

Mears Care Limited

# Mears Care - King's Lynn

## Inspection Report

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# Summary of findings

## Overall summary

Mears Care - King's Lynn is a large domiciliary care agency that provides personal care to about 450 people living in their own homes and in supported living in the King's Lynn and surrounding areas. There is a registered manager in post

Staff had been given training about how people should be treated with kindness and how to promote people's dignity, respect and privacy. People who used the service told us that staff treated them with dignity and respect and when they had raised any concerns they had been dealt with effectively. One person told us, "They are always kind and gentle and never rush me when giving me care. Another person told us, "They (the carers) show a lot of respect and are very polite".

Although staff had received training during their induction on the Mental Capacity Act 2005 not all of them had a good working knowledge of what this meant for the people they worked with. This meant that staff may not always be aware if people needed support with making decisions about things that affected them

All of the people that we talked with who used the service told us that they felt safe and that they would know what to do and who to contact if they thought they had been mistreated in any way. There were systems and processes in place to reduce the risk of people suffering any abuse.

In line with the provider's procedures all incidents and accidents had been reported to the safety, health and environment team, investigated and if necessary action taken to reduce the risk of accident or incidents reoccurring.

Staff had the support, skills and competencies they required to meet people's needs. Care staff told us that they could request extra training for example, they had previously requested training for working with people living with dementia and this had been arranged. New staff had been given the appropriate time to get to know the people they would be working with before they were expected to work on their own.

People had been involved in the planning of their care. Important information about people's history and preferences, which helped the staff get to know people and how they would like to be cared for was recorded in their care files. However, the written information provided about how staff should support people and how risks should be minimised varied in the style and the amount of detail according to which member of staff had completed it. This could lead to people receiving inconsistent care and support because of lack of information or guidance. The shortfalls we found breached one of the health and social care regulations, and you can see what action we told the provider to take at the back of the full version of the report.

Staff had received training in the administration of medication and had been made aware of the agency's policies and procedures. However we found that these were not always being followed to ensure that people received their medicines in a safe manner

There were effective systems in place to monitor and improve the quality of the service provided, which took into consideration the views of the people who used the service. The agency had sent out detailed person centred questionnaires for people who used the service. It not only looked at the service the agency was providing but all other aspects of the person's life. The agency had been working through the responses and, even where they were not directly responsible for issues of concern that had been raised, they had tried to provide support to improve the quality of life for people. Staff felt that they could discuss any concerns with the manager and that there was an open culture within the agency (or service).

The manager was aware of the risk of social isolation to people and had arranged a "service user's forum" so that people who used the service could come together and meet other people and socialise.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The risk of abuse to people who used the service was minimised because staff were aware of what procedures and policies they should follow if they suspected anyone had suffered any kind of abuse. People who used the service told us that they felt safe and that they would know whom to talk to if they were unhappy with any aspect of the service. One person told us, "They (the carers) come and sit with me for a few hours. They're very good and I have no worries about feeling safe with them".

The quality of the information recorded in the risk assessments regarding people's safety and their individual plans of care varied according to who had completed them. This meant people were not always protected effectively from the risk of harm. The manager told us that all staff would be receiving training on care planning and risk assessment to ensure there was greater consistency.

Although medication training for staff, and policies and procedures were in place, these were not always being followed.

Although staff had received training in the Mental Capacity Act 2005 they were not aware of their responsibilities or how they should put this into practice to ensure that people who could not make decisions for themselves were protected.

### **Are services effective?**

We found that people and their relatives were involved in their needs assessment and the planning of their care before they started to use the service. The manager told us that this helped to ensure that people received care and support in the way that they preferred. People had also been asked at regular intervals if they were happy with the service they received.

People who used the service told us that staff knew them well and were aware of how they liked to be supported. One person told us, 'I think the staff are good, they seem to be good at what they do'.

Staff received training, supervisions and appraisals to ensure they had the support they required to meet people's needs. The staff we talked with felt that they had all of the training they required and that, if needed, they could request any further training.

### **Are services caring?**

Discussions with the manager and other staff showed that they had a strong person centred culture which aimed to put the people that used the service at the centre of everything they did. People that

# Summary of findings

used the service said they felt that they were treated with kindness and compassion and that the carers understood how they liked things to be done. One person told us, "They understand my likes and dislikes they make me laugh. I couldn't think of anyone else any better".

## **Are services responsive to people's needs?**

People told us that their care was personalised and that the care staff knew them well and responded to how they were feeling. One person commented, "They always do what I want and make a good job of it". Another person stated, "I was feeling lousy today and they offered to phone the doctor for me. They are so good I appreciate everything that they do for me". Another person told us, "They try to fit in with what I like. They are really trying to get to know me".

People were supported to express their views about the service they received and any information was acted on by staff.

Staff worked in partnership with other healthcare professionals to make sure that people's needs were met.

People knew how to raise a concern if they had one. There was a clear procedure on what action staff should take if they received a complaint.

## **Are services well-led?**

The agency had a manager in post. The manager had effective quality assurance processes and audits in place so that they could make continuous improvements to the agency. Accidents, incidents and complaints had been dealt with promptly and any action necessary had been taken to avoid any reoccurrence.

Care staff told us that they found the management team approachable and that if they had any concerns that they could discuss them. They also told us that they could request any extra training and that this was organised so that people who used the service had staff that were competent in their role.

The agency's values in relation to dignity and independence were evident through discussions with staff, written information for people who used the service and discussions with people who used the service.

# Summary of findings

## What people who use the service and those that matter to them say

We visited 10 people who used the service and talked with them and their relatives. We also phoned 18 people and asked them for their views about the service they had received.

People we spoke with were generally very positive about the care that they received from the agency. People received a wide range of care and support, which included assistance with washing and dressing, administering medication (creams), preparation of drinks and snacks and assistance with household chores.

People told us that carers did not share any information about other people they supported. One person told us that: "The carers never gossip about other people who they provide care for in the same village as me".

We received a number of comments regarding the carers and the care they provided including; "They are always kind and gentle and never rush me when giving me care", "They are really good and make sure everything is done before they leave", "The carers are kind and cheerful and we have a laugh together", "They are great and the carers speak to me properly" and "They (the carers) show a lot of respect and are very polite".

Two relatives that we met during our visits confirmed that they had observed the carers delivering support in a kind and respectful manner and they felt that their family member was in, 'Safe hands'.

One person told us, "They always do what I want and make a good job of it". Another person told us, "The carers know me well and what I like".

Two people we met described incidents where they felt that a carer had not treated them respectfully (not a recent event) and that they had contacted the agency's management team and the carers in question were withdrawn and had not returned to deliver any further care.

People we met told us that they felt that the carers were knowledgeable and well trained regarding the care that they should be providing during each visit.

People told us that they had been involved in discussions regarding their care and we saw copies of up to date reviews in people's care files. They felt that their independence was encouraged by care staff and told us that, "The carers help me to stay as independent as possible" and "I do as much as I can and the carers help me when I have difficulty in washing and dressing myself".

People told us that they received care from the same group of carers as much as possible but realised that carers less familiar to them may be supplied when their usual carers were ill or on leave. They told us that new carers were introduced to them and were 'shadowed' by more experienced carers. One person told us, "The carers know when I am having a good or bad day and are able to respond to me in a very supportive way".

People told us that they had contact with the agency's management team whenever they wished and named a number of coordinators and the manager who they had contact with. They also told us that when they had raised issues or concerns these had been dealt with in a timely and respectful manner.

People told us that the carers were generally on time and they were informed if the carer was running unavoidably late. One person told us, "They always let me know if they are going to be late". Another person told us, "The carers will adjust their time to see me if I have an appointment at the hospital".

# Mears Care - King's Lynn

## Detailed findings

### Background to this inspection

Our inspection team was made up of a lead inspector, a second inspector and an expert by experience who had an understanding of dementia care.

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 was meeting the Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process called 'A Fresh Start'.

The lead inspector visited the office of the agency on 03 April 2014 and talked to the operational manager, the manager, care coordinators, senior carers and carers. We also spent time looking at a range of records which included people's and staff records. The second inspector visited 10 people who used the service in their own homes and an expert by experience telephoned 18 people who used the service to gain their views about the care and support that they had received. Before our inspection we reviewed all the information we held about the agency. We examined notifications received by the Care Quality Commission.

# Are services safe?

## Our findings

People told us that they felt safe and that they would call the office should any issues arise. One person told us, "I have a key safe and they (the carers) let themselves in I always know who is coming". Another person told us, "I have a regular carer who comes in and she's very good I have no worries about safety issues at all". One person commented, "If I had any worries I would probably speak to the person first and then phone the office" and another person told us, "They (the carers) come and sit with me for a few hours. They're very good and I have no worries about feeling safe with them".

Policies, procedures and staff training were in place to reduce the risk of people who used the service being harmed in anyway. The registered manager and care staff had received training in safeguarding vulnerable people and were able to tell us what procedures they would follow if they thought anyone had suffered abuse. All of the people who used the service told us they knew who to contact if they were not happy with how care staff had treated them.

There was an effective system in place to manage accidents and incidents so that their reoccurrence could be avoided. Records showed that when any accidents or incidents had occurred, the member of staff had completed an accident/incident form and it had been sent to the provider's safety, health and environment team. The team had carried an investigation when necessary and suggested areas where improvements could be made.

New care staff were made aware of how the agency expected them to work with people. The staff induction and staff handbook included information on protecting people's human rights. The manager stated that people were asked during their initial assessment if they needed their care or support to be delivered in a certain way because of any diverse needs such as religious or cultural beliefs so that people were not discriminated against.

Although the manager and all of the staff had completed training on the Mental Capacity Act 2005 and had a basic understanding of the main codes of practice, this was not always put into practice for people they supported. For example, one member of care staff told us about a person with dementia who resisted taking their medication. When we looked at the recent review for the person it stated that

their dementia had progressed and that they were "very confused" however, no mental capacity assessment had been completed for the person. We asked the manager if the agency staff completed any capacity assessments for people. They told us that the only mental capacity assessments that had been completed would be by the referring care manager at the local authority when the service was first requested. The manager must ensure that where needed capacity assessments are completed to ensure that people are cared for in line with their best interests.

The risk assessment section of the initial assessment of people's needs had been completed differently for all four of the records that we looked at. The information was not clear about what the risk was, how it would be minimised or whose responsibility it was to implement it. We discussed this with the manager and they stated that the variance was caused by different staff completing the assessments. This could mean that staff didn't always have all the information they required to care for people in a safe way.

We looked at the records of care for four people. We found that information in the risk assessments had not always been followed and that people's support plans were not always up to date. For example, The daily notes showed that the care staff were regularly helping one person with their

food. However there was no information in the person's individual support plan that this was a task required by the care staff. We also saw that on one occasion the person had been assisted to eat grapes, however their risk assessment stated that they should have all of their food blended. It was not clear, and the manager did not know, if this was on the recommendation of a professional to prevent choking or if it was at a relative's request. This could place the person at risk from harm. This meant there had been a breach of the relevant legal Regulation (Regulation 9) and the action we have asked the provider to take can be found at the back of this report.

When we visited four people within their own homes, we checked to see if their medication was being managed safely. People told us that they managed their own medication and we found that they received assistance with applying creams. This had been recorded appropriately in their care notes. The manager told us, and the records confirmed that all staff had attended training on the safe administration of medication. There was a

## Are services safe?

detailed medication policy, which was also in the staff handbook. From discussions with care staff and looking at people's records we found that the medication policy was not always being followed. For example the policy stated that care staff should only prompt people to take medication from a dosette box that had been filled by a family member. However a carer told us that they had to,

"...play a game" to get the person to take their medication since their dementia had progressed and that the person was "very confused". The manager must ensure that all staff are aware of and follow the medication policy and procedures and that if people's circumstances and support needs change then their care plans and risk assessments are updated to reflect this.

# Are services effective?

(for example, treatment is effective)

## Our findings

People we talked with told us that the carers were aware of the way they preferred to have care delivered. They also told us, "They know my likes and dislikes and how things should be done" and "They know how I like things and I tell them what I need as we go along". Another person told us, "They always ask me if there is anything else I would like to be done before they leave".

Care staff told us that they had all the training they required to meet people's needs and that if there were any gaps in their knowledge they could request training and it was organised. Specialist training had been organised to ensure that staff had the skills they required to meet people's needs. The manager told us that specialist training had included stoma care, diabetes care, percutaneous endoscopic gastrostomy feeding and dementia care. People who used the service told us, "The staff are lovely and all seem to be well trained with regard to what they need to do for us" and "I think the staff are good, they seem to be good at what they do". One person commented, "They are fairly well trained but I do feel the older staff are better, they seem to have more understanding of older people".

There were formal arrangements in place to ensure that the needs of people were assessed. The manager told us that assessments and individual support plans were completed with people who used the service and/or their relatives, we saw evidence of this in the care records that we looked at. After the initial two weeks of using the service the assessments and support plans were reviewed. This was to ensure that they were an accurate reflection of the support and care that was required and being provided or if anything could be improved. The support plan was then

reviewed six monthly or sooner if a person's needs changed or someone had spent time in hospital. One person who used the service told us, "They get my meals and do the jobs in an easy going manner they just do everything I need". The relative of one person commented, "X has done so well since they've been coming in. They have encouraged him to get up and now he gets up each day and it's lovely because he stays up until the evening. They really helped us". The care staff that we talked with

confirmed that unless it was an emergency they were always introduced to new people and had time to read the assessments and individual support plans. One member of staff also told us that the care coordinator would usually explain about the person's needs and answer any questions they might have before their first visit. This meant people could be assured staff were aware of their needs and could meet them appropriately.

Most of the people we spoke with were responsible for managing their own food. Those who had support with food and drink told us that they had never been left without these. Although nutrition and hydration needs were discussed during the assessment we found that there was no detailed assessment of people's needs in this area to establish if they were at risk from malnutrition or dehydration. For example, people's BMI (body mass index) or weight was not recorded or monitored for those who may have been at risk. This could make it difficult to monitor if someone's needs had changed and action needed to be taken.

There was a comprehensive induction in place for new staff. This included shadowing experienced staff until both they, and the member of staff they were shadowing, thought that they were competent to work on their own. Staff were then placed on a 26 week engagement programme where they received spot checks of their work and extra supervision sessions with the manager or care coordinator. Care staff that we talked with confirmed that they felt supported and that they received regular supervisions, training and appraisals. The training and supervision records confirmed this.

People who used the service were provided with a list of useful telephone numbers, including organisations they could go to for support.

The manager told us that staff always tried to find out about the interests of people who used the service and then matched these with staff with similar interests. People were also asked during their assessment if they would prefer a male or female carer. When people were allocated a new member of staff, the manager or a care coordinator always checked that they were satisfied with the care that was being provided.

# Are services caring?

## Our findings

People that we talked with were positive about the care and support that they had received. They told us, "They are all very nice people. I like to have a chat and they always seem to be able to find a few minutes to sit with me and have a chat about day to day things". Another person told us, "They understand my likes and dislikes they make me laugh. I couldn't think of anyone else any better". One person said, "In the morning they give me a good wash and I always feel they treat me respectfully and ask how I want things doing" and another person told us, "I've only had the service for a couple of months but I'm very happy with them. They will do anything for me they'll even take my prescription in for me". However one person told us, "When they give me a wash or a shower I don't always feel they are respectful of my privacy and dignity. I have to ask them to cover me up sometimes, which I think they should know to do that".

For each new person who wanted to use the service, a senior member of the team completed a needs' assessments and an individual support plans with them and/or their representative so that the care staff would understand people's individual needs. We looked at the assessments and individual support plans for four people. We found that the amount of detail varied in the plans and the manner in which they were written also varied. Some were task orientated and stated the basics such as "assistance with washing" where others were more detailed and encouraged the person to be as independent as possible by stating what they could do for themselves and what they needed help with. All of the plans contained important information about what the person would like to be called, their history, hobbies and interests, family and friends and religious, cultural or social organisations that they were part of. The plans also included what the person wanted the care to achieve such as being able to stay in their own home. We found one area when the language used was not appropriate and the manager stated that this had already been recognised and had been changed in the copy in the person's own home. The operational manager told us that all staff were being given training over the

following months to ensure consistency in recording so that support plans would all be written in detail and would promote people's independence, dignity and respect and choices.

The provider had sent all of the people who used the service a survey about the service they received from the agency and also about other aspects of their life. The results from the recent survey showed that over 70% of people who replied were either extremely satisfied or very satisfied with the service they had received from the agency and 23% were quite satisfied. The survey also asked questions about how staff could help to improve people's health and quality of life. The manager and staff were working through each returned form and would take action where possible to improve the outcomes for people. For example, one person has said that they felt lonely at weekends, so an extra "social call" had been provided at weekends to help the person feel less isolated. The manager had also organised a "service users forum" that everyone who used the service had been invited to attend and socialise with other people. Refreshments and entertainment were being organised for the forum and the manager told us that she also saw it as another opportunity to ask people if they were happy with the service they had received.

The provider expected all of their staff to meet the code of practice for social care workers, which included protecting people's rights, promoting their independence, treating people as individuals with respect and dignity and respecting their diversity and different cultures and values. This information was included in the staff handbook and the induction for new staff. The care staff we talked to confirmed this and told us how they ensured they always treated people with dignity and respect. One carer told us, "Sometimes you're the only person they see all day". People who used the service told us, "They (the carers) are very nice good people they help as needed and try to fit in with me", "They're very polite well-mannered and treat me well" and another person told us, "They know exactly what and when to do things for me. I really feel they are in tune with what I need".

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People who used the service told us that they felt the care that was provided to them was personalised to what they needed. One person told us, "They always do what I want and make a good job of it". Another person told us, "The carers know me well and what I like". One person told us, "They'll give me a call to see how things are". Another person told us, "They always do what they can and try to do things in the way I like them done especially when they make my bed".

People were encouraged to make their views known about their care and support needs. The manager told us that the person who received the care, and/or their relatives where appropriate, were involved in the completion of their assessment and support plan and were asked if they agreed with it. We saw that people had signed their plans to show that they had agreed with them. People and their relatives had also been involved in reviewing their needs and support plans to ensure that they were accurate and that staff continued to meet people's needs in the way that they preferred. People told us that the carers would offer extra help and support if they needed it and normally asked if there was anything else that they could help with before leaving.

People told us that they knew who to contact at the agency's office if they felt concerned or wanted to raise a complaint. We saw that there were contact numbers and a copy of the complaints procedure in people's care/information file in their home. There was a complaints log in the office. This contained a copy of the outcome letter that had been sent to people at the conclusion of the complaint investigation but it did not contain a copy of the original complaint. There was no information about the investigation for all of the complaints received. The manager stated that they would include this information in future. Two people we met described incidents where they felt that a carer had not treated them respectfully (not a recent event) and that they had contacted the agency's management team and the carers in question were withdrawn and had not returned to deliver any further care. This meant people could be confident that any concerns or complaints would be responded to and explored.

The manager told us, and care staff confirmed, that there was a weekly feedback form that care staff completed if they had any concerns about anyone or felt that their needs had changed so that they could be reassessed and any necessary action taken. The care staff told us that, as well as completing the weekly feedback forms, they also followed that up with a call to the care coordinator for their area to ensure they had received the information. The manager told us that when people's needs had changed, and if appropriate, they also contacted any health care professionals and funding authority to ensure they were also aware of any changes. Records we saw confirmed that this had been done. When changes had been made to support plans there was a system that all staff could be notified by a text message through the computer system. All staff had to reply to the text message to show that they were aware of the changes.

Some people told us it was important that they knew which carers to expect and they were sent a weekly rota, however this was not routinely done for all people who used the service. The manager stated that they would ensure that it would be raised at the "Service User's Forum" so that people would be aware that they could receive a copy of the rota. It would also be included in the newsletter which would be sent out to everyone who used the service.

Two people told us that they were not always satisfied with the way the office staff had dealt with them and said, "We call the office but we feel they don't always care very much. They talk but don't always do the thing we need" and "Sometimes the time is wrong and they come too early in the evenings. I've asked the office staff if they would change the time but I know it's not always possible so I just have to accept it". There were both positive and negative comments received about if carers always arrived on time. One person told us, "They are late at times but it doesn't bother me too much I know they can't always help it". Another person told us, "They are usually on time, they will phone if they are going to be late in the evening". One person told us, "I don't give my insulin now until they arrive and I know my food will be ready as they can be late".

# Are services well-led?

## Our findings

From discussions with the manager, operational manager, care staff and people who used the service it was evident that the agency had a culture of putting people first and that their privacy, dignity, happiness were promoted. As well as the annual quality questionnaire and regular reviews for people who used the service, the manager was trying to find other ways of obtaining people's views such as the planned "service user's forum". Staff also had regular "spot checks" where they were observed providing care and support to people to ensure that they maintained the standards expected of them.

Systems were in place so that people knew their carers. The manager confirmed that they always tried to provide the same carers for people and that when any changes were made people were notified.

There was clear information recorded to identify what training staff had completed and when it was due for renewal to ensure that all staff had the skills they required to meet people's needs. The manager had also attended refresher training on a number of subjects and had booked to attend refresher training in managing safeguarding incidents to ensure that their knowledge was up to date.

There were systems in place to protect people who used the service. The manager had responded appropriately when any safeguarding issues had been raised and had

followed the reporting procedures to other organisations and supported them in their investigations. The manager told us that they had advised the staff if they had any concerns, or if they were not sure if it was safeguarding concern, they should always report it and that they used the information from previous safeguarding issues so try and avoid a reoccurrence of the same situation. This also helped to promote an open and honest culture.

Quality assurance systems were in place to ensure that any adverse incidents were responded to and any lessons from them learnt. The operational manager told us that they received a summary of all accidents and incidents so that they could also raise any concerns with the manager. All accidents and incidents were also referred to the care manager of the funding authority so that they were aware of any issues and could arrange for assessments or support from other professionals if needed. This meant that where needed, improvements were made.

Staff had opportunities to get support from their colleagues and share best practice. Care staff that we talked with told us that they felt supported by the management team and that if they had any concerns that they could raise them. They confirmed that they received regular supervisions, attended team meetings and training and could request any extra support that they needed. Staff knew who to contact for support for guidance at all times including evening and weekends.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p>Regulation 9 (1) HSCA 2008 (Regulated Activities) Regulations 2010 Care and Welfare of service users.</p> <p>How the regulation was not being met: The risk assessment and individual plan did not always include all of the information required to reduce the risk of people receiving care that was inappropriate or unsafe. Regulation 9(1).</p> <p>The registered person must ensure that each person is protected against the risks of receiving care that is inappropriate or unsafe by carrying out an assessment of their needs and planning and delivery of care in such a way to meet the individual's needs.</p>