

Mears Homecare Limited

Longmans Extra Care Scheme

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

The inspection was completed on 22 April 2016 and there were 12 people in receipt of a service at Longmans Extra Care Scheme when we inspected.

Longmans Extra Care Scheme provides 24 hour care and support for up to 15 people in one bedroom flats. The Extra Care Scheme is managed and maintained by South Essex Homes on behalf of Southend-on-Sea Borough Council. The care and support is provided by Mears Homecare Limited.

The service did not have a registered manager in post. At the time of the inspection the service was being overseen by an interim manager who was already registered with the Care Quality Commission at another of the provider's extra care schemes. A team leader was in post at the service and they were primarily responsible for the day-to-day running of the service. The interim manager confirmed that steps were in place by the registered provider to appoint a permanent manager to the service but they were awaiting a final decision. 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.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Risks to people's health and wellbeing were appropriately assessed and managed to ensure their safety.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and were supervised at regular intervals.

Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. The service's arrangements for the management of medicines ensured that people received their medication as they should.

Staff understood the requirements of the Mental Capacity Act 2005. Staff demonstrated how to apply the principles of this legislation to their everyday practice and to help ensure that people's rights were protected.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported.

People told us that they were treated with respect and dignity and where appropriate people were supported to maintain their independence.

An effective system was available to respond to complaints and concerns. The provider's quality assurance arrangements were appropriate to ensure that they strived towards and provided a high quality service.

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 is safe.

Appropriate arrangements were in place for managing risk and risk assessments were proportionate and centred around the needs of the individual person.

There was enough staff available to meet people's needs safely.

The provider had systems in place to safeguard people using the service and to ensure that people were protected from abuse.

Appropriate arrangements were in place to manage people's medication safely.

Is the service effective?

Good ●

The service is effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a knowledge and understanding of the Mental Capacity Act 2005.

People's nutritional care needs were well supported by staff so as to ensure that they received sufficient nutrition and hydration.

People were supported to access appropriate services for their on-going healthcare needs and to ensure their well-being. People experienced positive outcomes with regard to their healthcare needs.

Is the service caring?

Good ●

The service is caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and

responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect. People were able to maintain their independence where appropriate.

Is the service responsive?

Good ●

The service is responsive.

Staff were responsive to people's care and support needs.

People's support plans were detailed to enable staff to deliver care and support that met people's individual needs.

People were confident to raise any concerns and were assured that these would be taken seriously, explored and responded to in good time if the need arose.

Is the service well-led?

Good ●

The service is well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the interim manager and team leader.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

Longmans Extra Care Scheme

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 22 April 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that a member of the management team someone would be available.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with five people who used the service, four members of support staff, the interim scheme manager and the team leader.

We reviewed four people's support plans and support records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

People's view about the safety of the service and the care and support they received was positive. People confirmed that they were safe. One person told us, "Good grief I would say I'm safe. I wasn't at the last place I lived but here 100% I am safe. I have no concerns and worries; If I needed to talk to someone I know that I can." Another person told us, "Yes, I would say I am safe."

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the interim manager, team leader or the provider. One member of staff told us, "I would not hesitate to raise a safeguarding if I suspected abuse. If I thought the management would not take the appropriate action I would contact the Local Authority, you [CQC] or anyone else who would listen to me." This showed that staff were confident and knew what to do if safeguarding concerns were raised and followed the provider's policies and procedures.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. These related to people's manual handling needs, where people were at risk of falls, environmental risks to ensure people's and staff's safety and wellbeing and medication. Staff were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom. This showed that people's individual risks were assessed and staff knew how to keep people safe. In addition, some people told us that they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home.

People who received a service had their care package funded through the Local Authority. The interim manager advised that the Local Authority determined the staffing levels to be provided in order to meet the person's needs. People told us that there had not been any missed calls and staff stayed for the full amount of time allocated and; in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. Our observations at the time of the inspection demonstrated that although staff were very busy at key times, people using the service received a good level of care. Staff told us that there were sufficient staff available to meet people's care and support needs, for example, assisting people to get up in the morning and retire to bed in the evening, attending to people's personal care needs, providing manual handling support where people's mobility placed them at risk, medication prompting and administration and meal preparation. The interim manager confirmed that six out of 12 people who used the service received between two and five additional support hours per week from staff to assist them with personal shopping and domestic chores. People told us that the latter worked well and that they enjoyed the opportunity to go out with staff.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for two members of staff appointed showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should. Staff were aware of who required their medication to be administered, who required their medication to be prompted and who was able to independently administer their own medication so as to maintain their independence. There were arrangements in place to record when medicines were received and given to people. We looked at the records for four of the 12 people who used the service. The Medication Administration Records [MAR] forms showed that they had received all of their prescribed medication as they should. Records showed that staff involved in the administration of medication had received appropriate training and had had their competency assessed.

Is the service effective?

Our findings

People told us that, in their opinion, staff were appropriately trained. Staff told us that the provider had a positive attitude towards training provision. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared and supported. Staff training records viewed showed that staff had received basic mandatory training in key topic areas. One newly employed member of staff told us, "The training here is very good and without it I could not do my job." Another member of staff told us that following a number of medication errors at another 'extra care scheme' operated by the same provider, additional medication training had been provided. They told us that this ensured that lessons had been learned and that the additional training provided ensured that this was embedded in their everyday practice and was safe.

Staff were able to tell us about the provider's arrangements for newly employed staff to receive an induction. Staff confirmed that this included a five day induction comprising of training in key areas appropriate to the needs of the people they supported, an introduction to the organisation and job- role specific induction at the proposed service. In addition to this staff told us that opportunities were given whereby they had the opportunity to shadow a more experienced member of staff for several shifts depending on their level of experience and competence. Staff told us that they had found the latter to be instructive and very useful.

Staff told us they received formal supervision at regular intervals and were supported by the team leader and interim manager. We found that supervision records corresponded to what we were told and included additional support through direct observations, team meetings and annual appraisals. Although the latter was in place it was evident from our discussions with the management team that the incorrect form had been used as no objectives for the impending 12 months had been identified or set. This was discussed with the interim manager and team leader and we were advised prior to the completion of the inspection that new dates would be set for this to be completed.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Although records showed that not all staff employed at the service had received Mental Capacity Act 2005 (MCA) training, staff were able to demonstrate a basic knowledge and understanding of the requirements of the Mental Capacity Act 2005. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. Staff confirmed that all people using the service had capacity to make day-to-day decisions.

Where staff were involved in people's nutritional support they did so as required to meet people's needs.

People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. One person told us that they went out for lunch every day and made their own snack at supper time. Others were supported to go to a local supermarket to purchase their groceries and one person had a well-known frozen meal delivery company supply them with a variety of ready meals. Staff demonstrated a good understanding and knowledge of the support required to ensure that people had their nutrition and hydration needs met. People using the service and staff told us that arrangements were in place to enable people if they wished to have a meal together in the main communal lounge/dining area. For example, once a month people were able to have fish and chips and on another evening people could have pizza. People spoke positively about these arrangements and told us that it was an important social event. People confirmed that they could have the meal even if they later chose to have it in the comfort and privacy of their own flat.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would discuss these with staff or their family members. Staff told us that if they were concerned about a person's health and wellbeing they would be relayed to the interim manager or team leader for escalation and action. Records showed occasions whereby GP's, District Nurses and Social Workers had been contacted due to a change in a person's healthcare needs.

Is the service caring?

Our findings

People told us that they were treated with care, kindness and consideration. One person told us, "The staff are very good. If I need anything I know I can go to them. I cannot fault anything." Another person told us, "The staff are very nice and I like them very much. A third person told us that in general they were self-sufficient and attended to their own care and support needs except when their medical condition deteriorated. At these times they told us, "The staff are good and support me as necessary." They also confirmed that their needs were met by staff to a good standard.

Staff understood people's care and support needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence. Staff were able to tell us who were able to access the local community without staff support or who required minimal staff support. Staff also told us who were independently able to undertake their own personal shopping, who was able to be self-sufficient in cooking for themselves, where people were able to undertake all or certain aspects of their personal care and who could administer their own medication. In addition to the above, the majority of people told us that they managed their own financial arrangements. This showed that people were empowered to retain their independence where appropriate and according to their needs, strengths and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process, where appropriate had signed to state that they agreed with the content of the support plan and from completion of quality monitoring forms. Where the latter was completed no issues for corrective action were highlighted and only positive comments were noted. These included, 'I am very happy with the staff' and, 'I have all the care and support I could get. The support is excellent. All the carers are very good and very helpful.'

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this. Where appropriate staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were close by to maintain the person's safety.

Is the service responsive?

Our findings

People told us that they received good personalised care that was responsive to their needs.

The interim manager and team leader told us that recommendations and referrals to the service were made by the Local Authority. Additionally, an initial assessment was completed by the Local Authority and this was used to inform the individual's support plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process.

Support plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken as part of social hours allocated. Records also showed that key assessments relating to medication, moving and handling and the environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were very knowledgeable about the needs of the people they supported and this was reflected from the information recorded within people's support files. The support plans focused on people's abilities and strengths rather than on what they could not do.

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that effective arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed that they knew who to approach if they had any concerns or complaints. One person told us, "I am confident to raise concerns or complaints and if the need arose I would do so. You do not need to worry about that." Another person told us, "I'd talk to the staff if I had a problem." People also told us that any anxieties or worries raised with staff had been quickly dealt with and resolved to their satisfaction. A record of compliments received about the care and support provided was maintained so as to recognise the service's achievements. One compliment recorded, 'Thank you for taking out my rubbish and re-cycling when I was ill. It was much appreciated.'

Is the service well-led?

Our findings

The service at the time of this inspection did not have a registered manager in post. The service was being managed by an interim manager who was already registered with the Care Quality Commission at another of the provider's extra care schemes. A team leader was in post at the service and they were primarily responsible for the day-to-day running of the service.

Staff told us that they felt valued and supported by the management team. They told us that the interim manager and team leader were approachable and there was an 'open culture' at the service. Staff confirmed that the team leader provided much valued support and advice whenever staff required it. All staff spoken with confirmed that they enjoyed working at the service. One member of staff stated, "I love it here. It is my first proper job in care and it has been a very positive experience. I don't know what I would do without the team leader." Another person told us, "I absolutely love it here and miss the people here when I go home." Another staff member told us, "It is brilliant here. I cannot think of anywhere else I would like to work at the moment. There is good team work and we all work together."

We found that arrangements were in place to assess and monitor the quality of the service provided. The interim manager told us that information was collected and recorded in a variety of ways. This included the completion of monthly 'key performance indicators' relating to compliance, supporting staff and staff training. The interim manager confirmed that the information was collated each month and submitted to the provider for further review and analysis. We reviewed the monthly reports for the period December 2015 to March 2016 inclusive and found that there was a good level of compliance achieved. The interim manager told us that this helped them to drive improvement and to ensure that the service delivered high quality care.

Staff meetings were held at bi-monthly intervals. Minutes of meetings were readily available and showed that these had been undertaken in November 2015, January 2016 and February 2016. Three members of staff told us that they had a 'voice' and were able to express their views freely without fear of repercussions. The interim manager confirmed that currently no formal meetings were undertaken for people using the service. They confirmed that this was under discussion with a view to formal meetings being implemented in the future. The interim manager also confirmed that a newsletter was to be instigated.

The interim manager confirmed that people using the service and those acting on their behalf would be given the opportunity to provide feedback to the provider about the quality of the service delivered. The interim manager stated that once satisfaction surveys were completed a report would be collated and the results analysed.