

Mears Homecare Limited

Mears Homecare Limited - Wolverhampton DCA

Inspection report

G11A & B, Saturn Centre
Spring Road, Ettingshall
Wolverhampton
West Midlands
WV4 6JX

Date of inspection visit:
20 July 2016
21 July 2016

Date of publication:
26 August 2016

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

Mears Homecare Limited - Wolverhampton DCA is registered to provide personal care for people who live in their homes. At the time of our inspection 150 people were receiving personal care.

The inspection took place on 20 July 2016 and was announced.

A registered manager was in post at the time of our inspection. 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 was run.

People were cared for in ways which promoted their safety and plans to manage people's individual risks were in place. Staff understood what actions to take if they had any concerns for people's safety. The registered manager had worked with other organisations and plans had been developed to help people to stay as safe as possible. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely.

People enjoyed the company of staff and said they found the staff to be kind and considerate. People told us they regularly were cared for by staff they knew well and they could rely on staff to provide the care they needed at the times agreed. Staff cared for people in ways which helped them to maintain their independence. People told us staff treated them with respect and dignity and encouraged them to decide how they would like their care to be planned and given.

Where people were not able to make all of their own decisions the views of their relatives and other professionals were listened to. People's care plans and risk assessments were updated as their needs changed, so they would continue to receive the care they needed in the best way for them.

Staff had the knowledge and skills they needed to care for people and were supported to obtain further training to meet people's needs. Staff understood how to make sure people were in agreement for care to be given and the actions they needed to take to promote people's rights.

Risks to people's health were assessed and people were assisted to receive healthcare support when this was needed. People were encouraged to have enough to drink and eat by staff who knew their preferences and dietary needs.

Support was available if people wanted to make any complaints about the service. Processes for managing complaints were in place, so any lessons would be learnt.

Staff told us they felt support by the registered manager and senior staff. Staff understood how the registered manager expected people's care to be given so people would receive the care they needed in the

way they preferred.

The provider, registered manager and senior staff checked the quality of the care people received. People and their relatives were encouraged to provide their views on the quality of the service. Changes had been introduced to develop people's care and the service further.

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.

People were cared for by staff who understood what action to take if they had any concerns for people's safety. Risks to people's safety were identified and actions taken to reduce risks. There were enough staff available to care for people and people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the skills and knowledge needed to support them. Staff worked with health professionals when required so people's health needs were met. People were encouraged to have enough to eat and drink. Staff checked people consented to the care offered and people's rights were promoted by staff.

Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the staff and the relationships people and staff had built. People were encouraged and supported to decide how they wanted their day to day care to be given. Staff worked in ways which promoted people's dignity, independence and privacy.

Is the service responsive?

Good ●

The service was responsive.

People decided how their care was planned and given. Staff worked in ways which responded to people's changing needs. People who used the service knew what action to take if they wanted to raise complaints and concerns and were confident staff would take action to address these.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were complimentary about the way the service was managed. Staff felt supported to undertake their roles. Checks to monitor the quality of the service provided were regularly undertaken and action taken to develop the service further.

Mears Homecare Limited - Wolverhampton DCA

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 inspection took place on 20 July 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

We spoke with nine people who used the service by telephone to gain people's views about the care and support they received. Not all people who used the service were able to talk to us directly so we spoke with five relatives by telephone. We spoke with the registered manager, two provider representatives, a senior member of staff and seven care staff.

We looked at four records about people's care and medicines, four staff recruitment files and staff training records. We also looked at records about people's safety and records showing the processes and actions the registered manager had taken when people or their relatives had raised concerns or complaints. We also looked at the checks the registered manager made to satisfy themselves the service was meeting people's needs. These included questionnaires people had completed about the quality of the service.

Is the service safe?

Our findings

People said they were supported by staff who knew their safety needs well. One person we spoke with told us staff always used the equipment needed so they were able to move safely. Another person explained how the risk of infections was reduced by the actions staff took. The person said, "Staff are absolutely consistent in using gloves." The person explained they always discussed their safety with staff during regular reviews of their care. A further person said they felt safe because, "Staff never forget to lock up (their home) when they leave." One relative highlighted how well staff monitored their family member's physical and emotional well-being, and explained plans were put in place to promote their family member's safety.

Staff we spoke with knew the different types of abuse people may experience. Staff had a clear understanding of the actions to take if they had any concerns for people's safety. Staff gave us examples of concerns they had raised and explained how these had been acted upon. All the staff members we spoke with were confident if they raised any concerns with senior staff plans would be put in place to help people to stay as safe as possible. We saw where staff had raised concerns senior staff had worked with other organisations where needed, so people's safety would be promoted. This included where staff had raised concerns about a person's general well-being, rather than the care given by staff.

People and their relatives told us staff discussed risks to their safety before they started to receive the service. People said these included risks to their physical safety, such as from falls, and risks relating to their general health, such as any allergies they had. Staff explained they also checked people's home environment with them, so they could take any actions required to reduce risks to people and staff.

Relatives said staff let them know if they had any concerns for their family member's well-being and safety. One person we spoke with said staff saw if they were unwell and knew they would need more time to mobilise. The person said staff encouraged them to take as much time as they needed and said, "I'm never rushed." Two relatives we spoke with told us if staff had any concerns for their family member's safety or well-being staff contacted them or recorded their concerns so the family members would be aware. Staff we spoke with explained they were able to advise other staff who would be caring for people through direct contact with them, and through the senior team.

People who used the service and relatives explained risks to people's safety were discussed during reviews of their care. The risk assessments we saw showed us staff had worked with people and their relatives, where appropriate, to establish if any action was needed to promote people's safety. We saw people's risk assessments had regularly been reviewed.

People and relatives said there was enough staff to meet their care and safety needs and they could rely on staff arriving when planned to support them. Two people we spoke with explained staff would stay longer than scheduled if they needed any additional support. Staff we spoke with explained they were encouraged to remain with people in emergency situations. Two members of staff explained replacement staff were allocated to their remaining calls, so other people were not inconvenienced.

All the people we spoke with said they had regular staff, and this helped them to feel safe. Staff we spoke with told us they cared for the same people. They said this was important to them so they were able to get to know people and their needs better. People also explained when their regular carers were absent they were supported where possible by staff who knew them well. Senior staff and care staff explained staffing levels were linked to the needs of the people using the service, and rotas were planned in advance. One staff member we spoke with said, "You don't get on the rota unless you have done the right training."

We saw the registered manager had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff, so they were assured new staff were suitable to work with people.

Some people needed support with their medicines. One person told us, "Staff never forget to give me my medicines, and they also help me with the cream I had from the hospital. They are very good, always record it and dispose of stuff if needed." Another person we spoke with said because of their sensory impairment, "I am really glad they (staff) do my medicine. They are really helpful, and it means there are no errors." One relative said their family member had been supported by staff to have the medicines they needed. The relative said, "I have no concerns about the way they look after [person's name] medicines."

Staff explained they were not allowed to support people to take their medicines until they had received training and their competency was checked. We saw where staff had noted changes in people's well-being these had been referred to the senior team. We also saw where this had happened, the person's GP was contacted and their medicines were reviewed, so they would enjoy the best health possible.

Staff told us, and we saw, the safe management of medicines was discussed at staff meetings, so staff had clear instructions on how to support people safely. Staff we spoke with knew what action to take to keep people safe if there were any errors with people's medicines. We saw staff recorded where they had supported people to have their medicines. These records were checked regularly by senior staff, so they could be assured people were receiving their medicines in ways which promoted their safety. We saw where an error had been identified in the way a person's medicine was recorded action had been taken to reduce the chance of this happening again. The registered manager told us about plans to further develop the recording of people's medicines.

Is the service effective?

Our findings

People told us staff had the knowledge and skills to care for them. One person said, "I am confident they (staff) have the skills they need. They know what they are doing." Another person told us, "Staff definitely have the right skills, so I get what I need one hundred percent." Relatives we spoke with were positive about the training staff had received. One relative said staff were skilled at detecting if their family member was anxious and staff knew how to reassure them.

Staff said they had received training before they cared for people, and their training was regularly updated, so they knew the best way to care for people. One staff member explained about the training they had done and said, "It (training) helps to make sure your techniques are up to date, often training is potentially about keeping people safer and pain free. It's about peace of mind for the client, knowing we are trained, and they are more confident to ask us to do things." Another staff member explained about the training they had received so they would be able to help people to keep as safe as possible when they walked.

A further staff member said, "There's good training here." The staff member said they had recently requested some additional training for a less experienced member of staff. The staff member explained the training they requested was being arranged, so people and the staff member were supported in the best way.

Two people we spoke with said new staff were supported by more experienced staff when they first cared for them. One person explained this gave them confidence new staff were trained to support them well. One staff member told us about the training and support they had received when they first joined Mears Homecare Limited. The staff member said they had undertaken training before they were allowed to care for people and had the opportunity to work alongside more experienced staff initially. By doing this they were able to find out how people liked their care to be given. The staff member explained senior staff had also worked alongside them for a shift, so they were reassured new staff were providing care in the best way for people.

We saw the system used to allocate staff to care for people. The system would not allow staff to be allocated to care for people unless they had completed the training required so they would be able to meet people's needs.

Staff said they were able to obtain immediate advice from senior staff when they needed and through one to one meetings with their managers. Staff also told us they had regular staff meetings. Staff gave us examples of how these were used to find out more about the best way to care for people, and to raise any concerns they had for people's well-being. Staff told us this encouraged them to reflect on the care and support they provided to ensure it was effective in meeting people's individual 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. We checked whether the service was working within the principles of the MCA.

People we spoke with explained staff always checked with them to make sure they were happy to receive the care planned. One person said, "Staff always ask before they do anything for me." Another person explained staff always checked with them before assisting them and told us, "I make the decisions, the final decision is always mine."

Staff we spoke with knew how MCA affected the way they needed to care for people. We saw the registered manager had made sure staff had undertaken training to help them understand the requirements of MCA. One member of staff said, "You always ask first, but also look for non-verbal clue, too. It's about clients making their own choices."

Staff gave us examples of the actions they took if people did not consent to their care. These included encouraging people by offering their care to be given in different ways or by asking people again later. Another staff member said "You ask for consent, but if it is not given you respect people's decisions, you encourage, but don't push them." Staff gave us examples of where they had escalated concerns to senior staff, where people regularly declined care. Staff told us action was taken by senior staff to promote people's well-being, for example, if people regularly declined to eat. We saw staff had checked to see if any other organisations or named individuals needed to be involved in decisions made in people's best interests. The registered manager gave us an example of how staff had recently worked with other organisations so decisions would be made in a person's best interests, and their rights promoted.

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. Applications to deprive someone of their liberty must be made to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this would potentially affect the way they cared for people. The provider had not needed to make any applications to the Court of Protection at the time of our inspection.

Three people we spoke with said staff helped them by preparing the food and drinks they chose. One person told us if they changed their mind staff would always prepare something different for them, so they would have enough to eat and drink and remain well. One person we spoke with said, "I get my own food, but staff always offer to make me a cuppa, so they are sure I have had one." One relative we spoke with said staff, "Always make sure [person's name] has a bottle of water, and always encourage [person's name] to drink plenty when it's hot." Another relative told us staff encouraged their family member to eat by offering them things they enjoyed to eat.

One staff member we spoke with said knowing the types of things people liked to eat and drink helped them to encourage people to have enough to remain well. Staff knew if people had any allergies or particular dietary requirements, for example, if people required diabetic diets. Staff gave us examples of the actions they took if people did not appear to have enough to eat and drink. We saw records which showed us staff worked with health professionals where there were concerns people might not have enough to eat and drink. Staff explained by doing this they were able to support people in the best way so they would receive the care they needed..

One person said, "If I am poorly, staff will always do their best to help me." Another person told us staff saw if they were ill, and encouraged them to contact their GP. Two people we spoke with said staff had helped them to get the health care they needed in emergency situations, so they would be able to regain their health as soon as possible. A relative we spoke with explained how staff had supported their family member and them to arrange for physiotherapy for their family member. Staff we spoke with knew the risks to

people's health. Two staff members we spoke with gave us examples of the work senior staff had done with health professionals, when they had raised concerns for people's health. These included contacting people's GPs and by working with speech and language therapists and district nurses. Through this, plans were put in place so people received the care they needed to remain well.

Is the service caring?

Our findings

Every person we spoke with was positive about the staff who cared for them. One person said, "I can't find any fault at all and I never had done. They (staff) are a comfort and I could not have faced some things without them." Another person told us, "I have no problems with (staff member's names), they are like friends to me." A further person said, "It's a brilliant service, and you can't get better staff." Relatives described the staff as caring, and said staff were kind and considerate. One relative highlighted how staff made their family member feel valued in the way they cared for them. Another relative described staff as, "Very caring and helpful." Two relatives highlighted how patient staff were when their family members were anxious.

Three people advised us how helpful the staff in the office had been, when they contacted them. We heard staff talking to people during our inspection. Staff took time to check how people were. Staff were interested in what people wanted to say and were respectful and helpful when talking to people.

People told us they enjoyed having regular carers as staff got to know them well. People said staff took time to chat to them about things which were important to them. One person said, "(Staff member's name) chats to me while they are going about things." Another person explained they had built very good relationships with staff. The person said because of this, "When they come I don't want them to go away." People told us they enjoyed sharing a joke with staff, and one person said staff were always "Jolly and kind." One relative said, "Staff sometimes just spend time chatting to [person's name],"

Staff explained they got to know how people preferred to be supported by checking their care plans and chatting to them and their relatives. One staff member said, "You need to chat to people, and to develop a bond. People are important." The staff member explained how they had been the first person to speak to one person on their hundredth birthday. The staff member told us how they had marked this important day with the person, so they would know they were valued. Another staff member said "It's such a pleasure to help people." A further staff member told us, "People are more likely to ask for help, if they know and trust you."

People said staff involved them in decisions about their day to day care. One person told us, "They (staff) care for me in the way I want." Another person said, "Their approach is good. They don't push me, they ask what I want and I work out what's best for me." People we spoke with said staff listened to their decisions and took these into account in the way they were cared for. One person said less experienced staff sometimes needed their guidance so they would be moved safely. The person explained staff listened to them and took action so they were moved in the best way for them. Relatives said staff listened to the choices their family members made and relatives' suggestions, and supported people to make their own day-to-day decisions where possible.

Staff gave us examples of how they provided extra support for people to make their own decisions. This included making sure people had enough time to make their own choices, and by showing them items to choose from. Staff explained by doing this people were still able to make their own day to day choices, such

as what to eat and wear, as their health and well-being changed.

People said they were treated with respect and dignity. One person explained they felt respected as, "They (staff) call me by my preferred name." Another person told us, "Even though you can't do some things yourself, you're always made to feel comfortable (by staff)."

Other people explained staff always made sure they were supported in ways which promoted their dignity and privacy. Staff gave us examples of how they supported people in this way. This included staff checking people were in agreement for them to enter their homes and by ensuring people were covered during personal care. One staff member told us, "You know not to talk over clients, you include them." Another staff member said, "It's about treating people in the way you want to be treated yourself." A further staff member explained how information about people's care and safety was kept secure, so people would have their confidentiality respected.

People said staff took action so they were able to remain as independent as possible. One person explained staff understood there were some areas of their personal care they could do on their own, and staff respected this. Another person described how staff had recognised they wished to remain as independent as possible when walking. The person said staff supported them to do this on a daily basis. One staff member told us "You encourage people to do things, encourage them into the kitchen and to be involved in making their own choices."

Is the service responsive?

Our findings

People told us they were involved in planning their care and were encouraged to decide how their care was to be given. People said they discussed their care needs with staff before they started to receive the service. People said staff took their views into account in the way their care was planned. One person told us, "We chatted over the care I wanted, so I get the care I want in the way I prefer." The person went on to explain risks to their well-being and safety were discussed at regular reviews. Another person said, "I have a say about how my care is planned." One relative said they were involved in planning their family member's care. The relative explained, "I made suggestions about [person's name] preferences and the staff followed these right through." The relative explained this had resulted in their family member receiving the care they needed in the best way for them.

Staff explained senior staff found out how people wanted their care to be given when they first met them. People said their plans were initially checked by senior staff at regular intervals, so senior staff could be sure people's care was planned in the best way for them. One person said they had made suggestions about how their care was planned, and staff had listened and adjusted their care plan to reflect their wishes. The person told us staff had been supportive when they made their suggestions and the changes made had resulted in their care being given in the way they preferred. Senior staff showed us how some preferences, such as the gender of staff people wanted to care for them, were linked to the way staff were allocated to care for people.

People and their relatives told us after the initial checks had been done on their care plans they were regularly reviewed by staff and they were encouraged to be involved in this. One person said they did not want to be involved in reviewing their care, and staff respected this. Staff we spoke with explained how they alerted senior staff if people let them know if their wishes, needs and preferences changed. Staff gave us examples of how people's care plans had been changed when this happened.

Staff we spoke with knew people's histories, preferences and goals. Staff explained knowing these helped them to care for people in the best way for them. One staff member told us how this had helped them to support one person to improve their mobility and independence. The person said, "Staff have helped me to do this." The person explained as their care needs changed they had been encouraged to be involved in assessing risks to their safety and well-being.

We saw people's decisions and goals were recorded in their care plans. People's risk assessments and care plans provided clear instructions for staff to follow, so people would be supported in ways which promoted their independence and well-being. For example, we saw staff had been given clear guidance on how to care for people so they would be reassured if they were anxious. Care plans promoted staff's understanding of what was important to people. One person told us staff knew their faith was important to them, and staff always took time to chat to them about this.

People and their relatives said staff were reliable, and delivered their care as planned. Two people told us

staff were very occasionally late, if a person on an earlier call had needed additional assistance. People said this happened rarely, and senior staff now always contacted them to let them know if there would be any minor delays in staff arriving.

People gave us examples of how staff had worked flexibly with them to ensure their wider well-being needs were met. One person we spoke with explained staff would vary the times of their calls if they needed to attend any appointments which were important to them. The person said, "They have been flexible, if I have needed an early call, I just ring up (staff member's name) and it is scheduled in." Relatives we spoke with told us staff had responded to their family member's needs and stayed longer than planned where this was needed.

None of the people or relatives we spoke with had made any complaints about the service recently. One person said, "I would feel comfortable to raise any concerns, but I have not needed to." Another person told us, "I've certainly not needed to make any complaints, (staff) seem to know if I want anything, so I have not needed to." People said they had been given information on how to make a complaint if they needed to. Two people we spoke with us they had made complaints about the service they received a number of years ago. Both people said their complaints had been listened to, and action taken to resolve their complaints to their satisfaction.

Staff we spoke with knew what action to take to support people and relatives if they wanted to make any complaints about their care. People and staff were confident senior staff and the registered manager would take action if any complaints were made. We saw the registered manager had systems in place to review any complaints received. We saw where complaints had been received these were carefully investigated and responded to promptly. Action had been taken and lessons learnt so the service would develop further.

Is the service well-led?

Our findings

People were positive about the way the service was managed. One person told us, "It's absolutely marvellous, there are no problems whatsoever. Everything they (staff) do, they do well." Another person said, "I am pleased with the service I get, it works well for me and my team has been with me for years." A further person we spoke with said because of the way the service was managed, "It's made a lot of difference to me. They (staff) are a lifeline." All the relatives we spoke with said the service was managed well. One relative said, "The service is excellent, and we are very pleased with it." The relative went on to explain "They (staff) are very organised, and I've never had any problems."

People told us because of the culture set by the registered manager, staff encouraged them to ask for help when they needed it. One person said, "Staff always say they are here to help you." Staff told us they were supported by the registered manager and senior staff and their expectations about how they were to support people were clear. One staff member explained there had been changes in the ownership of the company. The staff member said, "It does not matter about the brand name. It's always caring because of the level of training (staff have) and the way it's managed."

Staff said they were encouraged to raise any concerns they had. Three staff members highlighted how supportive senior staff were if they needed to spend longer with people on some occasions. Staff gave us examples of when they had contacted senior staff if they had concerns for people. Staff told us their requests for guidance and practical support were actioned promptly, so people received the care and equipment they needed.

People and their relatives said there was open communication with the staff and senior team. One person told us, "I have a good relationship with (senior staff member's name)." One relative said, "If there is a little concern they will call me. Communication is good."

People told us they were asked for their opinions on the quality of the care they received. One person said, "You can tell they (staff) have a good team behind them to help them. (Senior) staff do spot checks, and they are hot on these. It makes me feel more confident to know they will do things appropriately and always be caring."

Another person said, "I get 'phone calls, and visits every six months, to check I am happy. I'm also sent questionnaires, as well." We checked some of the questionnaires which people had recently completed. The feedback from people about the service they received was positive. We also saw the response to regular telephone surveys to people was complimentary.

The registered manager explained how people's responses to the questionnaires were compared year by year. The registered manager told us in a previous year people had highlighted communication could be improved. The registered manager and senior staff had put an action plan in place. As a result of the actions they had taken, there had been a clear increase in people's satisfaction in communication with the staff.

Staff told us about the checks which were done when they cared for people. Staff explained they were given initial feedback, and the opportunity to reflect on their practice during their one to one meetings with their managers. Staff said they were encouraged to make suggestions to improve the service people received. One staff member gave us an example of a suggestion they had made which would improve the way people's medicines were managed. The staff member told us they had raised the suggestion at a staff meeting and explained senior staff had introduced the change they proposed.

The registered manager explained about other ways they checked people were receiving the care they needed. These included checks made on the medicines people received, people's safety and staff training. The registered manager also told us about the checks which were made to make sure people had received the visits and care from staff they needed. We heard staff checking if people had received the care they needed when we inspected. The registered manager explained about plans they had to further extend the area where they could make immediate checks people had received the visits and care they needed. This would give the registered manager further assurance people were being supported to remain as safe and well as possible. The registered manager explained they would be supported by the provider in order to do this.

The registered manager was also supported by the provider to check the quality of the service people received. This included quality audits by the provider's quality staff, to check people were satisfied with the services provided and to check the service was managed well. Checks were also undertaken by the provider on how people's safety and complaints were managed. The registered manager and provider representatives explained how action plans were put in place to develop the quality of the care people received further. The registered manager and provider told us how the checks and actions they had taken had resulted in people's satisfaction with the way the service communicated with them, over a number of years. This was reflected in the surveys we saw during our inspection.