

Mears Extra Care Limited

# Mears Care - Bromley

## Inspection report

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Bromley  
Kent  
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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

### About the service

Mears Care Bromley provides care and support to older people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 49 people were using the personal care service.

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

People felt safe at the service as there were procedures and systems in place to safeguard people from abuse. Staff knew the procedure to report abuse. Risks to people assessed and management plans put in place to reduce the risk from happening.

Staff were recruited safely and there were enough staff to meet people's needs. Staff administered people's medicines safely. Incidents and accidents were reported, and the registered manager reviewed them and took actions to reduce a repeat of such incidents. Staff followed effective infection control procedures.

Staff received adequate training, support and supervision to do their jobs effectively. Staff supported people to access healthcare services they needed to maintain good health. People's needs were assessed, and their care planned. People's nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before it was delivered. Staff and the provider understood their responsibilities to act within the Mental Capacity Act 2005.

Staff were kind and caring; and respected people's dignity, privacy and independence. People were involved in their care. People were supported to engage in activities and to socialise.

People were supported to maintain their cultural and religious beliefs. Staff understood equality and diversity and promoted these. People communication needs were met. Information was provided to people in accessible formats.

There was a complaints procedure in place. People knew how to complain if they needed to. People told us the service was well run. Staff told us they had the leadership and direction they needed to do their jobs effectively.

The quality of the service was regularly assessed and monitored. The registered manager and staff demonstrated a commitment to their roles. The registered manager complied with the requirements of their

registration.

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

#### Rating at last inspection

The last rating for the service under their previous registration was good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mears Care - Bromley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Mears Care - Bromley

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Mears Care Bromley provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built accommodation in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location on 27 June 2022.

#### What we did before the inspection

We reviewed the information we held about the service including notifications we had received. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people using service, eight relatives, three care staff and the registered manager. We looked at four care files, ten people's medication administration records, three staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records related to the management of the service and we received feedback from two members of the local commissioning team.

# Is the service safe?

## Our findings

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

The last rating for the service under the previous provider was good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. People told us they felt safe. One person said, "I have been receiving care since 2019 and I feel very safe with all the people here." A relative told us, "I know [ my loved one] feels safe with them and has never had a bad word to say about them."
- Staff had received training in safeguarding adults from abuse and they understood what constituted abuse, the signs to recognise abuse and the actions to take. One care worker said, "If I have any concerns about a person, I would inform my manager or senior. We talk things through and agree on the actions that are required to ensure that the person is safe."
- The registered manager understood their responsibilities to safeguard people from abuse. They knew the procedures to follow including reporting to the local authority, investigating the concerns and notifying CQC.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Risks to people's health and well-being were assessed, this included risks of malnutrition, falls, and moving and handling and environment. Care plans addressed the risks identified and provided staff with guidance to minimise those risks and promote people's safety.
- Where people required support to transfer and mobilise safely, there was guidance in place for staff to follow to do this. Appropriate equipment was also provided to enable safe transfers. Staff were trained on safe moving and handling techniques.
- Risk assessments were reviewed and updated regularly or when required to make sure they highlighted the risks people faced and actions to reduce them.

Staffing and recruitment

- There were enough suitably skilled staff available to meet people's needs safely. Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of unsuitable staff working with them.
- Staff attended to people to support them based on their assessed needs. People told us they received the support they needed from staff. One person told us, "I have been having Mears care for 14 months now and I get three visits a day. I have had no issues with any of the carers." A relative mentioned, "My loved one has care twice a day and generally I have no concerns about the care or carers. My loved one recently taken very ill and has needed a lot more care. The staff made sure their needs were met."
- People used the emergency alarm system to call for help if they needed immediate support from staff and

they told us staff always responded promptly.

- Staff confirmed they had enough time to care for people. Rotas were planned and ensured people received the support they needed from staff. Staff informed us that it was clear on the rota who they were supporting, and care plans had clear information of the times when the person needed their support and what support was required. Any unexpected gaps in the rota were covered by staff who were willing to do extra hours.

#### Using medicines safely

- People were supported with their medicines in a safe way. Staff were trained and their competency assessed in the safe administration of medicines. Staff demonstrated they understood the provider's medicine management procedure including actions to take if a medicine error occurred.
- People's care plans contained information about the support they needed with taking and managing their medicines including ordering and administration.
- Medicines administration records (MAR) were completed clearly. Regular audits were conducted to identify errors and to ensure staff were following their procedures.

#### Preventing and controlling infection

- The service took steps to prevent infection and comply with COVID-19 guidance. People told us that staff were careful and always took appropriate infection prevention precautions when assisting them with personal care and food preparation. One person said, "Carers are always wearing masks, gloves and aprons." A relative commented, "Staff do wear full PPE and they always leave my loved one's bathroom and kitchen clean, tidy and safe."
- Staff had access to a ready supply of personal protective equipment provided by the service, and we saw them use their PPE appropriately. Staff understood the importance of infection control and they received regular health and safety, infection control and food hygiene training.

#### Learning lessons when things go wrong

- Incidents and accidents were managed in way that enabled learning. Staff recognised the importance of reporting incidents and accidents as required and seeking appropriate support where required to ensure people were safe following an incident.
- We reviewed records of incidents and noted actions were taken to address them. For example, one person received support to declutter their flat following incidents of falls. The registered manager gave examples of how the team would review incident for lessons learnt in order to ensure people's safety and wellbeing.



# Is the service effective?

## Our findings

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

The last rating for the service under the previous provider was good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and planned for in line with their standards, guidance and law. People visited the service to check it was suitable for them.
- The registered manager or senior members of staff met with people to discuss their needs before they started to use the service. The assessments covered people's physical health conditions, mental health conditions, personal care, nutrition and mobility. People and their relatives where possible took part in the assessment process.
- The registered manager told us that assessment of needs was an ongoing process as they observed people's abilities and learnt new information about them.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently trained, supported and supervised. Staff confirmed they received regular training in areas of care that were central to their role. Staff were all up to date with their training. Staff told us they were supported to undertake additional learning and development if they wished.
- People felt staff were trained and experienced in their roles. A person told us, "The staff are very personable and professional, and they know what they are doing."
- Staff received an induction and training when they first started and continued to receive training to develop their knowledge and skills. One staff member commented, "I had an induction when I started. I had no care experience when I joined but I was given the training I needed, and I worked closely with experienced staff to gain experience. I'm loving every part of the job now and I feel confident now."
- Staff told us, and records showed they received support from the senior care staff and the registered manager to improve in their jobs. They had regular supervisions and spot checks to assess their competence in care delivery. Staff performance was appraised annually.

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

- People were supported with their nutritional needs. People's nutritional needs were assessed and documented. There was an onsite catering service that provided hot meals daily if people wished to get their meals from them. This meant people always had a nutritious food available to them. One person told us, "I come down to eat but I also cook sometimes in my flat." A relative mentioned, "My loved one eats well. They have lunch with the other tenants in the dining room, but the carers do their breakfast and tea. They ask them what they want and lay it all out on their tray. Staff ensure my loved one has plenty to drink and make them cups of tea."

- Staff supported people with shopping for food and preparing their meals in their flats, where needed. Staff knew the actions to take if they had concerns about people's eating and drinking. They told us they would let a member of the management team know and then involve people's relatives and GP, where appropriate

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

- People had access to a range of health care services to meet their health needs, and staff liaised effectively with other services to ensure care and support was well coordinated. One person told us, "If I am unwell, they let my GP know for example two weeks ago I got a chest infection and they called my GP for me." A relative mentioned, "They let us know if my loved one is unwell. The GP visits weekly so they are well catered for."
- The service used a document which contained important information about a person including their name, next of kin, date of birth, ethnicity, religion, GP and medical conditions. Staff shared information appropriately with other services to enable people receive the support and care they needed when they transfer between services.
- The provider liaised with the housing provider effectively to maintain the building and comply with health and safety issues.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People gave their consent before care was delivered to them. Records showed that people and their relatives were involved in making decisions about their care.
- The registered manager understood their responsibilities under MCA. Staff had received training in MCA and understood the principles of the MCA. Staff understood the importance of seeking people's consent before offering care and supporting people to make their own choices and decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The last rating for the service under the previous provider was good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated and supported with respect. A person told us, "The staff are very helpful, kind, caring, patient and friendly." Another person mentioned, "I have a great rapport with the carers. We chat and we talk about everything and anything. We have a good laugh and a joke. They do an amazing job for which they should be recognised." A relative commented, "The staff are very good with loved one. They acknowledge my loved one on arrival and always say goodbye before leaving them. They have a laugh and a joke. The carers understand them and are brilliant."
- We observed staff providing support to people in communal areas. They were observant and made people comfortable in the way they conducted themselves and supported people. There were good interactions between people and staff. Staff spoke to people appropriately and in a caring manner. One person commented, "They interact with me which is really important. This is a vital part of my care as I am now on my own. Talking and interaction with others is very important to me."
- Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race. Care plans covered what support people needed in these areas. One person told us, "I have a faith I practice, and I'm supported with this. I have female carers and wish to continue having females only."
- Staff had completed equality and diversity training and promoted this in their work. Staff were aware of the various diversity issues. They gave us examples of how they respected and promoted these when they provided care.

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

- People were supported to express their views and in making decisions about their care. People told us they made decisions about what they did day-to-day and staff respected them. For example, people decided what time they wanted their care visits. One person told us, "They always ask how I want them to do things and respect my wishes and preferences." A relative mentioned, "We as a family were all involved in sorting out [my loved one's] care. Staff are very accommodating when [my loved one] needs extra care. [My loved one] tells them what they want they are very patient with them."
- Care plans indicated where people needed supported to express themselves or make decisions and how they are supported with this. Staff told us they gave people choices about their day to day care and gave them time to decide what they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was respected. One person commented, "They do their best to ensure I maintain my dignity and they are all respectful." A relative told us, "They are very good at this. [My loved one] wouldn't like it otherwise."
- Staff worked to promote people's privacy and dignity. One staff member said, "The service always provide privacy, dignity and respect as it understood how uncomfortable some personal tasks can be for people we support." Staff explained to us how they maintained people's dignity whilst providing personal care and respected people's wish for privacy.
- Care plans indicated what people could and could not do for themselves. Care visits were tailored to support people in areas they needed support. Where people were able to do aspects of their activities of daily living, staff encouraged them to do so.

# Is the service responsive?

## Our findings

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

The last rating for the service under the previous provider was good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People received the care and support they needed in line with their assessed needs and preferences. Each person had a care plan which detailed their needs and the support they required to meet these needs. People's backgrounds, likes and dislikes were also included in their care plans to help guide staff.
- People received care and support to maintain their physical health and mental health conditions, personal care, nutrition, mobility and social inclusion as agreed on their care plans.
- Care plans were reviewed regularly to reflect people's needs. One relative mentioned, "We were involved in my loved one's care plan and got exactly what was required. They reviewed it two weeks ago to include the changes to my loved one's medicine routine." Staff told us they were updated when people's needs changed and they also communicated changes in people's conditions to the registered manager or senior staff so care plans could be reviewed to reflect this.

Meeting people's communication needs

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

- The service met people's communication needs and followed the requirements of the Accessible Information Standard.
- People's care plans included their communication needs and how best to achieve effective communication. For example, where people used hearing aids, care plans reminded staff to support people to use them.
- The registered manager told us they would provide information in other formats if needed to meet people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to socialise and engage in activities they enjoyed. Staff organised activities such as coffee mornings, games, sing-a-longs, beauty therapy, exercises, and musical entertainment. Activities took place in groups and people were encouraged to take part.
- We observed a sing-along activity during our visit. People participated with keenness and they seemed excited and upbeat. Staff engaged them well and made it fun for them. One person told us, "I always join in

activities as I enjoy them."

- There were communal sitting areas where people spent time if they wished. We saw staff engage people in small groups chatting with them. Some others watched TV and were chatting to each other.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they were not satisfied with the service. People received a copy of the complaint procedure when they started using the service. One person told us, "I usually speak to the manager about my concerns and she sorts them." A relative mentioned, "Yes we have raised issues in past about concerns we had. They have been resolved."
- Records showed complaints had been dealt with in line with the provider's procedures. The registered manager understood the provider's complaint procedure and told us they would follow their procedure to address any complaint.

End of life care and support

- At the time of the inspection the service was supporting one person with their end of life care. Staff worked in partnership with the staff from the local hospice for support and advice. Staff we spoke with knew what to do at every stage. They told us they communicated changes in the person's condition to the palliative care team who advised them on what to do.
- We noted however one person's care plan did not provide sufficient written guidance for new staff that may not know the person well. We spoke to the registered manager about this and they agreed to update the person's care plan with detailed written guidance.

# Is the service well-led?

## Our findings

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

The last rating for the service under the previous provider was good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted positive outcomes for people and enabled them to improve their well-being. People told us the service was well run and met their needs. One person said, "I think the registered manager is excellent, very hard working, approachable and lovely. She listens to me and supports me; she is extremely helpful." A relative commented, "The registered manager is approachable, and we have great confidence in her. She has high standards of management and the agency is well led."
- The service worked to meet people's needs in a flexible manner. Whilst people's care was delivered on a planned basis, people told us they could call for help anytime if they needed it urgently. One person said, "Staff are always available to support us. If I press the pendant alarm, staff would come to check what support was needed immediately." A relative mentioned, "They are very accommodating. If things change with my loved one, for example, if they go into hospital and needs extra support for a short while, staff will undertake more frequent visits." This ensured people received care centred on their individual needs.
- Staff embodied the values of the service, which put the people who used the service first. The registered manager told us, "I am proud of my staff and the service they deliver to people." Staff told us they worked as a team and were always there for each other. One new staff member commented, "I'm enjoying the job, caring for people. It feels good to see them happy and making progress. The manager and staff team are all supportive and everyone tries their best for the people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and were experienced in running an effective care service. They complied with the requirements of their CQC registration including submitting notifications of significant events at the service. They were open and transparent when things went wrong and understood and acted in line with the duty of candour.
- Staff told us they had the leadership and direction they needed to be effective in their roles. There was a senior staff member in charge of every shift who ensured the shift was run effectively and staff received the direction and support they needed.
- Staff were clear about their roles and responsibilities in delivering care to people. Staff told us they were supported by the registered manager to be effective in their roles.

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

- The service sought people's views about the service. People were given opportunity to feedback about the service through meetings. The provider shared relevant information about the service such as staff changes and updates on government legislations with people.
- Staff were involved in the running of the service. Regular staff meetings took place where various issues about people's care, team issues and how the service was planned and organised were discussed. Daily handover meetings also took place which were used to update and share information about changes in people's conditions and care and any actions needed.

Continuous learning and improving care

- The service had an effective internal system of governance. Various quality assurance tools were used to monitor care delivery, including audits and checks of medical records, care records and call visits. A senior staff member audited medicine administration records monthly to ensure these were correctly completed and to identify any errors. Where errors were identified actions were taken to correct and improve on them. For example, retraining and supervising of staff members involved.
- Regular staff observations and spot checks took place to check staff carried out their roles as required. Staff time keeping, infection control practices, and their communication with people were observed. Feedback was given to staff and areas that required improvement was agreed.

Working in partnership with others

- The provider worked closely with the local authority and other care services to improve the care provided to people. The registered manager told us they received support from commissioning local authority to develop and improve the service. They also regularly liaise with health professionals such as palliative care team and GPs involved in people's care.