruitment

- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were

carried out to ensure people were protected from being supported by unsuitable staff.

- The service had recorded seven missed calls since January 2019. The registered manager told us, they would send an apology letter out to each person if a call was missed.
- People felt the service was on time for their calls and at their agreed times; they told us, "They are always within the hour of times when calling to me and have called me if held up due to an emergency and going to be late, but always get to me without fail, even though they are a bit short staffed at the moment with some off ill" and a second person told us, "The carers are always more or less on time, had no issues with it. No, they have never missed coming to me."
- Staff told us they felt there were enough staff to meet people's needs. They told us, "There wasn't enough, but there is now."
- One professional told us, "They (Mears care) do struggle to keep to the commissioned call times which are based on people's needs, which may put service users at harm."

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by care staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One care staff stated, "Ensure there is nothing to put the service user or anyone in danger. Any kind of abuse or suspected abuse, family involvement, medication errors, then report this."

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager reviewed accidents and incidents that were reported on a monthly basis via a trends graph. They told us, they would look for spikes in a month and put actions in place if needed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs, and choices were not always taken into account when delivering care. People's care needs were not always adequately assessed, planned and reviewed to ensure people received support in a way they preferred.
- People's care files did not identify how their medical condition impacted on their lives and the required action needed to support people effectively.
- The provider had systems in place to ensure that staff received their mandatory training. The care certificate modules formed part of the induction training. The Care Certificate sets out national outcomes, competences and standards of care that staff are expected to achieve.
- The registered manager told us, "Staff undertake a week's inhouse induction. They have workbooks and get tested on these. They then follow an employment programme which is 12 weeks, where the team leaders will watch them go out and complete moving and handling."
- However, we found that staff had not received training on people's individual health risks of who they were supporting. A staff member who had supported someone with epilepsy told us, "I used to support someone with epilepsy but not anymore. I had no epilepsy training in this job but had in the other job or maybe it came under first aid training." Another staff member told us, "I work with a person who has epilepsy, and I know what to do because I've asked the person's relative, but it doesn't say in the file."
- The registered manager told us they try and do four things a year with staff, which included supervision, spot checks, appraisals and team meetings. Staff confirmed that they received supervision and spot checks.
- People and relatives agreed that they thought staff were well trained and were able to meet their needs. One person told us, "All the carers are well trained and have good knowledge of care." Another person told us, "I do yes. Their skills are very good in my opinion."
- The registered manager told us, the service sends out a form, to see if people want to be involved with the interview process of new staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People that required support with meals, received this. One person stated, "Yes they do all my meals for me, having meat and chips today for lunch after cereal for breakfast. I tell them what I fancy, and they do it for me."
- For people who required a specific diet, care files did not always advise staff on dietary requirements. One staff member told us, "The care plan doesn't say about foods, the person has capacity, so know what they

can and can't have." People were at risk of been given the wrong food which could impact on their health condition. Following our visit, the registered manager provided evidence of a care file that contained dietary information.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to meet people's needs.
- Daily notes evidence where contact had been made with professionals regarding people they worked with.
- One person told us, "Yes Mears help with all my appointments, they plan and arrange them for me. On the ball they are."

Ensuring consent to care and treatment in line with law and guidance

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.

- Where people lacked capacity and had a capacity assessment undertaken, these did not provide staff with clear guidance. For example, one person who had a mental capacity assessment completed, the nature of the decision stated, 'lacks capacity'. There was a risk that people's support was not in line with their needs.
- People told us they were always asked for consent. One person stated, ""I was (asked consent) and do decide yes. My sister lives next door to me and comes in and they speak to her as well keeping her informed how I am."
- All staff stated that they had received training and had an understanding of the MCA.
- One staff told us their understanding of MCA was, "A person who is not able to make own decisions. You have to consider what's the best for them. In the past I was involved in best interest decisions with the family."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity needs were not identified and set out in their care plans.
- People care files did not evidence how staff would know the people they were caring and supporting. For example, no information was provided on people's personal preferences or in-depth information on people's personal background.
- People confirmed staff knew how they liked things to be done. People told us, "Yes they do. We have flexibility between us and they know what I like having done and in what order" and, "Most certainly. Always listen to what I have to say and know I love to have an Ovaltine on my last call at bedtime."
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit.

Supporting people to express their views and be involved in making decisions about their care

- Care files and risk assessments were reviewed yearly, but people's current needs weren't always detailed and updated to make sure they accurately reflected their current requirements and preferences.
- People's views on how the service was run and the support they received was regularly sought
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit. One person highlighted their morning routine and their preferred option regarding their food and drink.
- People and relatives told us about how they are involved in their care. One person told us, "Yes very much so. We have a good chat when they are getting my food and they know how I like that cooked, and if I need anything they see to it. They are all very nice and respectful as to my condition." One relative stated, "Brilliant I can't fault them. They are always on time and always let [person] know if they can't make it on time."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked in the office and in a place of their choice within people's own homes.
- People felt that staff were kind and caring. People told us, "What I like is they always close the curtains and door when dressing and washing me and helping me to and from my commode. Very respectful." A second person stated, "Yes they do treat men with dignity and respect or else I wouldn't put up with it."
- Relatives felt that staff treated people with dignity and respect. One relative stated, "They are great. They are some right laughs that goes on when [person] is in the shower."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care files were not always personalised and didn't place people's views and needs at the centre of the care provided. Care files had not been updated when people's needs had changed.
- Care files lacked information about what the person needed help with. Due to people's care files not been up to date, staff were not given accurate information relating to people's needs. We could then not be assured that care given to people were sufficient and personalised to meet their needs.
- People and their families, where appropriate, were involved in the planning of care and support needs. One person told us, ""Yes I did that [care plan reviews] with them and do as I go along if any changes are required."
- Relatives informed us that people were supported how they wanted to be cared for.
- One professional told us they did not feel the service was responsive to meet people's needs. They told us, "No, I do not feel that they are always responsive to meet people's needs. Mainly because they have very poor punctuality... Therefore, in some cases the carers arriving late, or the calls being rostered for carers at the incorrect call times, can have a detrimental effect on people's health and wellbeing.
- Care files and risk assessments were reviewed yearly, but people's current needs weren't always detailed and updated to make sure they accurately reflected their current requirements and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- People confirmed they received information in the way that suited them. One person told us, "I cannot see properly to read it (care plan), but they talk me through it and I trust them to see it is all written correctly."

Supporting people to develop and maintain relationships to avoid social isolation;

- People told us that the staff were engaging and chatted to them when offering support.
- People were supported to access relevant activities to meet their needs. People told us, "I can't get out but one day a week they do my shopping for me" and, "They make appointments for me and arrange for them to visit me if required."
- The registered manager told us they invited people to training works, to be involved with policy review, assist with developing newsletters and have put on coffee mornings twice yearly at the service to help

people maintain relationships.

#### Improving care quality in response to complaints or concerns

- People and relatives confirmed they would know how to make a complaint. One person told us, "I did verbally in the beginning when they were sending all different carers who were in and out in 10 minutes. I told them I pay for my time and I will have it. In fairness they immediately put that right and it has been okay since."
- The provider had received 14 complaints since January 2019.
- Complaints were managed robustly and in a timely way. The registered manager completed a trends analysis on complaints on a monthly basis, to consider if any learning was needed.

#### End of life care and support

- The registered manager told us people's end of life care preferences were recorded in their care file on end of life forms. These forms were seen during inspection that detailed people's wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance processes in place were not effective. The registered manager told us they would audit random medicine administration record (MAR)s each month. We found that this process was ineffective. We found evidence on MAR charts where there were missed signatures.
- Where an audit had been completed, this did not identify errors on the MAR charts that were found during the inspection.
- The management team told us, when a person's medicine changes, then a photograph should be taken, and this should be reported to the office and evidence saved on the electronic system. We found this system to be ineffective. Where medicines had been changed, the service could not evidence when this had taken place and the correct prescribed dose people were to receive. However, following our visit the registered manager told us the process should be, "Carers would contact the office, if any changes to medication were made, we would send out a senior to check this and sign."
- We alerted the registered manager to the issues we identified, and they agreed to take immediate action to rectify this.
- The registered manager failed to ensure that people's care records were accurate and up to date. The registered person did not have an accurate understanding of risks associated with people. The inconsistent documentation meant that information was not reflective of people's needs, and this had not been appropriately picked up by the registered manager.
- The registered manager told us their system for auditing care plans was comprehensive. However, we found their systems were ineffective and did not identify the issues we found during the inspection. For example, where people's files did not have risk assessments for health conditions, these audits did not identify they were missing.
- Some processes were in place to ensure the quality of the service provided. This included a monthly trends analysis completed by the registered manager. This looked at safeguarding, complaints, missed visits and accidents/incidents. The registered manager told us they would look at spikes on the charts and would put things into action. They stated they saw a spike in medicines trends, so put on a mini work shop for staff on auditing peoples MAR charts in November 2019. This had been completed by 42 care staff. However, we cannot be assured of the effectiveness of this training, due to the number of MAR chart recording errors, including in November 2019, we found during the inspection.
- The provider failed to ensure that staff were training appropriately to meet the specific health needs of people. For example, failing to adequately ensure staff are trained in Epilepsy care to meet people's needs.

- The registered manager failed to ensure care to meet people's needs was documented in care files. For example, there was no risk assessments or guidance on the type of seizure the person experiences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a clearly defined management structure within the service.
- There were not effective management systems to promote person-centred care. We found that care files were not specific to people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. All incident forms highlighted if the next of kin had been informed.
- All relatives confirmed that the service was very responsive and did inform them immediately if an incident had occurred. One relative told us, "No complaints and they keep us well informed if they find anything wrong with [person] at all."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from people in the past 12 months. They completed a customer satisfaction survey in 2019 and completed an analysis for this in July 2019.
- The registered manager stated the service produced quarterly newsletter for people. One relative told us, "Yes we get feedback and newsletter and had a Christmas card."
- One staff member commented, "All management are really approachable, really supportive and welcoming. Any problems or questions they support you with everything."

Working in partnership with others

- The management team told us the service had close working relationships with the local council, social workers and GPs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to protect people from the risks associated with the unsafe management of medicines. The registered person failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.</p>

### **The enforcement action we took:**

Warning Notice