Mears Homecare Limited

Mears Homecare Limited - Brookhurst Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 October 2017 and was announced. We gave the registered manager 48 hours to make sure someone was available in the office to meet with us. This was the first inspection of the service following registration with CQC in March 2016.

Brookhurst Court provides personal care for people living in one bedroom flats in a supported living scheme of the same name. People at Brookhurst Court were older people and most needed minimal support with personal care. Some people were living with dementia, some had physical disabilities and a minority had higher levels of support needs. There were 29 people receiving the regulated activity personal care at the time of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse and neglect as staff were trained to identify signs people may be being abused and how to respond to keep people safe. Staff were confident to whistleblow if they observed poor practice which put people at risk.

There were enough staff deployed to meet people's needs and the registered manager and staff worked overtime to cover staff shortages. Staff were recruited following robust procedures to check their suitability.

Risks to people were reduced as the provider assessed risks and put management plans in place for staff to follow. The provider put care plans in place to inform staff about people's needs and the best ways to provide care to meet these needs. People were involved in developing their care plans and they were regularly reviewed so information in them remained current and reliable for staff to follow.

People's medicines were managed safely by the provider. The provider assessed risks to each person relating to medicines, although they had not ensured these were reviewed at least once a year so they remained current. Staff received training in managing medicines each year and the provider assessed their competency to administer medicines. People received their medicines as prescribed and accurate records were kept of medicines administration.

People received care in line with the Mental Capacity Act (MCA) 2005 and staff received training in relation to this each year so their knowledge remained current.

Staff were supported by the provider. A programme of induction, training, supervision and appraisal was in place to help staff understand people's needs and carry out their roles.

People received their choice of food and drink and were satisfied with the support they received in relation to eating and drinking. Staff supported people to maintain their health and to access healthcare services where this was part of their care package.

The staff treated people with dignity and respect. Staff knew the people they supported and encouraged people to maintain their independence. People were involved in decisions about the care they received.

The provider encouraged people to feedback on the service and the provider had processes in place to investigate and respond to complaints.

The service was well-led. The registered manager and staff had a good understanding of their role and responsibilities and the provider had audits in place to monitor and assess the quality of service and gather feedback from people and staff.

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 enough staff deployed to support people and staff were recruited via robust processes to check they were safe to work with people.

The provider assessed and managed risks to people as part of keeping people safe.

People's medicines were managed safely.

Staff knew how to recognise abuse and how to respond to it to protect people.

Is the service effective?

Good

The service was effective. Staff received suitable induction, training, supervision and appraisal.

Care was provided to people in line with the Mental Capacity Act 2005.

Staff provided people with the right support in relation to eating and drinking and to maintain their health.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect and knew the people they were supporting.

People were involved in decisions about their care and were supported maintain their independence.

Is the service responsive?

Good

The service was responsive. People's care was responsive to their needs and people were involved in assessing, planning and reviewing their care.

A suitable complaints policy was in place and the provider had arrangements in place to encourage feedback from people.

Is the service well-led?

Good

The service was well-led. Systems were in place to assess the quality of the service people received including gathering people's views.

The provider consulted with people and staff in the running of the service.

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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.

This was a comprehensive inspection. The inspection took place on 11 October 2017 and was announced. We gave the provider 48 hours' notice of the inspection to make sure someone was available in the office to meet with us. The inspection was carried out by one inspector and one 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

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager, the team leader, two care workers and the regional operations manager. We looked at a range of records including three staff files, five people's care plans, records relating to medicines management and other records relating to the management of the service.

On the same day as the inspection the expert by experience called six people using the service to gather their views.

Good

Is the service safe?

Our findings

There were enough staff deployed to meet people's needs. People told us there were enough staff, although one person told us there were sometimes staff shortages which meant they had to wait to receive care. People also told us their care workers arrived on time to provide care to them. One person told us they, "Never see agency staff in here. Sometimes they are short so [the registered manager] or other staff do the cover. The [care workers] cover for one another". Staff told us there were enough staff, although one staff member told us it would be useful to have an extra staff member supporting people in the mornings as this was the busiest period of the day.

People were supported by staff who were recruited following robust practices. A central team checked candidates were safe to support people by interviewing staff, checking their employment history including obtaining references from former employers, checking identification, criminal records and for any health conditions which may require reasonable adjustments to the role. The provider also monitored the suitability of staff to care for people during their probationary period. The provider retained the recruitment documents on staff files as required by law. In addition, only staff who had the right level of knowledge about their role could care for people. This was because the provider had systems to ensure only staff who had completed annual training in mandatory topics provided care to people.

People's medicines were managed safely. People told us they received their medicine at the right time and one person told us they received their medicines at a set time in the morning, each day. Staff received annual training in managing medicines and their competency was also assessed annually. Staff recorded administration of medicines appropriately and the provider had systems to check and investigate anomalies to reduce the risks relating to medicines errors. We carried out stock checks of people's medicines against records of medicines administration and found people received their medicines as prescribed. The provider carried out risk assessments relating to medicines management for each person and put management plans in place regarding any identified risks. However, the provider had not reviewed these annually to ensure they remained current, which the registered manager informed us was an oversight. The registered manager confirmed they would review all medicines risk assessments as soon as possible.

The provider managed risks relating to people's care safely. The provider had systems to identify and assess risks in all areas of people's needs, including health conditions, the environment and risks relating to falls. The provider put suitable risk management plans in place where risks were identified to reduce the risks. In addition, besides medicines risk assessments, the provider reviewed risk assessments each year or sooner if risks relating to people's care changed. This meant risk assessments and management plans remained current and reliable for staff to follow in caring for people.

People received the right support in relation to accidents and incidents because the provider thoroughly reviewed accident and incident forms. For example, the registered manager identified a person was falling frequently and they referred them to the 'falls team' for additional support. The provider recorded all accidents and incidents electronically and forms were reviewed by the registered manager, the operations manager and the health and safety team to check forms were completed properly and identify patterns to

prevent recurrence

People were safeguarded from abuse and neglect by the provider. People told us they felt safe receiving care from staff and one person told us, "You feel nice and safe [with staff]". Staff understood the signs people may be being abused and how to respond to keep people safe, and staff received training in this annually to keep their knowledge current. Staff also told us they felt confident to 'whistleblow' if they observed poor practice which could put people at risk, and the provider had a dedicated whistleblowing telephone line for staff to raise concerns anonymously.

Good

Is the service effective?

Our findings

People were supported by staff who were well supported by the provider. People told us they believed staff were sufficiently trained to understand and support them. Staff received suitable induction, training, supervision and appraisal to help them understand and meet people's needs. New staff completed the 'Skills for Care' Care Certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant the provider supported staff to reach the national standards expected of care workers during their induction period. Staff received an annual two day training programme which covered key topics including health and safety, moving and handling, safeguarding, dementia awareness, fire safety and medicines management. Staff were complimentary about the training and told us it was of good quality. Staff received quarterly supervision during which they received guidance on their role and feedback on their performance. Staff also received annual appraisal from their line manager during which their achievements over the year were reviewed and goals were agreed for the coming year.

People received the right support in relation to food and drink. One person told us, "[Staff] ask how you are, if you've eaten." A company was contracted to provide meals for people and people selected their preferred meals from a range of options. People told us the meals met their preferences as well as ethnic and cultural needs. We observed a mealtime and people told us the meals tasted good, were sufficient quantity and were served at the right temperature. People's needs and preferences in relation to eating and drinking were recorded in their care plans and staff were aware of these.

People were supported to maintain their health. One person told us, "If you are here and not feeling well they always check on you. If anything is wrong they jump to your aid." Many people arranged their own healthcare appointments. However, when people required support with this the registered manager arranged for GPs to visit people in their flats as well as other healthcare service such as chiropody and opticians. People's healthcare needs were recorded in their care plans and staff understood these needs.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate procedure for services such as Brookhurst Court which provider care to people in their own homes, and deprivation of liberty authorisations are made by the Court of Protection.

People were cared for by the provider in line with the MCA. Staff received training on the MCA each year and

staff understood the principles of the MCA and how to provider care in line with the Act. The registered manager understood the need to carry out mental capacity assessments if there were concerns people were unable to consent to their care. However, the registered manager and staff told us this had not been necessary as people had full capacity. The registered manager and staff also told us nobody required their liberty to be deprived as part of keeping them safe.

Good

Is the service caring?

Our findings

People were complimentary about the care workers who supported them. One person told us, "When they come if I need anything they get it. They have a very caring attitude." Another person told us, "When they talk to you they've always got a smile…if they didn't come I would miss them". A third person told us care workers were, "Helpful and friendly, no problems". We observed staff interacting with people in the communal area at lunchtime and we saw staff and people had good relationships and shared jokes and smiles as they ate their meals. However, staff did not always to the 'extra mile' in caring for people. A person told us staff did not stay with them when they had a fall while the ambulance came. The registered manager told us the person was not receiving the regulated activity from the provider and it was felt the person could call the ambulance themselves and did not require staff support.

People were involved in decisions about their care. One person told us, "I decide whether I have a bath or a shower or shave." Another person told us, "I decide what clothes I wear". A third person told us, "[Staff] ask me what I want". People all told us they had full choice in the time they got up and the time they went to bed. The registered manager met with people before their care packaged began unless the person was placed in an emergency. The registered manager found out about the person, their background, hobbies and interest and what was important to them in their care and their care was developed around this information to ensure people's care reflected their choices.

People were supported to maintain their independence by staff. One person told us staff, "Make sure I keep myself mobile" and another person told us how being able to have their own flat within the scheme helped them to remain independent. The registered manager gave us an example of how the team supported a person to regain their independence in accessing the community after they lost confidence. Staff told us they always encouraged people to do parts of their care themselves while they supported them, such as washing parts of their own body.

People were supported by staff who knew them well. People all told us staff knew them, although one person told us staff didn't have time to chat with them as they were too busy. Another people told us staff have, "Always got a bit of time for you" and a third person said, "They know me well, I've been here for a long time, they really help me a lot". From our discussion with staff it was clear staff knew key information about people such as their backgrounds, daily routines and their interests.

People were treated with respect by staff. One person told us, "[Staff] always knock on your door, they don't just burst in". Another person told us staff were respectful in, "The way they talk to me". A third person told us staff were, "Kind and respectful…they say my name". Staff spoke about people respectfully in our discussion with them and one care worker told us it was a "passion and a privilege" to care for older people and they loved their job.

People told us staff respected their privacy. One person told us about staff, "They don't invade your privacy. They are never intrusive and are mindful of your wellbeing". A second person told us, "If I have visitors they will come back later."

Good

Is the service responsive?

Our findings

People's care was responsive to their needs. One person told us, "[Staff] are always on hand. If you do get any problems you can ring the call bell. They are very quick and helpful". People told us staff spent the right amount of time with them and staff did not rush.

People were involved in developing their care plans. One person told us, "[Staff] always come and show it to you and ask you questions. You have to sign it to say that you agree with it". People's care plans were based on information the provider gathered from meeting with people and their relatives and information from professional reports such as those from social services. People's care plans also included information about their preferences, backgrounds, family and religious beliefs to help staff understand people better. People's care plans guided staff on how to care for people in accordance with their wishes and needs.

People's changing needs were responded to. The provider reviewed people's care plans each month to ensure information about people remained current and reliable for staff to follow. The registered manager told us they would review people's care plans as soon as there was a change in their needs.

People were provided with group activities at the scheme which people were interested in which helped reduce social isolation. The registered manager consulted people on the activity schedule, including plans for special events such as the annual Christmas meal, so it reflected their preferences. Group activities included bingo, musical performances and eating take-away fish and chips together. In addition, a local church group visited to offer religious services to people.

People were encouraged to feedback on the service by the provider. People were encouraged to complete feedback forms regarding their care every six months which the provider reviewed and used to improve the service they received. In addition the provider carried out an annual survey of people using the service to determine levels of satisfaction and the overall quality of service people received. The operations manager showed us the responses from the recent survey and it was clear people were largely satisfied with their care.

Systems were in place to investigate and respond to complaints. People told us they would go to the registered manager if they wished to make a complaint. One person told us, "I would go to [the registered manager], if no good I would go to the council". The provider had not received any complaints about this service in the last 12 months. However, people were guided on the complaints process in information they received about the service when they began receiving care. In addition, the operations manager reviewed complaints across the services to ensure they were investigated thoroughly and responded to promptly.

Good

Is the service well-led?

Our findings

People received a service that was well-led. People and staff spoke highly of the manager. One person told us, "Whenever I wanted any help or needed anything they are able to help me". People all knew who the registered manager was and told us they had regular contact with her. One person said, "I see [the registered manager] most days". Staff told us the registered manager was supportive and a good manager. The registered manager had worked at the scheme for around 20 years, having managed the service under different providers previously. Our findings showed the registered manager and staff had a good understanding of their role and responsibilities and the scheme.

There was visible leadership in the home. The registered manager worked closely with staff which enabled them to monitor the culture of the service and the attitudes of staff and were readily accessible to people using the service and staff. The registered manager was supported by a team leader who was shared with a nearby service in the same organisation. The registered manager delegated tasks to the team of care workers. For example, the registered manager prepared daily schedules setting out the people staff would provide care to and other tasks staff would be involved in. This meant the shifts were well organised and staff understood what was required of them.

Systems were in place to assess, monitor and improve the service. For example the provider carried out regular observations of staff caring for people to check they supported people in the best ways possible, in line with their care plans. Audits were in place for the provider to check records about people such as their care plans, medicines management and that the correct information about staff was checked and held on file as part of recruitment. Electronic systems had also recently been implemented to monitor staff training, supervision and appraisal. The area manager monitored key aspects of the service, such as complaints, safeguarding allegations, accidents and incidents and care plan reviews. The commissioning authority carried out quarterly audits of the service. We checked the most recent audit and this found the service was operating well with no areas identified for improvements.

The provider consulted people and staff on the running of the service. The provider held two meetings each year with people using the service to find out their views and suggestions such as those in relation to activities. In addition the registered manager held two meetings a year with staff during which their feedback on the service and ideas for improving the care people received were discussed. The provider also sent questionnaires to staff to gather their feedback on the service. The provider communicated developments within the organisation to staff via intranet articles and memos as well as through the registered manager during team meetings.