

Mears Care Limited

Redwood House

Inspection report

Coldharbour Road
Hungerford
Berkshire
RG17 0HR
Tel: 01488680892
Website: www.mearsgroup.co.uk

Date of inspection visit: 25 June 2015
Date of publication: 14/08/2015

Ratings

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

Overall summary

This inspection took place on 25 June 2015 and was announced.

Redwood House is a domiciliary care agency that supports adults over the age of 55 in their own flats within the Redwood House Extra Care Scheme. The extra care team can assist adults with a variety of needs and operates from an office within the housing complex. At the time of the inspection the service was providing personal care to thirty four people.

There was a registered manager in post at the time of our visit. A registered manager is a person who has registered

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

People said they felt listened to and were happy with the service provided. They told us that staff treated them with kindness and respected and involved them in decisions about their care.

Summary of findings

People told us that they felt safe with staff and would be confident to raise any concerns they had. Comments included: “I would not put up with anything like that. I pay good money here and I like to be respected”.

The provider’s recruitment procedures were robust, medicines were managed safely and there were sufficient staff to provide safe, effective care.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people’s individual needs.

People’s needs were reviewed regularly. Up to date information was communicated to staff to ensure they could provide appropriate care. Staff contacted healthcare professionals in a timely manner if there were concerns about a person’s wellbeing.

People told us they had been asked for their views on the service and were able to raise concerns and complaints if they needed to. They felt the registered manager would take action if necessary.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. Feedback was sought from people and care records were audited. Complaints were addressed and action taken according to the provider’s policy.

The registered manager had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to protect people from abuse.

People who use the service felt they were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People had their needs met and supported by staff who had received relevant training and felt supported.

Staff sought advice with regard to people's health in a timely way.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected. People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Good



Is the service responsive?

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



Is the service well-led?

The service was well-led

There was an open culture in the service. People and staff found the registered manager approachable.

Good



Summary of findings

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Redwood House

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 25 June 2015 by two inspectors and was announced. The provider was given a short notice period because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This 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. We also looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our visit we spoke with twelve people who use the service and three of their relatives. We spoke with the registered manager and eight staff. We also spoke with local authority social care professionals that included an Adult Safeguarding Co-ordinator, Care Quality Officer and Maximising Independence Social worker.

We looked at six people's records and records that were used by staff to monitor their care. In addition we looked at six staff recruitment and training files, duty rosters and records used to measure the quality of the services that included customer questionnaires' and health and safety audits.

Is the service safe?

Our findings

People who use the service said they felt safe with staff that support them. They told us they had no cause for concern about their safety or in the way they were treated by staff. One person said: “If I’m worried about anything, I’d ring my call bell and they would come”. Another person said: “If I had a concern I would tell the manager”. There was a call bell system within each of the flats within Redwood House. Some people who use the service were provided with a pendant that enabled them to alert staff or on-call operators if they had an accident or were unwell. Staff stated that being based within the one building had ensured they could respond quickly to keep people safe and meet their assessed needs.

There was an established staff team employed by the provider that included a registered manager.

At the time of our visit the service was providing 34 people with personal care and support. The frequency and duration of timed calls varied for each person. These were dependent of their needs as assessed and commissioned by the local authority. Additionally an extra 20 hours each week had been allocated to the provider to cover unforeseen emergency calls and a further 129 hours to provide permanent night staff within the building. The registered manager told us that any staff vacancies or shortages due to annual leave or sickness were covered by existing staff. This was instead of using other agencies and so promoted continuity of care.

There were risk assessments individual to each person that promoted their safety and respected the choices they had made. These included risks such as those associated with moving and handling and the home environment. Staff told

us they reported anything they thought had changed and/or would present a risk for the person to senior staff or to the registered manager. Incident and accident records were completed and actions taken to reduce risks were recorded.

People were kept safe by staff who had received safeguarding training. Staff told us the training had made them more aware of what constitutes abuse and how to report concerns to protect people. Staff said if they were not listened to by the registered manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines by staff who had received training in the safe management of medicines. The registered manager told us they would only support people with their medicine if dispensed by a pharmacist using a monitored dosage system (MDS). MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs that enabled staff to support people with their medicines safely. The medication administration records (MARs) we reviewed were up to date and had been completed by the staff supporting the person. Staff were also issued with cards in the shape of an ID badge that detailed do's and don'ts when supporting people with their medicine.

Is the service effective?

Our findings

People told us that they thought staff were well-trained. Comments included: “they are very good” and “everyone is lovely, very helpful”.

The registered manager and staff were knowledgeable of the Care Certificate introduced in April 2015, which is a set of 15 standards that new health and social care workers need to complete during their induction period. The registered manager stated that a review of the providers training programme had taken place in line with the care certificate and that all training would be linked to the new standards for existing staff to refresh and improve their knowledge.

Staff told us that they had received a good induction prior to April 2015 that had included a four-day induction at the agency's head office. They also stated that they had shadowed shifts with other staff before being assessed as competent to support people on their own.

Staff were given the opportunity to study for a formal qualification such as a diploma or Quality Credit Framework (QCF) to a minimum of level 2 in health and social care. These are nationally recognised qualifications which demonstrate staffs competence in health and social care. The registered manager confirmed that the provider has commenced a process to have assessors within the organisation to promote and enable staff to undertake health and social care qualifications.

Staff attended regular staff meetings and had received one to one supervision and appraisals that were structured around their development needs. Training had been arranged for staff to meet health and safety essential requirements as well as training to support individual

needs such as diabetes and dementia care to support people who live with dementia. Dementia awareness was included within the 12 week induction programme with further training for existing staff planned.

People were supported with their meals when identified as part of their assessed needs. Training for staff included nutrition awareness that enabled them to support people who were at risk of poor nutrition. Staff completed records of food and drink taken by people assessed at risk and alerted the manager if they had further concerns that needed to be reported to external professionals such as GP and/or dietician.

People either managed their own visits to healthcare appointments or were supported by their family or by the service. When staff identified concerns about a person's health they contacted the person's GP, community nurse and/or other health professionals. Staff ensured actions taken were communicated to each other at handover meetings so that all staff were fully updated of a person's changing needs. People's medical history and health care needs were detailed within their care plan. Staff worked closely with health professionals such as community nurses and occupational therapists. For example bringing it to the nurses' attention if someone had a mark on their skin where a pressure sore may be developing or to request a review of equipment due to changes in the person's mobility.

The registered manager had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework that sets out how to support people who do not have capacity to make a specific decision. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Is the service caring?

Our findings

People told us that staff respected them and were “very caring and very thoughtful”. They said staff had always promoted their dignity and respected the choices they made. Other comments included: “they always ask me what I would like to wear as they know I like to be colour coordinated” and “they are very respectful of me”.

We also spoke with visitors of three people who use the service. They told us they were happy with the services provided for their relatives (people who use the service). Comments included: “(name) was given the option to decide if they preferred the same gender carer to assist them with personal care” and “my (name) is offered so much choice”.

The service completed a survey in July 2014. One of the questions had asked people to describe how having help to do things made them think and feel about themselves. The survey showed that most people either felt, ‘the way they were treated made them feel better about themselves’ or that ‘it did not affect how they felt’. Less than four percent stated, ‘the way they were treated sometimes undermines the way they feel about themselves’. There was no evaluation report to determine how the service addressed this response to improve.

The philosophy of the service states that they aim to respect people’s privacy, dignity and lifestyle in the way they work with them. People were shown respect and their privacy and dignity was protected. We observed staff ringing doorbells or knocking on doors and only entering when invited. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

Staff had attended training that covered equality, diversity, dignity and respect. They told us that they were always mindful of respecting people’s privacy and promoting people’s independence. They said that each person had a care plan that was individual to their needs and was reviewed regularly with the person’s involvement. They also described how they promoted and respected people’s choice. For example: “I always call the person by their preferred name and always refer to their care plan should there be any changes to the way they want us to support them”.

We spoke with health and social care professionals who told us that they have had very positive feedback from people who use the service. Comments included: “we have not had any negative feedback or any comments that have given us concern”.

Is the service responsive?

Our findings

People told us that staff respected them and were “very caring and very thoughtful”. They said staff had always promoted their dignity and respected the choices they made. Other comments included: “they always ask me what I would like to wear as they know I like to be colour coordinated” and “they are very respectful of me”.

We also spoke with visitors of three people who use the service. They told us they were happy with the services provided for their relatives (people who use the service). Comments included: “(name) was given the option to decide if they preferred the same gender carer to assist them with personal care” and “my (name) is offered so much choice”.

The service completed a survey in July 2014. One of the questions had asked people to describe how having help to do things made them think and feel about themselves. The survey showed that most people either felt, ‘the way they were treated made them feel better about themselves’ or that ‘it did not affect how they felt’. Less than four percent stated, ‘the way they were treated sometimes undermines the way they feel about themselves’. There was no evaluation report to determine how the service addressed this response to improve.

The philosophy of the service states that they aim to respect people’s privacy, dignity and lifestyle in the way they work with them. People were shown respect and their privacy and dignity was protected. We observed staff ringing doorbells or knocking on doors and only entering when invited. People we spoke with told us that staff made sure their privacy was maintained when they were assisted with personal care.

Staff had attended training that covered equality, diversity, dignity and respect. They told us that they were always mindful of respecting people’s privacy and promoting people’s independence. They said that each person had a care plan that was individual to their needs and was reviewed regularly with the person’s involvement. They also described how they promoted and respected people’s choice. For example: “I always call the person by their preferred name and always refer to their care plan should there be any changes to the way they want us to support them”.

We spoke with health and social care professionals who told us that they have had very positive feedback from people who use the service. Comments included: “we have not had any negative feedback or any comments that have given us concern”.

Is the service well-led?

Our findings

The provider (Mears Care Limited) registered the location Redwood House with the Care Quality Commission (CQC) in November 2013. This was to deliver domiciliary care services to people who lived in their own flats within the extra care housing establishment of Redwood House. Since this date the provider has had a full-time registered manager in post.

People told us that the registered manager and staff were caring and dedicated to meeting their needs. They told us that they would not hesitate to approach them if they had something to say as they felt they would always be listened to. They also stated that they had been asked their opinion periodically about the services and had felt listened to.

People were invited to share their views about the services through quality assurance processes. These included care reviews, spot checks of staff who support them and customer satisfaction surveys. We saw from the 2014 summer survey that the provider had received 20 responses from people. However, there was no evaluation report to determine how the service addressed the overall responses to improve. This meant that there was no other evidence to support that people were being listened to other than what people had told us.

The quality of the service was monitored by the registered manager through weekly senior staff meetings to discuss documentation reviews, file audits and performance of care staff. The registered manager stated that outside of this the provider uses a 'say what you see' survey across the company. This had allowed staff to provide feedback on good and bad practice for the provider to address any gaps or areas of concern. The registered manager stated that at a local level they support the use of their 'red ringing' policy that encourages staff to speak up when they feel there are failings in any element of the service.

We spoke with health and social care professionals who told us they had worked with the service when it was first set up in 2013. One professional stated: "there had been some teething problems to begin with, but it would be unfair to comment on those at this stage as they have done brilliantly". Other comments included: "The registered manager has worked hard to ensure that open lines of communication were promoted with other professionals involved in meeting the care and support needs of the people who use the service".