

Mears Care Limited

Mears Care - Bromley

Inspection report

Crown Meadow Court
23 Brosse Way
Bromley
Kent
BR2 8FE

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16 November 2016

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Website: www.mears.co.uk

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

We carried out an announced comprehensive inspection on 16 November 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the registered manager would be available. At our last inspection on 28 October 2014, we found the provider was meeting the regulations we inspected.

Mears Care - Bromley provides personal care and support to people in their own apartments on a single site in Bromley, Kent. At the time of our inspection the service was providing personal care and support to 61 people.

There was 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.

At this inspection we found that safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed, and risk assessments and care plans provided clear guidance for staff on how to manage risks. Medicines were stored, administered and recorded appropriately.

There were enough staff to meet people's needs. The provider had carried out appropriate pre-employment checks to ensure staff were suitable and fit to support people using the service.

Staff received adequate training and support to carry out their roles and records showed staff were up to date with their training. Staff received supervision, appraisals to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). Staff asked people for their consent before they provided care.

People were protected from the risk of poor nutrition and had access to a range of healthcare professionals in order to maintain good health.

People were treated with kindness and compassion. Their privacy, dignity and confidentiality were respected. People were supported to be independent where possible such as by attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. People's cultural needs and religious beliefs were recorded to ensure that staff took them into account when providing support.

People were involved in their care planning. The care and support they received was personalised, and staff respected their wishes and met their needs. Care plans were reflective of people's individual care needs and preferences, and were reviewed on a regular basis.

People knew about the service's complaints procedure. They told us they believed any complaints they raised would be investigated and action taken if necessary.

There were effective processes in place to monitor the quality and safety of the service. Regular staff meetings took place and people were given opportunities to provide feedback about the service. People and staff told us they thought the service was well run and that the registered manager was supportive.

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.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Risks to people using the service were assessed. Risk assessments and care plans provided clear information and guidance for staff.

Medicines were stored, administered and recorded appropriately.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Staff received training in support of their roles. Staff received appropriate support through formal supervisions and appraisals.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. Staff asked people for their consent before they provided care.

People were supported to have enough to eat and drink.

People had access to healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and consideration.

People using the services' privacy, dignity and confidentiality was respected.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care.

People's needs were reviewed on a regular basis.

Care plans were accurate and people's preferences were correctly documented.

Is the service well-led?

Good ●

The service was well-led.

There were effective processes in place to monitor the quality and safety of the service.

Regular staff meeting took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

Mears Care - Bromley

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 16 November 2016. The inspection team consisted of one adult social care inspector. We told the provider two days before our visit that we would be coming, as we wanted to make sure the registered manager would be available.

Before the inspection we looked at the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider also completed sent a completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

During the inspection we spoke with two people using the service, two relatives, three members of staff, two healthcare professionals, the registered manger and the deputy manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for three members of staff. We also looked at records related to the management of the service such as quality audits, and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and that they were happy with the care they received. One person said, "I feel very safe here." Another person said, "I do feel safe." A relative told us, "It has been a comfort knowing that our [relative] is safe."

Staff were aware of safeguarding policies and procedures, and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager told us, and records confirmed that all staff had received training on safeguarding adults from abuse. Staff also told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

The service completed risk assessments for each person in relation to medicines, nutrition, mobility and fire. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. Where potential risks were identified there were relevant action plans in place for staff to minimise these risks. Staff were aware of how to manage risks to be people safely. For example, one person using the service suffered from a particular back condition and there was clear guidance for staff on how the person should be positioned to prevent the condition from getting worse.

Medicines were administered and recorded appropriately. Medicines were stored in lockable cupboards in people's apartments. The registered manager told us some people using the service were independent and able to administer their own medicines and some people needed support from staff. We saw that this was covered in people's care plans so that staff were aware of the support people required.

Training about the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. Audits of people's medicines were carried out on a regular basis to ensure they were correctly administered and signed for. For example a recent medicine audit had identified that there was a signature missing on one person's Medicine Administration Record (MAR). The registered manager took immediate action by speaking to the respective staff member who had not signed the MAR as well introducing a system that any staff who saw MAR charts not signed from previous calls needed to report this to senior management immediately. We saw that the medicines audit carried out in October 2016 showed 99% compliance.

We saw through observations there were enough staff to meet people's needs. The registered manager told us that there were eleven staff on shift each morning, eight staff on shift each afternoon and two staff worked through the night. They told us that the staffing levels were constantly evaluated by the registered provider and the local authority and arranged according to the needs of the people using the service. People had a pendant alarm to use to call for support and the calls came through to the care team who answered the calls 24 hours a day. The senior member of staff in charge on the day had the overall responsibility to make sure calls had been answered and dealt with. During our inspection we observed calls being

answered promptly. One person told us, "There are enough staff, they work very hard and are always on time." A relative told us "There are enough staff, we don't have any complaints." The provider followed safe recruitment practices, and appropriate recruitment checks were conducted before staff started work at the service. Staff files contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references had been secured, proof of identity reviewed and criminal record checks undertaken for each staff member. The provider had also carried out checks to ensure staff members were entitled to work in the UK before they commenced work.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire, and confirmed they had received first aid and fire safety training. Records we looked at confirmed this. The fire risk assessment for the service was up to date.

Is the service effective?

Our findings

People told us that staff were well trained and competent. One person we spoke with told us, "Staff are well trained." Another person said, "[Staff] are trained well and know what they are doing."

Records confirmed that staff had completed induction and mandatory training in line with the provider's policy. This training included safeguarding adults, management of medicines, manual handling, mental capacity and Dementia. One staff member we spoke with told us, "My training is absolutely up to date and it's very good training." Another staff member told us, "My training is up to date and I have just completed my level three diploma in social care."

We saw that staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a range of topics, including issues relating to the people they supported, working practices and training. The frequency of supervision meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. One staff member we spoke with told us, "I have regular supervision; if I had any problems I would speak to the manager." Another staff member said, "I do have regular supervision and feel supported."

We checked whether the service was working within the principles of the MCA. 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.

The provider was aware of the supreme court ruling regarding deprivation of people's liberty and knew how an application to the court of protection could be made if this applied. The registered manager told us that people had capacity to make specific decisions about their care and treatment and that nobody using the service had been deprived of their liberty and explained the process that should be followed should a person lack capacity and require support to make specific decisions in their best interests, in line with the MCA. From our discussions with staff and the management team, we found they understood the need to gain consent from people when planning and delivering care. For example, a member of staff told us, "I always ask if people are happy and want me to help them."

People were involved in choosing what they wanted to eat or drink and were supported to maintain a healthy balanced diet to protect them from the risk of poor nutrition and dehydration. People's care files included assessments of their dietary needs and preferences. One person told "I tell staff what I want to eat and drink."

People were supported to access health care professionals when needed. We saw that district nurses, chiropodists, opticians and a GP provided health care services on site. People's health care appointments were recorded in the service's communication book. This ensured that all staff were aware to arrange appropriate support so the appointments were not missed. We spoke to the GP who told us, "I can't praise

the staff highly enough, they are very well organised. The registered manager knows all the residents and is very knowledgeable. The service is efficiently run, I can't fault them." We also spoke to a district nurse who told us, "The manager is very good and I cannot fault the carers. People are cared for very well."

Is the service caring?

Our findings

People told us they were happy with the service they received, and were treated with dignity and respect. One person told us, "[Staff] are very caring." Another person said, "Yes [staff] are very caring; they are here for me." Relatives also told us staff were kind and caring. One relative said, "Staff are very caring and we are happy with the care."

We saw staff engaging with people positively in conversations that were relaxed and friendly. Staff knew people's life histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, they knew the times people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member we spoke to told us, "One person really enjoys beans on toast."

Staff protected people's confidentiality, privacy and dignity. Records regarding people's care and treatment were stored securely to ensure confidentiality. We observed staff knocking on people's doors and waiting for permission before entering their rooms. . One person we spoke with told us, "[Staff] always close my door." Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One person we spoke to told us, "I brush my own hair which makes me feel better."

Staff showed an understanding of equality and diversity. Care records showed that people's choices and preferences including their religion, interests and preferences were recorded which enabled staff to provide a service suited to their individual needs. For example, where people with religious beliefs were unable to worship in the community, we noted that a vicar regularly attended the service so they were able to practice their faith. People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care people could expect, and the services and facilities provided at the home and included the complaints procedure.

People's friends and relatives were encouraged to visit them at the home.. One person told us, "My family visits me regularly. . ." A relative told us "My [family] and I are made to feel welcome, and can come and go as we please. This enables us to continue the close relationship we have with our [relative]."

Is the service responsive?

Our findings

People received consistent care that was appropriate to meet their individual needs. People were assessed to receive care and treatment and we saw care plans had been developed and reviewed on a regular basis to ensure their needs were met. For example, one relative we spoke with told us, "The registered manager worked with us to work out [my relative's] needs and the hours of care required. The team go way above what is expected of them in relation to the help and care they give my [relative]."

Staff knew people well and were aware of the things that were important to them so that they received person-centred care. One person told us, "[Staff] always talk to me about my care." Another person said, "I know what's happening with my care." One relative we spoke with commented, "We are always kept informed about our [relative's] health care." One staff member told us "One person really likes talking about their youth and where they grew up, I always make time to talk to them."

We looked at four people's care files and saw they were well organised and easy to follow. They Care plans contained clear guidance for staff on how people's health needs should be met. Records confirmed that We saw people using the service and their families were involved in the care planning process.

Care plans were reviewed on a regular basis to ensure they met people's needs.

Staff were aware of people individual likes and dislikes. We saw staff recorded daily progress notes that detailed the care and support delivered to people. People told us they had a choice in the gender of their carer. One person told us, "I was given the choice of male or female carer, I prefer a female."

We saw the service had an accessible complaints policy in place and available to people using the service. The service had investigated and resolved complaints received within the timeframe set in the provider's complaints policy. Staff told us how they would support people to make a complaint and ensure they received an appropriate response. One person we spoke to told us, "I know how to make a complaint and I know the manager would deal my concerns, but I haven't got any complaints."

We saw that regular resident meetings were held to provide people with information and an opportunity to air their views about the service. Items discussed at the last resident meeting included flu vaccinations, keeping hydrated throughout the day and weight monitoring.

Is the service well-led?

Our findings

People we spoke with were happy with the service they received. People were highly complementary about the registered manager, the staff and the service. One person told us, "The registered manager and the staff are very nice; there is nothing they could do better. I ring my bell and they are there."

There were effective processes in place to monitor the quality of the service, and the registered manager recognised the importance of regularly quality monitoring. Records demonstrated regular monthly audits were carried out at the service to identify any shortfalls in the quality of care provided to people using the service. These included medicines, care plans, risk assessments, staff files and the communication book.

The service had a registered manager in place who was supported in running the service by a deputy manager. Staff described a culture where they felt able to speak out if they were worried about quality or safety. They told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. One staff member told us that the registered manager, "Is hands on, very approachable and is a good leader." Another staff member told us, "The registered manager and the deputy manager are very professional and supportive; I can go to them at any time."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as people's health, the importance of wearing name badges and uniforms, and training requirements. This meant that learning and best practice was shared with staff and they understood what was expected of them at all levels. One staff member we spoke with told us, "I attend regular staff meetings, it's an opportunity for me to meet my colleagues and air any concerns. However, I don't have any concerns; the service couldn't do anything any better."

The service produced a monthly newsletter which provided staff with information about the service. The registered manager showed us a copy of the latest newsletter which included details of available training, reminding staff that badges and uniforms need to be worn at all times and that all staff must complete the Communications book on a daily basis.

We saw that the service carried out resident surveys on an annual basis to provide people with the opportunity to give feedback about the service. Feedback from the latest survey we looked at was positive. Comments from people who used the service and their relatives included, "I receive very good care and support which meets my needs," and, "All at the service go out of their way to ensure my [relative's] well-being. They are outstanding."