Mears Care Limited

Mears Care - Hammersmith & Fulham

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The last inspection of the service was on 12 February 2014 when we found no breaches of Regulation.

Mears Care – Hammersmith & Fulham is a domiciliary care agency providing personal care and support to people who live in their own home. The location is a branch of Mears Care Limited, a privately owned organisation providing care, support and housing throughout England, Wales and Scotland. This branch provided support to people who lived in the London Boroughs of Hammersmith and Fulham, Kensington and Chelsea, Wandsworth and Westminster. At the time of our inspection there were approximately 140 people using

Summary of findings

the service. The majority of people were over the age of 65 years. The agency also supported some younger adults who had mental health needs or learning disabilities.

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 and associated Regulations about how the service is run.

There were appropriate procedures for safeguarding adults. The staff had regular training in these and knew what to do if they suspected someone was being abused. The provider had responded appropriately when there had been allegations of abuse.

The risks to people's safety and wellbeing had been assessed and there were risk reduction plans to help make sure people stayed safe.

There was an appropriate procedure for the safe handling of medicines. The staff had received the training they needed in this area. People were happy with the support they received with their medicines.

There were enough staff to meet people's needs. The recruitment procedures included checks on the staff member's suitability to work with vulnerable people.

The staff received the training, support and information they needed to care for people safely and to meet their needs.

People had consented to their care and treatment. Where people were not able to consent the provider had liaised with relevant people to make sure care was provided in the person's best interest.

The staff monitored people's health and nutritional needs and worked with other health care professionals to make sure these needs were met.

People had good relationships with the staff who cared for them. They said they were treated with dignity and respect.

The staff spoke positively and with genuine affection about people they cared for.

People's needs had been assessed and their care was planned to meet these needs. The service had responded appropriately when people had requested additional care or their needs had changed.

People knew how to make a complaint and felt confident complaints would be acted upon. Where people had made a complaint, there was evidence these had been investigated and appropriate action taken.

People who used the service, their representatives and the staff felt the service was well managed. They felt able to contribute their views and were listened to.

There were systems for monitoring the quality of the service and for continuous improvement.

The provider worked with other agencies and the local authority to make sure the care given reflected people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were appropriate procedures for safeguarding adults. The staff had regular training in these and knew what to do if they suspected someone was being abused. The provider had responded appropriately when there had been allegations of abuse.

The risks to people's safety and wellbeing had been assessed and there were risk reduction plans to help make sure people stayed safe.

There was an appropriate procedure for the safe handling of medicines. The staff had received the training they needed in this area. People were happy with the support they received with their medicines.

There were enough staff to meet people's needs. The recruitment procedures included checks on the staff member's suitability to work with vulnerable people.

Is the service effective?

Good

The service was effective.

The staff received the training, support and information they needed to care for people safely and to meet their needs.

People had consented to their care and treatment. Where people were not able to consent the provider had liaised with relevant people to make sure care was provided in the person's best interest.

The staff monitored people's health and nutritional needs and worked with other health care professionals to make sure these needs were met.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff who cared for them. They said they were treated with dignity and respect.

The staff spoke positively and with genuine affection about people they cared for.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and their care was planned to meet these needs. The service had responded appropriately when people had requested additional care or their needs had changed.

People knew how to make a complaint and felt confident complaints would be acted upon. Where people had made a complaint, there was evidence these had been investigated and appropriate action taken.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People who used the service, their representatives and the staff felt the service was well managed. They felt able to contribute their views and were listened to.

There were systems for monitoring the quality of the service and for continuous improvement.

The provider worked with other agencies and the local authority to make sure the care given reflected people's needs.

Mears Care - Hammersmith & Fulham

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 checked 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.

The inspection took place on 20 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had professional and personal experience of caring for and working with older people, some were living with the experience of dementia.

Before the inspection visit we looked at all the information we held about the service, including notifications of significant events and safeguarding alerts. We spoke over the telephone with 15 people who used the service and four of their relatives. We also spoke with three care staff over the telephone and received email feedback from three members of staff. On the day of the inspection visit we met and spoke with the registered manager, a coordinator and three care staff. We looked at records including the care records for five people who used the service, the training and recruitment records for five members of staff and the records the provider used to monitor and assess the quality of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with their care workers. They told us they felt safe when they were being assisted to wash, bath or shower. One person said "He makes sure I do not fall. He is there if I collapse". People said they also felt safe with the care workers in the house. One person told us the care workers shopped for them. They said they always brought back receipts and that they trusted them with their money.

There were appropriate procedures for safeguarding vulnerable people. The staff were made aware of these during their induction and they had annual training about safeguarding adults. There was evidence that safeguarding was also discussed during staff individual supervision meetings, appraisals and staff support meetings. One member of staff told us, ''The provider keeps all their policies and procedures on the Mears Care staff website and we are responsible for reading these and updating ourselves with the information.'' The staff we spoke with were able to tell us what they would do if they suspected someone was being abused or felt that a person was being discriminated against. They told us they would speak with the registered manager or contact the local authority safeguarding team. The manager gave us an example of how the staff had responded when they identified concerns about someone's safety. This had led to a multidisciplinary meeting to discuss the person's wellbeing.

The provider had responded appropriately to concerns about people's safety which had been raised by others. We saw records which showed evidence of investigations into concerns and how they had worked with the local authority. Appropriate action had been taken, for example disciplinary action for staff, additional monitoring of people who used the service and retraining for the staff. The manager had also used anonymised examples from complaints and safeguarding concerns to discuss best practice with other staff and to make sure all the staff could learn from these incidents.

Before people started using the service they were visited by a senior member of staff who assessed the risks in their environment and with their care. These assessments included identifying the person's communication needs and any risks because of their physical or mental health needs. The assessments were recorded and signed by the person (or their next of kin with their verbal consent) and the assessor. The plans included a risk reduction strategy which gave the care staff clear instructions about how they could support people to reduce the likelihood of harm or injury. Where people had an identified need for support when they moved around their home and when they used equipment, this had been assessed in detail and checks had been made on the equipment used. The manager told us healthcare professionals assisted the staff with training on how to use specific pieces of equipment. Some people had identified needs which could only be met by a small group of staff who had been trained to support them and manage the risks to their safety. This was recorded.

The medicines people were prescribed were recorded, even if the staff did not support them with these. Their allergies were also recorded and any specific needs or side effects relating to medicines. The staff had all been trained to administer medicines safely. They were assessed through written tests and through observation to make sure they were competent in administering medicines. People told us they had the support they needed with medicines. The manager told us that where the care staff identified any problems with medicines or changes in someone's needs, they liaised with the pharmacy and GP to make sure the person received the right medicines.

The manager told us there were enough staff to meet people's needs. Since the last inspection there had been three examples where people did not receive a care visit as planned. We looked at the records relating to these. The provider had ensured that the person was safe. They had taken immediate action to investigate these incidents and had responded appropriately. There was evidence they had learnt from these incidents. For example, one incident was due to a miscommunication between the coordinator and care staff. Following this the manager had introduced a new check to make sure coordinators could guarantee the care staff knew the names of the people they were due to visit and the times of this each week.

The manager told us they were in the process of recruiting additional care staff because they had received referrals to provide care to more people. She said there was a group of core staff who had worked for the agency for a long time, but they wanted to increase the number of staff available to work at weekends so they could offer more people a service. The manager told us the staff were good at covering additional shifts when people were on leave.

Good

Is the service safe?

The provider recruited new staff centrally and then allocated the staff to each branch dependent on where they wanted to work. The recruitment checks included a formal interview, written test and checks on the person's identity, references from previous employers and criminal record checks. We saw evidence of robust recruitment procedures in the staff files we examined with all the required checks in place.

Good

Is the service effective?

Our findings

People told us they thought the staff were well trained and effective. They told us the care staff generally arrived on time, always stayed for the correct amount of time and carried out their assigned tasks. They told us they had the same regular care workers and were mostly informed when there was a change in care worker for any reason. Some of the things people told us were, ''I am happy with the care'', ''all the workers are very nice'', ''they are willing to do a bit extra'' ''I am very satisfied'', ''I am absolutely happy'' and ''they seem to have the skills, the agency maintains its staff and the carers know my likes and dislikes.'' Some people told us the replacement care staff they had were not as good as the regular ones.

New staff took part in a five day induction training course which included caring for people, dementia awareness, safeguarding, medicine management, moving and handling, infection control and health and safety. They were required to undertake written assessments as part of the training. They then shadowed experienced staff to learn about the practical side of their work. All new staff were assessed in the work place by managers. The provider had a programme of on going support, training and meetings for the first 26 weeks of employment, where senior staff made sure new staff received some kind of support each week.

Regular training updates in some areas were organised for all staff. These included safeguarding adults, manual handling and medicines management. We saw evidence of staff training in their files.

The manager told us some people had specific needs, such as complex healthcare needs or the use of invasive equipment. The staff caring for these people had taken part in additional training and had been assessed to make sure they could care for the people safely. The manager told us that additional training was being provided to all staff so they had the skills needed to care for people at the end of their lives. She said that only staff who had the right personal skills and experience were asked to care for people in this situation.

The staff had regular individual supervision meetings and annual appraisals. These were recorded. The meetings included discussions about any areas of concern, training needs, professional development and good practice. The staff and their manager had signed records of these. Following incidents and complaints, some staff had received additional monitoring and supervision. This was recorded and their skills reassessed where needed.

The manager organised regular staff support meetings for all care staff. The most recent meeting included a quiz giving the staff scenarios and asking them how they would react. There was acknowledgement of good staff practice and complimentary feedback from people who used the service was shared with the staff. The provider had a staff website which included on line training, guides about good practices and the organisation's policies and procedures. The staff were responsible for keeping up to date with their own learning. This was discussed in their meetings. Most of the staff visited the office once a week to hand in their time sheets. The manager and senior staff met with the staff and gave them informal support. The senior staff also carried out regular unannounced spot checks and work place assessments to make sure the staff were performing appropriately. They asked the people who used the service for feedback on the staff who cared for them.

The staff told us they were well supported. They said they had regular supervision and meetings. They also said they could phone the manager or senior staff at any time. They said concerns were immediately addressed and they had support outside normal office hours as well as during the day. The staff told us training was very detailed and equipped them to do their jobs. They said they could request additional support or training if these needed. One staff member said, ''This is a lovely place to work.'' Another staff member told us, ''We get all the information we need, I do not have any concerns, I am very well supported.''

People had consented to their care and treatment. They had signed their care plans, risk assessments and reviews. Where people did not have the capacity to consent, the provider had liaised with relevant people, such as their next of kin, those with lasting power of attorney and relevant professionals to make sure care was planned in the person's best interest. The care plans recorded if someone had given verbal consent but was unable to sign.

The staff had all received training in the Mental Capacity Act 2005. The manager and the staff were spoke with were able to tell us about this and their responsibilities. The manager told us about an example where the staff had identified a

Good

Is the service effective?

change in someone's ability to consent. They had reported this and the provider had liaised with others to review their needs and to hold a meeting to plan any changes which were needed in this person's care.

People's healthcare and their nutritional needs were recorded in their assessments. If they had a specific need this was part of the care plan. Contact information for healthcare professionals was recorded. There was evidence that the staff had responded when they noticed a change in someone's health. They had notified the agency office, who in turn had spoken with the next of kin and relevant healthcare professionals. People's daily logs included information on their health.

Some people had complex healthcare needs. In these cases the staff had received the training and information they needed to make sure they could identify changes in the person's health. The manager and care staff told us they cared for the same regular people and could identify changes in their needs and respond to these.

The care staff supported some people by preparing meals. People told us they or their family planned the meals and the staff prepared them according to their instructions. Information about the meals people ate was recorded in their daily logs. Where people required a specific diet for health or cultural reasons this was also recorded. The staff induction training included information about special diets and the consistent of pureed food.

Good

Is the service caring?

Our findings

People told us the care workers were always willing to do anything extra and did not seem rushed. They told us the care staff were kind and caring and that they received the care they needed. People told us they received same gender care where this had been requested. They said the staff respected their privacy by providing care behind closed doors, by announcing their arrival when they entered their home and by making sure they asked for people's permission when delivering personal care. People said the staff were polite and respectful. They also said the care staff respected the arrangements of the household and other family members.

People had good relationships with the care staff. They said they had made friends, had interesting chats and the care staff knew their likes and dislikes.

The care staff spoke positively about the people who they supported. Some of them spoke about people with genuine fondness. One care worker told us they always imagined what it would be like to receive care and this helped them understand how the person might be feeling. They said they tried to appreciate how difficult it must be to let someone give intimate personal care and therefore they always tried to be discrete and uphold the person's dignity. Another care worker said, ''we approach every person as an individual.''

The senior staff and care workers told us they enjoyed meeting people and getting to know them and their families. The manager told us she always reminded the staff to be positive and happy when entering someone's home and to remember they were a visitor and they may be the only contact that person had each day. One care worker told us, ''I can see how grateful and happy people feel and that makes me proud.''

The provider's induction training included information about how to support people with their personal care needs including maintaining their privacy and dignity.

Good

Is the service responsive?

Our findings

Some of the things people said were “All very nice ladies”, “We get on good”, “The house is very clean”, “I am never left alone,. “I look forward to their arrival. I would be stuck without them” and “My wife finds them helpful. She is quite happy”.

People told us the provider was responsive and met their needs. They told us they had been visited by a senior member of staff. They could remember being involved in a discussion about their needs and how these should be met. People had a copy of their care plans in their home. They had signed agreements to their care plans.

We saw that care plans were updated once a year or more often if needed. People had been involved in these reviews.

The care plans we viewed included information from the person, their next of kin and the funding authorities who had requested the care package. They gave information about the time and length of each visit and the care tasks the staff needed to perform. People’s social histories, hobbies and interests were recorded. Care plans were detailed and included preferences and any information relating to the person’s emotional wellbeing as well as their physical needs. The staff completed daily logs to record the care they had given. These showed that care plans were being followed.

The manager told us that following reviews and when the staff noticed a change in someone’s needs, additional care had been requested. We saw evidence that the provider had liaised with the funding authorities and arranged for additional care visits. The manager told us this was sometimes to provide a ‘’sit in service’’ to keep someone safe whilst their relative attended an appointment or social engagement. We saw evidence of these and how relatives had requested this additional support.

Some people received care and support for a limited time to help them recover following a fall or a change in their needs. We spoke to some of these people who told us the care staff had offered support and guidance for them at a time when they needed this. Other people had support to meet emotional and mental health needs. One person was learning new skills for independent living and the care staff supported them with prompting and guidance.

People told us they knew what to do if they had any complaints or were unhappy about anything. One person said, ‘’If we have any complaint we tell the visiting officer and it is sorted.’’ People told us they would telephone the office if they had concerns. Some of them said they had reported concerns and these had been acted upon, for example requesting a change of care staff. People were happy about the response from the provider which they felt was polite. They said that things had changed when they needed this.

We looked at the provider’s records of complaints. These included a letter of apology to the complainant, an investigation and an action plan. The actions included additional monitoring of staff and additional quality checks for the person involved. There was evidence the provider had checked back with the complainant they were satisfied after changes had been made. The provider had also learnt from complaints by reviewing procedures and retraining staff where needed.

Good

Is the service well-led?

Our findings

People told us the manager was available and that the staff in the office contacted them regularly. The staff told us there was a positive and supportive culture at the agency. People and staff felt listened to and told us the agency acted on their feedback and concerns. They also told us the agency actively sought their opinions.

The staff told us the manager was supportive. They said they met with her regularly. One member of staff told us, ''I have learnt a lot from her she is very good.''

The manager had been in post for nine years. She had a qualification in care management. She kept herself updated with training and was planning to undertake an advanced management qualification.

The manager and senior staff liaised closely with the local authorities and other agencies. The manager said they had a good relationship with others and this was evidenced through records of communication.

There were a number of systems for monitoring the quality of the service. These included regular reviews for each person, staff supervisions and appraisals, checks on the staff in the work place and telephone calls to people using the service asking for their feedback. These were recorded.

Where people raised a concern or commented about their service this was acted upon and discussed with the coordinators responsible for their care. The manager had created an action plan to show where concerns were and what the agency was doing to address these. The action plan included increased monitoring in some areas.

The provider had asked people who used the service and their representatives to complete satisfaction surveys in May 2015. The results of these were largely positive. Individual concerns had been addressed and the feedback had been included in the manager's action plan for improvements.

The manager gave us examples about how the service had changed following complaints, missed visits and safeguarding alerts. Information about good practice was shared with staff through meetings, telephone contact and a monthly newsletter. The staff were also told about compliments and praised for good work.

The manager told us the service was looking to develop how they supported people with care at the end of their lives. As part of this they had looked at examples of good practice, liaised with relevant healthcare professionals and were looking at providing additional training and support for the staff.