Mears Homecare Limited

Mears Homecare Limited - Camberley

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 7 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

Mears Homecare Limited – Camberley is a domiciliary care agency providing support to people in their own homes. At the time of our inspection they were supporting 126 people.

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.

Risks to people were assessed and measures were put in place to keep people safe, but the standard forms used did not identify all risks such as risks relating to people's behaviour. Staff reported and recorded accidents and incidents but people's records were not always updated as a result to prevent a reoccurrence.

People's rights under the Mental Capacity Act were protected but records showed that the principals of the act were not always adhered to. However, staff demonstrated a good understanding of the Mental Capacity Act and people told us that they were encouraged and supported to make choices.

Staff had a good understanding of safeguarding and we saw evidence that where there were concerns these were discussed with the local authority.

Staff were deployed in a way that meant punctuality could be monitored to ensure people received their care safely and on time. Recruitment checks were undertaken by the provider to ensure that staff working with people were suitable for their roles.

People told us that staff knew them well and that they were respectful in maintaining privacy and dignity when providing care in their homes. People were encouraged to be independent and staff worked with people to offer choices when supporting them at mealtimes.

People were given a thorough assessment before receiving care. Care plans contained person-centred information to help staff get to know people and provide them with the care that they needed. People's needs were reviewed regularly and necessary changes were actioned by staff.

People were administered their medicines by competent staff. Audits had helped to improve staff's recording of medicines to ensure people received them safely. Staff worked alongside healthcare professionals to provide people with care that promoted their health and wellbeing.

People told us that staff were competent and skilled in carrying out their role. The provider had effective arrangements in place to train, supervise and provide induction to staff. Staff told us they felt supported by the provider and could call for assistance at any time.

People told us they were confident to raise any issues about their care. There was a complaints policy in place and there was evidence that complaints had been recorded, investigated and responded to.

The service had systems in place to monitor and improve the quality of the service provided through seeking people's feedback and carrying out audits. People told us they had seen improvements in their care. The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

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.

Risks to people were assessed and measures were identified to manage them. The provider's standard form did not cover all risks but where this had occurred, information to manage risks was in care records.

Accidents and incidents were reported but records showed that they did not always lead to updates to people's care to prevent a reoccurrence.

Staff demonstrated a good understanding of safeguarding procedures and concerns were discussed with the local authority.

Medicines were administered by trained staff and recorded properly. Where errors had occurred, these were picked up by audits and improvements had been made.

There were sufficient staff in place to meet people's needs. Systems helped to ensure staff arrived punctually.

Is the service effective?

Good

The service was effective.

Staff demonstrated an understanding of the Mental Capacity Act 2005 but mental capacity assessments were not decision specific.

Staff received appropriate induction and training for their role.

People were supported to have a meal of their choice. People's dietary requirements were followed.

People had access to health care professionals and relevant services.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well.

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

Staff supported people to be as independent as possible.

Staff supported people in their own homes in a way that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People knew how to make a complaint and the provider responded to people's concerns.

People's needs were assessed prior to them receiving care.

Care plans were detailed reflected individual preferences. They were reviewed and updated as people's needs changed.

Is the service well-led?

Good

The service was well-led.

The provider had quality assurance systems in place and regularly asked for feedback from people and relatives.

Staff felt well supported and the manager sought their views in order to improve the service.

The manager had a vision for the future of the service and was taking steps to overcome identified challenges.

Mears Homecare Limited - Camberley

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 7 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at thirteen people's care files, risk assessments, four staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to the registered manager, three staff members and one co-ordinator. Following the inspection we spoke to four people and two relatives to gain their views of the service.

This was the first inspection since the location became registered in 2014.

Good

Is the service safe?

Our findings

People told us the service was safe. One person told us, "I feel safe with the staff." Another person said, "Yes it is safe."

Risks to people's safety had been assessed and plans were in place to minimise these risks. One person was assessed as at risk of developing pressure sores. Measures were put in place for staff to apply protective creams and to reposition this person when they visited, as directed by healthcare professionals. Records showed that staff were carrying out these tasks, which had maintained the person's skin integrity. Another person was prone to falls due to their mobility. Their risk assessment identified that steps leading to their home posed a hazard. Staff were guided to be vigilant of any trip hazards on the steps and to support the person when using the steps to access the community. We noted that the standard form used did not identify every risk. One person had risks associated with their behaviour which the assessment form did not pick up. However, this person's care records did contain information for staff on how to support this person safely.

Accidents and incidents were documented and measures were taken to keep people safe, but these did not always lead to people's risk assessments and care plans being updated to prevent them from occurring again. For example, staff arrived at one person's property to find they had gone out and left kitchen appliances on. The incident was recorded appropriately by staff but no actions were recorded and the person's care plan was not updated to prevent a reoccurrence. However, we did see evidence that this incident had been reported to the local authority. The local authority were planning to use assistive technology and staff were working alongside social care professionals and providing them with ongoing feedback to keep the person safe.

We recommend that any actions taken following incidents are recorded and care records updated where necessary to ensure staff are aware of changes made to avoid incidents reoccurring.

People benefited from a service where staff understood their safeguarding responsibilities. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One staff member said, "(if I was concerned) I would ring the office first. We also have the safeguarding team that we can ring." Staff had completed training in safeguarding and the agency had their own safeguarding policy which was up to date with current practice. Where staff had concerns about people, we saw evidence that the local authority had been informed. At the time of our inspection there had been no recent safeguarding incidents that the provider would be expected to notify Care Quality Commission (CQC) of.

There were safe medicine administration systems in place and people received their medicines when required. One person told us, "They make sure I've had my medication and they know what they're doing with it." Two members of office staff were the main points of contact for changes to medicines. A log was kept of any new medicines people were prescribed, and changes were made to MAR sheets in line with their prescriptions.

Medicine Administration Records (MAR) were up to date with no unexplained gaps, initials on the sheets were clear to identify which staff had administered medicines. Staff had recently begun a process to improve medicines recording. Staff now highlighted gaps on MARs with red pen in order for the person who administered the medicines on that day to correct them. This meant that staff could clarify whether the person had been administered their prescribed medicines. Staff told us that this had improved the way medicine administration was recorded and encouraged good practice.

All staff had completed medicines training before administering medicines to people. Staff were aware of the medicines policy and would report medicines errors to the registered manager immediately. There had been no recent medicines errors at the time of our inspection.

People told us that staff were deployed in a way that ensured they received the support they required safely. One person told us, "They are on time most of the time." A relative told us, "We had some problems at first but its improving now." Another relative said, "They stick to the times. They are as near to the time as could be. The carer always answers the phone when I ring." Another relative told us, "I wouldn't complain as they're trying their best."

Rotas were planned to ensure staff had enough time to travel between calls. Staff logged in at each person's home and this would alert staff in the office if anyone was running late. This meant that office staff could update people and some staff in the office were able to go out and cover calls where staff were running very late. A contingency policy was in place that identified what would happen in the event of an emergency, such as extreme weather conditions or a pandemic. The plan identified how to best use available resources in different emergency situations to keep people safe, working alongside the local authority if necessary.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People told us that their needs were met by trained and competent staff. One person told us, "They have the experience. " Another person said, "They're really good. They seem quite well trained." A relative also told us, "They seem quite well trained." Another relative said, "The staff are excellent."

Staff received an induction and training included safeguarding, health and safety and moving and handling. A staff member told us, "I did a whole week's induction training, the trainer was really good and answered any questions I had. I did three weeks shadowing before I went out on my own." Staff records showed that staff had completed the mandatory training as specified by the provider. There was a clear induction process in place. Staff completed training and shadowed an experienced staff member for three weeks to ensure they were competent in their roles before working with people independently.

Staff received regular supervision and appraisals to support them in their roles. Staff told us that they felt comfortable in discussing issues which arose when they were supporting people. One staff member told us, "They supervise me on the calls now and then. We also have one to ones about different subjects. I can ask anything though really." Supervision records showed that staff could discuss training and development needs and were able to access training when they needed. Staff had frequent home visit assessments to ensure that the care that they were providing was satisfactory.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were not always protected because the staff did not act in accordance with the Mental Capacity Act 2005. The MCA states that people's mental capacity must be assessed specific to a decision. Care records contained MCA assessments but none of them had the decision recorded on them. One person's records contained a consent form which stated, "unable to sign". The MCA assessment on this person's records was not specific to the decision to consent to care, there was also no record of a best interest decision. A recent audit by the registered manager had identified that there was an issue with consent forms and stated, "There needs to be a concerted effort to make sure that the person signing understands what they are consenting to." Further to this, every person's record contained an MCA assessment, regardless of their mental capacity to consent. This was not in line with the first principal of the MCA that a person must be presumed to have capacity unless it is established that they do not. The registered manager told us that they did not previously carry out MCA assessments and following an audit they identified this as something that they needed to improve upon. Staff had then added MCA assessments to every person's records and completed them.

However, staff members did show an understanding of the MCA. Staff members were aware of the need to carry out an MCA assessment where they were unsure of a person's mental capacity to make a decision and

they demonstrated a good understanding of needing people's consent in order to provide care. All staff had attended training on MCA and the provider had an MCA policy in place which staff had read. People told us that staff offered them choices and involved them in decisions. One person said, "They always ask me with everything, like what I want to wear or what to eat." A relative told us, "They have got to know (person)'s ways. They involve (person) in everything and let (person) decide as much as possible."

People were supported to have a meal of their choice and staff ensured people's nutritional needs were met. One person told us, "They always ask what food I want and they let me know what food I've got in." Care plans contained details of people's preferences to enable staff to prepare people's meals that they enjoyed. For example, a healthcare professional had recommended that one person eat a more balanced diet. Care records clearly showed that staff were to discuss healthier foods with this person and support them to plan and cook meals. Daily notes confirmed that staff were doing this. Another person was living with dementia and was reliant upon staff support to ensure food in the kitchen was within date and safe to eat. The person was able to cook and only required staff support to prepare shopping lists. Healthcare professionals had requested that staff record what the person had been eating. Daily notes recorded what the person had eaten or what evidence staff found in the kitchen that the person had prepared or eaten food themselves.

People told us that staff worked alongside healthcare professionals to ensure people received care that promoted their health and wellbeing. A relative told us, "(Person) has not had a seizure for years but staff have all the information. They go with the flow."

Staff supported people to access healthcare professionals and followed their guidance to provide people with effective care. For example, staff had arranged a visit from a healthcare professional when one person was feeling unwell. Notes from the healthcare professional stated that the person was undergoing tests for a chest infection and that staff should encourage them to drink more fluids. Another person required equipment to support them with mobilising. A healthcare professional had visited the person with staff in order to demonstrate to them how the equipment worked, this information was documented clearly in records. One person told us, "I deal with my own appointments but the carers always leave me reminders so I know what's coming up."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "The staff I have are nice." A relative told us, "They are very good with (person). Really nice."

People were supported by staff who knew them well. A relative told us, "The staff get used to (person)'s ways and get to know (person)." The registered manager achieved this by ensuring that wherever possible people were supported by consistent staff. One relative told us, "They go above and beyond. They try to keep the same staff." Records showed that people were visited by consistent staff and staff were deployed in a way that meant they regularly visited the same people. Where new staff were introduced, arrangements were made for them to meet the person before delivering care wherever possible. A relative told us, "When a new one comes in they always come with someone who has been before."

People were supported by staff who knew them well and took an interest in their lives. People's care records contained information about people's life histories and hobbies. A staff member told us, "If I haven't met a person before I can read up about them, the information is useful." One person really enjoyed computer games and this was clear in their records. Another person used to work for a local school. Records consistently contained information such as where people were born and what work they did or used to do. Daily notes recorded discussions staff had with people which demonstrated they were engaging in conversation about things that were important to people. One person said, "They are all nice and they talk to me."

Staff involved people in their care and supported them to make choices. One person told us, "I make choices about what I want to do and I tell them." Care records promoted people's right to make choices. One person was living with dementia and wanted support to be more flexible as they liked to go out regularly into the community. This was clearly stated in their notes, "(Person) is independent and enjoys walks. If they are not in please wait a few minutes as they will only be around the corner." Daily notes demonstrated that staff worked around this person's desire to go out into the community independently. A member of staff told us, "It's important to offer them choices and to involve people in deciding things."

People were supported by staff who promoted their independence. Care records contained information on people's strengths and care was centred around enabling them to lead independent lives. One person went to work regularly and staff provided them with the support that they needed at home in order to lead an independent life. Care records stated, "I would like support and motivation to clean my home." This was discussed at reviews which evidenced that the person had developed skills in these areas. Daily notes demonstrated that staff were working alongside this person to enable them to achieve their goals.

People told us that staff respected their privacy and dignity when providing support in their homes. One person said, "Yes, they respect my privacy." Another person said, "They are respectful." Staff demonstrated a good understanding of how to care for people in a way that maintained their dignity. People's confidential information was stored safely and staff had attended training on how to handle sensitive information.

People's religious and cultural needs were taken seriously by staff. Initial assessments included questions on people's religion and culture so that staff could support the person in a personalised way. For example, one person attended church every week and took a keen interest in their religion. Their care plan contained information on what support staff needed to give to help this person continue to practice their religion. Daily notes confirmed that this person was attending church on the days stated in their plan and staff regularly discussed their church visits with them.

Good

Is the service responsive?

Our findings

People told us that they knew how to make a complaint and they were confident that they would be acted upon. One person said, "I haven't complained but I can ring them about things." Another person told us, "I complained once (about a staff member) and they sorted a new carer." A relative told us, "They said I can ring up to make a complaint." Another relative told us, "Any concerns, I can telephone them always. I couldn't ask for more."

The registered manager kept a log of complaints and could record any actions that had been taken. There had been few complaints at the time of our inspection but those recorded were responded to and actions taken. One person's lunchtime call was missed. This was recorded as a complaint and investigated. The person received a response and no further calls were missed. We found one complaint that had not been documented that had been raised in a team meeting. Staff had spoken to each other inappropriately in front of a person and a relative had raised a complaint. Although this was not logged, we saw evidence that it had been discussed with staff and investigated. We alerted the registered manager to this situation and they ensured that the complaint was recorded and that the person had received a response.

Initial assessments covered basic health and support needs as well as people's interests and daily routines. The provider's assessment form was detailed in order to gather as much information about people as possible. Staff had a smart phone device which contained up to date electronic care plans. This ensured that when things changed, staff were always working from the most up to date information about people.

Care plans contained accurate and person centred information about people's needs, interests, routines and backgrounds, to ensure staff could offer person-centred support. One person's records stated, "I enjoy listening to music and have a large collection of CDs and records." Another person's records contained clear details on their routine so staff could ensure they got to work on time. This demonstrated that before receiving a service, people had had a conversation with staff about their expectations. Care plans were written to reflect this information, and any changes were documented.

People and relatives told us that it was easy to make changes to care when needed. One person told us, "They always ask if I'm happy with things and if there's anything else I need." A relative told us, "If (person)'s needs change the office contact me. I leave notes for the carers saying for example, 'the house looks fab.'"

People received regular reviews and were able to request changes to their support which staff could action. One person had requested a slight change to their morning visit so that they could sleep slightly longer at weekends. This had been recorded and actioned by staff. The provider had a system to log reviews undertaken which ensured that people had their care reviewed regularly.

Good

Is the service well-led?

Our findings

People told us that the provider regularly asked them for feedback in order to help improve the service. One person told us, "The office ring me and ask how things are going." A relative told us, "They called us today to ask how things are. When we started they contacted us regularly."

The provider contacted people regularly to ask for their feedback, however negative feedback was not always recorded appropriately. An analysis of a satisfaction survey in June 2016 did not take into account a number of negative comments left by people. These were mostly regarding rota changes and late calls. One person had fed back anonymously that they had had to wait a week when a member of staff was away on holiday. There was no evidence that action had been taken to address these concerns people had raised.

Despite these issue, people that we spoke to said staff were on time and consistent, with occasional lateness that was to be expected. People who had previously had problems with timings told us that this was resolved by management. A relative told us, "It has improved now, if there's more problems I will just ring them."

Surveys were done both over the telephone and face to face. The registered manager also called one person daily that they hadn't spoken to before or hadn't heard from recently. This was due to them being new in post and was a way to introduce themselves. However, this has been a good source of feedback and is something that they intend to continue. Most people had said that they required no changes to their care. Where people had requested changes to call times or carers, staff tried to facilitate this. In one instance, somebody mentioned that their smoke alarm was not working and staff were able to support them to access free smoke alarms.

The provider completed regular audits to ensure quality. People's care records were audited regularly and the provider had a tool to monitor when audits or reviews were due. They had weekly targets and they could see if they were meeting them. The majority of reviews were completed on time and where reviews were outstanding records showed that people had had some engagement with office staff. Audits were carried out on medicines and the provider carried out a quarterly comprehensive audit which identified actions to take to improve quality. Actions were graded by urgency and actions taken by the registered manager were recorded when completed.

Staff told us that they felt supported my management. One staff member told us, "I can always ring them whenever I need to." Another staff member said, "Someone had passed away and the on call was there in 15 minutes to support me."

The structure of the office team ensured that people and staff always had a point of contacted. In their PIR, the provider told us that, "We have two Care Field Supervisors within the branch who manage day to day matters within the community and offer on-site support to Care Workers." The supervisors liaised closely with people and staff and reported to the registered manager. They worked alongside co-ordinators who allocated calls and monitored timings. Delegation of these tasks meant that people received regular contact

and staff could easily contact the office for support when required. During our inspection we observed office staff liaising with staff who were visiting people. Where one staff member was running slightly late they were able to contact the person and keep them updated as to how long the staff member would be.

Staff had regular meetings through supervisions and appraisals. A tool monitored how often staff were seen by management to ensure there was regular contact. This meant that people were supported by staff who had frequent management support. In their PIR, the provider told us, "Currently the team meetings are taking place monthly to go through key topics around changes and service delivery. We have a good culture within the branch where Care Workers feel comfortable speaking to staff within the office and raising concerns." Minutes of team meetings demonstrated that staff were able to raise concerns. Staff told us that they felt comfortable talking to management and team members.

Staff ideas were listened to and implemented where it may improve the service. A staff member had suggested 'red-ringing'. This was where staff could highlight in red pen where gaps were left on Medicines Administration Records. The registered manager had noted improvements in recording picked up by audits following implementing this. Staff were rewarded for hard work with monthly awards. The registered manager has also arranged a day out for all staff to a local attraction in order to strengthen team bonds.

The registered manager had a vision for the future of the service and recognised the key challenges. They told us that recruitment was a challenge that they faced at the moment. They had ideas of practical solutions to problems that may prevent people coming to work in care. For example, when people didn't drive it could be a problem due to the lack of public transport and the wide area that they covered. The registered manager is considering providing staff with bikes in order to overcome this issue.

The registered manager found ways to link with the local community. They had a stall at a local donkey derby event as it provided an opportunity to engage with the local community and to attract new staff and people to the service. They were in the process of planning an event at their location in which people and relatives could come in and meet staff. This would provide an opportunity to strengthen links with people and also would provide support to relatives who could meet each other to form informal support networks.