

Mears Homecare Limited

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Chapel en le Frith

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 announced inspection was carried out on the 5 and 6 May 2016. Mears Homecare (Chapel en le Frith) provides care in people's own homes in Chapel en le Frith and the surrounding area. The inspection was announced, and we gave the provider 48 hours' notice to ensure there was a manager available to assist with the inspection process.

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

The provider ensured safe recruitment procedures were followed, this included Disclosure and Barring checks (DBS) and references. New staff had a period of induction along with a period of shadowing of more experienced staff.

Staff received induction, on-going training and regular supervision to ensure they had the skills to deliver care. Staff were knowledgeable about people's needs and preferences for care.

There were sufficient staff available to visit people in their own homes, in a timely manner, and to meet individual needs. People were prompted and supported to take their medicines at the correct time. Records of people's medicines were kept and audited monthly by a member of the management team to ensure the correct recording was carried out.

People told us they felt safe with the care and support they received. Staff had a good understanding of the risks involved in people's care.

Consent to care was sought in line with the Mental Capacity Act 2005. Staff understood what was required of them in relation to decision making. People or their representative were involved in decisions relating to their care and care needs. People's care plans contained information about how each person wanted to be assisted and supported. Care plans were reviewed and updated to reflect current wishes and needs.

Staff supported people and treated them with dignity and respect. People felt staff were caring and understood their care needs.

The provider sought people's views about the care service. There was a complaints policy and procedure in place which people knew about. Complaints were looked into with actions and learning taken from them.

Staff felt well supported by the registered manager and the management team, who understood their duties and responsibilities.

There were systems in place for auditing the quality of the service provided. Where issues were identified, we saw the provider made changes to the service to improve the quality of care.

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.

Employment record checks were carried out on new staff prior to them starting work at the service. Safeguarding and whistleblowing guidance enabled the staff to raise concerns about people at risk of abuse.

People and their relatives told us they felt safe using the service. People were assisted to take their medicines safely.

Staff were trained to meet people's needs. There were enough staff to provide the support people needed.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA).

People were supported to contact the appropriate health care professional for support.

The staff had received training and supervision to enable them to effectively meet the needs of the people they supported.

Is the service caring?

Good ●

The service was caring.

The staff were respectful of people's wishes and choices; staff promoted people's privacy and dignity.

The staff demonstrated they knew the people they supported well and understood their needs.

Is the service responsive?

Good ●

The service was responsive.

People received care at the times they required. Care was centred around people and their individual needs.

The service listened to people and took complaints seriously and actions were taken to improve the care and service being provided.

Assessment of people's needs took place prior to the service providing any care. Care was planned in response to people's needs; people were involved in the planning of their care.

Is the service well-led?

Good ●

The service was well-led.

The service had an open and inclusive culture; staff felt supported by the management of the service.

People were satisfied with the service and said they could contact the office and speak to the manager if they needed to.

Audits were in place to assist with driving improvements and assessing and evaluating the quality of the service.

Mears Homecare Limited Chapel en le Frith

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 5 and 6 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, so we needed to be sure that someone would be in. The inspection team consisted of one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information we held about the service and this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We spoke with seventeen people who used the service, seven care staff, the registered manager and regional manager. We looked at the care records and associated documents for seven people who used the service and reviewed the provider's recruitment processes. We looked at the training information for staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

People told us the agency provided a safe service and they felt safe with their carers. One person told us, "Yes, they staff) are very good." Another person told us, "[Staff member] is very good, understanding and knows what to do." People repeatedly told us they had confidence in the staff who visited them and provided care and support. People also told us if issues or concerns arose with their care, they felt able to discuss it with the staff.

The staff we spoke with demonstrated an understanding of signs of abuse to look for when supporting people. Staff were clear about their responsibilities in how and who to report any concerns to. Staff knew the process for reporting potential abuse including informing the local authority and the Care Quality Commission (CQC). One staff member said, "I would always report any concerns about people." Another member of staff said, "People soon tell us if things aren't right and safe." They went on to tell us how important it was to listen to people and report any concerns.

The registered manager was aware of their responsibilities and promoted the safety of people. Our records showed accidents and incidents had been reported to the CQC and the local authority in a timely manner.

We looked at staff recruitment records, which confirmed checks were undertaken before staff began working. The checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). The registered manager was clear about their recruitment procedure and told us new staff were not allowed to provide any care or support until relevant pre-employment checks had been carried out. This meant people and relatives could be confident the staff had been screened as to their suitability to provide care for the people using the service.

People told us the staff provided the support and assistance needed and at a time when it was needed. People and staff told us there were enough staff to meet people's individual needs. People told us staff generally arrived when expected. One person told us, "We get a rota every week. If they are not coming or are going to be late then they ring and say." Another person told us, "They generally have time for a chat; occasionally they are very busy and in a bit of a hurry, but it is very occasional." The registered manager assured us should staff be running late or an emergency occur at one of the home visits, people would be contacted to keep them informed of changes to their care times and staff would be re-deployed to ensure people's calls were completed.

We saw risk assessments were in place to reduce risks. Where possible and appropriate, people were involved in their risk assessments and positive risk taking was promoted. For example, we saw risk assessments were in place in relation to falls prevention and associated risks. Assessments and care plans guided staff how to provide care in manner that met the person's specific needs, along with reducing the risk of accident or injury.

Where it was required, people told us they were prompted and supported by staff to take their medicines at the correct time. One person told us, "They (staff) come all ready sorted and they give them (medicines) to

me. I think there is a book they record it in." Another person told us, "I have a pack. They give it to me and sign afterwards." A third person told us, "Staff only prompt me, to remind me." A relative told us their family member required some support with their medicines and the staff ensured this was carried out.

Records of people's medicines were kept and audited monthly by a member of the management team to ensure the correct recording was carried out. We saw it had been identified there had been occasions when staff had not always signed for people's medicines when they had given them. We saw it had been identified the need to ensure medicine administration records (MAR) charts were correctly completed and saw this had been addressed in team meetings. This showed us there was an awareness of ensuring medicines were managed in a safe manner.

Is the service effective?

Our findings

People told us they were happy with the care provided by the staff. One person said, "It is a marvellous system, I get a lot of help." Another person said, "The ones (staff) that come are brilliant." A third person commented, "Yes, they are very good, always very nice."

When asked if staff had enough knowledge and skills to provide people with care, one person told us, "As far as I am concerned, they seem to do". Another person told us, "My regular one (staff member) is very good. There have been some newer ones that seem less confident but they are all okay." All the staff we spoke with told us they received regular and refresher training. Staff were able to list a number of training courses they had attended and some told us they had attended specialised training related to people's individual needs. An example given was special training which had been provided on how to safely assist one person who had swallowing difficulties. A staff member told us the training helped them to build upon their knowledge, confidence and skills and develop their understanding to provide the person with the care and dietary assistance they needed. The registered manager told us training was encouraged and there was an expectation that staff attended. Records we saw confirmed training was taking place. This meant staff were given training before being allowed to provide care on their own.

New staff shadowed experienced colleagues and had a period of induction training to enable them to meet people's needs safely. One person told us, "If a new one (staff) comes they do that ghosting where one comes with the other." Another person told us, "If new people (staff) are coming they shadow someone else first."

The provider carried out regular checks on staff skills to ensure they were delivering care in a safe way. For example, staff had annual performance reviews as well as six monthly review of practice, which is an observed home visit. Staff told us they had regular supervision and support from their line manager. They told us, this enabled them to get feedback on their skills, and they could raise any concerns about people's care. The records we looked at supported this was taking place.

Consent to care was sought in line with current legislation. 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 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.

Care records we looked at contained assessments of capacity; best interest decisions were recorded where it was appropriate for them to be in place. For example, one person's care records indicated, and staff confirmed, they had the capacity to consent to aspects of their care. Care records also contained people's personal support request and reflected choice and needs. The registered manager and the management team ensured capacity assessments and best interest decisions were documented and reviewed.

Staff received training in the MCA and demonstrated they understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. One staff member was familiar with the need to assess people's capacity to make decisions. Another member of staff told us, "I always assume the service users have capacity to make decisions. " They went on to tell us, "I offer people lots of choices." The staff training records we looked at supported them having attended training in MCA. This demonstrated the provider and the staff understood the importance of seeking people's consent to care.

Some people told us they or their relatives provided their meals and drinks, however some people told us they relied on the staff to assist with meal preparation. People told us staff offered them a choice regarding what meal they wanted. . One person told us, "They (staff) get us a bit of lunch." Another person told us, "We decide before they come and they (staff) get what we want." We saw some people had specific instructions from professionals as to what people should and should not eat and records showed staff followed the instructions. One staff member told us the people they supported, "Had no special diets at the moment, but I do cook when needed to." Another staff member told us there had been additional training provided by a speech and language therapist (SALT) in relation to specific instruction and support one person needed regarding eating their meals. This showed people's nutritional needs were being supported by the agency.

Staff were knowledgeable about people's individual health and social care needs They demonstrated and understood how to provide care and when to seek advice or support for people. One member of staff described how and when they would seek advice from community health professionals. Staff spoke about the importance of providing people with consistent care and, where possible, being able to provide people with a regular group of staff enabled this to happen. Evidence in the daily records showed staff were aware of the importance of passing on any changes in people's care needs, experiences, and key observations to their colleagues involved in providing care for individual people.

Most of the people we spoke with told us they managed their own health care appointments, but some said should they need any help, they knew the staff would help. Staff we spoke with were aware of the need to report any concerns they may have regarding changes to people's health needs. One staff member told us, "I make appointments for people and if it is needed, I support people to attend them." The staff member gave examples of supporting people to attend the nurse, doctor and chiropodist. Another member of staff told us how they recognised people's behaviour often changes with ill health and went on to say, "If I'm ever worried, I would always seek advice from a health professional." A third staff member told us they would have no hesitation in contacting health care professionals should anyone become ill. This showed us people were supported to manage their health care needs and when required, they were supported to and had access to appropriate health care professionals.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and told us they were kind and caring. People told us the staff ensured their care was delivered in a manner, which promoted and respected their dignity and privacy. One person told us, "Staff are very understanding and have a very respectful approach." A member of staff told us, "It is important to always treat people how you'd want to be treated."

People told us they felt the staff treated them as individuals and they mattered. One person told us the staff, "Even look after my [family member] who is ill. If they make me a drink or a sandwich, they make [them] one too."

One person told us the staff were, "Very good; definitely, they are wonderful." Another person told us, "They are all quite nice and pleasant." A third person told us, "They are absolutely marvellous; they treat me like a good human being." A member of staff told us, "I love my job. I am a carer first and foremost; I have a reason for getting up in the mornings."

Care was delivered and arranged with the person who received care. People felt their dignity and privacy was respected and promoted by the staff. One person told us, "The ones that come regularly are very understanding and have a very respectful approach." They told us their care was delivered in a manner that respected and promoted their dignity. Another person told us, "I have my bedroom on the ground floor. They always keep the back curtains closed." At the time of our inspection visit, the registered manager told us they were awaiting the outcome of an application for the Derbyshire Dignity Award.

Staff were knowledgeable about how to provide people with individualised care. Care plans were written and completed to guide staff in how the person wanted to be supported and indicated what people could do for themselves. For example, some people required only a reminder to take their medicines, whereas other people needed their medicines given to them by the staff. In each case, the person's care plan guided the staff how to do this with the individual person in mind.

People told us staff were careful not to undermine their independence. One person told us, "I do as much for myself as I can but they (staff) help if I ask." Another person told us, "With my regular (staff) I think we have an understanding. I do what I can then she just comes and helps with the rest." A third person told us, "They (staff) let me do what I can for myself then just help if I can't manage." An external social care professional told us they thought the staff promoted people to remain independent and provided people with a good service. This showed staff supported people to remain as independent as possible.

Is the service responsive?

Our findings

We saw, where possible, people were supported to be in control of their lives. Care plans were completed with the person or their relative, to ensure the agency understood each individual's own needs and how they wanted their care delivered. People told us their wishes and views were respected by the staff.

We saw people's needs had been assessed before they received any care and support from the provider and staff. There was a continuous assessment process carried out by staff and this was reflected in people's care plans. We saw there were systems in place for staff to report their concerns to senior staff who responded by visiting to reassess the person. This showed the agency fully understood and responded to people's needs.

The care plans were easy to read and contained detailed information to inform the staff of each person's individual needs and wishes. People told us their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs.

Some people had been unhappy with the timing of their calls and had requested different times. Those people had made the office staff aware of their requests and call times had been changed accordingly. People told us the service was flexible and responded to reasonable requests to change the time of the care delivery. For example if a person needed to attend a hospital, doctor's appointment or an important social occasion, the care visits were adjusted to suit the individual needs of the person.

The registered manager told us the service endeavoured to meet people's requests for specific call times. We saw the provider had installed a new computerised system, so the office and management team could identify staffs' locations. The systems also meant a manager could rearrange call times to suit people's needs. People using the service and staff confirmed the new system had improved the service being offered.

People spoken with knew how to make a complaint and said they would have no problem talking to the senior staff should they need to. A review of complaints showed the agency had a complaints policy in place and we saw they were responded to in a timely manner. Six complaints had been documented since our last inspection June 2014 and they were in relation to call times and availability of the staff. These had all been followed up with documented actions and none were outstanding. We saw the service had received compliments about the quality of the service and the caring approach of the staff. This showed the service listened to and learned from people's experiences, concerns and complaints.

Is the service well-led?

Our findings

The people who used the service told us it was well managed. People told us they knew who the senior staff were and who to talk to should they have a problem. There was a management structure in place and people were familiar with the management team. The service was managed in a transparent manner by the registered manager. For example people knew who planned their care and who to call should there be a problem. Members of the management team knew the people who used the service well and endeavoured to match them to the care staff. People who used the service confirmed this.

People told us the staff who provided them with support, understood their roles and ensured their needs and requests were met. Staff told us that they felt listened to and supported by the registered manager and the management team; staff felt their opinions were welcomed and respected. A staff member told us the registered manager and the management team were, "Brilliant; we can talk about anything, which is good." Another member of staff told us they had confidence in the registered manager and the management team at the service. A third staff member told us, "[Registered manager] is spot on; always calm and collected. A really good boss."

The registered manager promoted an open and transparent culture within the service. Staff confirmed the teams' morale was good and there was a feeling of being supported by the registered manager and the management team. Staff told us, on a day-to-day basis the needs and wishes of the people were central to how the service was managed. We saw satisfaction questionnaires were sent out to people using the service, with their comments actioned. For example, we saw comments relating to people requesting staff rotas. We could see this had been actioned and people confirmed this had taken place.

The registered manager had a quality monitoring system in place. This was used to drive improvements in the care of people. For example, staff had their performance monitored and reviewed; they were observed providing support and care in people's home. This information was used to ensure people were happy with the service being provided. It was also used as a means to identify any training needs for staff.

The registered manager was aware of their role and responsibilities. They were clear about the circumstances under which they would need to send a written notification to the Care Quality Commission (CQC). For example, notifications of a significant event or concern. In addition, the registered manager had completed the Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and any plans for future improvements.

We saw there were effective audits in place; included were audits of care plans, risk assessments and medicines administration. We saw care plans provided staff with clear information to enable them to support people in the manner they wanted. Care plans were reviewed six monthly or sooner if the person's conditions changed. This showed the service ensured people's care was audited to ensure needs were met by the service's being provided.

Incidents and accidents were recorded and explored by the registered manager and the provider to enable

the service to learn from them and to minimise further known and potential risks. An example we saw was the audit and analysis of medicines. We saw once a medicines audit had been completed an analysis and subsequent information sharing with the staff took place. This showed the provider and registered manager recognised the need to share learning with the wider team.

Staff told us that they felt able and encouraged to raise any issues or concerns. Information on who to call was available for staff and all the staff we spoke with knew who to contact should they need to. Staff felt they had the opportunity to talk to a member of the management team and were confident concerns would be listened to and acted upon.