Mears Care Limited

Mears Care Liverpool

Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of Mears Care Liverpool Domiciliary Care Agency (DCA) on 03 December 2014 and the 19 January 2015. We told the provider two days before that we were coming. Mears Care Liverpool provides 5500 hours of care to people living in their own homes in the community. At the time of our inspection there were over 300 people using the service.

During the two days we spoke with seven people using the service five on the telephone and visited two people in the community, we also spoke with eleven relatives involved in the care of the people. We spent time talking with eight members of staff, the registered manager in December 2014 and new manager in January 2015. The new manager is currently registering with the CQC to be the registered manager. There has been no registered manager in post since 8 December 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting requirements of the law; as does the provider.

Summary of findings

At our last inspection in October 2013 we found the service was meeting the regulations we looked at.

At this inspection we found a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not always kept safe as there were not sufficient staff on duty at times to meet people's needs as agreed in their care plans. The service was not flexible in meeting the changes to care plans as communicated to them by people using the service.

Five people using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to provide the required support and care. There was an on going recruitment drive at the service.

The eight staff we spoke with knew the people they were providing support and care to. Care plans were in place detailing how people wished to be supported and people and their families were involved in making decisions about their care. Five people told us they were happy with their regular care staff and that they followed the care plan.

People were supported to eat and drink. Staff supported people to meet their healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Although people's needs had been assessed and care plans developed these did not always adequately inform staff what they should be doing to meet people's needs effectively. However all of the eight staff we spoke with knew the people very well and in discussions were able to tell us what care and support they provided. Staff also liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and support they needed.

Although there were some systems in place to assess the quality of the service provided there were no action plans implemented when issues were raised.

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?

Requires Improvement

The service required further improvements to make it safer.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the office where the manager or senior was on duty.

Assessments of risk were undertaken for people using the service and staff. There was a process in place for recording incidents and accidents.

There were inadequate staffing levels at the service to meet the needs of the people using the service.

Staff were recruited appropriately at the service and had an induction and continuous training programme.

Is the service effective?

Requires Improvement

The service was not always effective.

The office staff were not communicating effectively with the people using the service and their relatives.

Staff had the skills and knowledge to meet people's needs. Staff were up to date with their training in areas such as dementia care and the Mental Capacity Act.

people were supported to attend healthcare appointments in the local community. Staff monitored their health and wellbeing.

People were supported to eat and drink appropriately according to their plan of care.

Is the service caring?

Good

The service was caring.

People told us that staff treated them with respect and were caring towards them.

The people who used the service were supported in making decisions about their care and support.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about the people they provided regular support to and provided person centred care. The service did not at all times communicate appropriate information to staff when staff were requested to provide care to people they were not planned to see at short notice.

Summary of findings

People who used the service and their relatives found that communication with the office was difficult. Communicating problems and issues was problematic and people were not always able to feed back.

Is the service well-led?

Requires Improvement

The service required further improvements to be well-led. Although there were systems in place to assess the quality of the service provided at the service, we found that these were not effective in some areas.

Staff were supported by the previous manager the new manager had only been in place for two weeks. Staff were able to communicate with the manager and senior staff and felt comfortable discussing any concerns.

Mears Care Liverpool

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 checked 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.

We visited the service on 03 December 2014 and 19 January 2015. The inspection on the 3 December 2014 was announced, we told the provider two days before our visit. We did this as the manager and senior staff could go out into the community to review care plans and visit people and may not be available. The following visit was later on the 19 January 2015 so that the Care Quality Commission could ensure letters had been sent to the people using the service to inform that we may call on them. We chose two people on the original list to visit in their homes; this was agreed by telephone on the day by the people using the service. The inspection team consisted of an Adult Social Care (ASC) lead inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. We focused on talking with the people who used the service and their relatives. Speaking with staff and looking at staff records, care plans and records related to the running of the service.

During our inspection we spoke with seven people who used the service and eleven relatives. We visited two people in the community; we also spoke with eight members of staff. The registered manager and the new manager from 08 December 2014. We looked at the care plans for eight people, and six staff records. We also looked at records that related to how the service was managed.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in October 2013. We also contacted the local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the registered manager was the quality assurance audit records and the medication policy.

Requires Improvement

Is the service safe?

Our findings

Seven people we spoke to said they felt safe using the service, one person commented "Oh yes I feel very safe".

We spent time talking to the registered manager and looking at safeguarding incident notifications. There were two notifications which had been reported to the local safeguarding team and not the Care Quality Commission (CQC). Safeguarding notifications were not being reported to the CQC so we were unaware of any safeguarding. We spent time talking to the manager who told us that he thought that the local authority reported the notifications to the CQC. We requested that the manager ensure that he revisit the safeguarding procedure. The manager did not have any information regarding how the service had learned from these incidents. This is part of the regulatory responsibilities of the provider to inform the CQC. There was a copy of local safeguarding protocols in place. Staff spoken with were aware of reporting incidents to the manager or senior member of staff on duty. There were up to date policies and procedures to follow when there was an incident.

The eight staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care and support to the people they provided a service too and they would report any bad practice or mistreatment.

We discussed the staff recruitment with the manager and were told that they had a rolling recruitment programme at the service. We looked at six staff personnel records including one latest staff file which we saw had the correct evidence. Qualifications ,references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

As part of the assessments of care there were risk assessments completed when identified for people using the service and staff. They included the person's mobility, mental health and wellbeing, environment, moving and handling and health and safety, medication and use of equipment. The eight care plans we looked at all had risk assessment action plans to inform staff how they should minimise any risk areas. We saw that two people required a hoist to transfer them, the information was not specific and if a new carer supported the individuals they would not know how to provide the support safely.

There were insufficient staff levels at the service to meet the needs of the people receiving care and support. The seven people we spoke to and eleven relatives said that they were happy with the regular carers however when they were absent there was always a problem. Staff running late, missing calls and the replacement carers not knowing the care and support that was to be provided. The seven people and eleven relatives spoken with said that they had too many different carers turning up at different times and not providing the care as agreed to in the care plans.

One relative told us that in the week of 11 January 2015 to 17 January 2015 there were six different carers providing care to their relative. They commented "That is too many different people and causes my sister to become anxious". Another relative told us "My brother had seven different carers one week in December. He gets upset especially if they don't know what they are supposed to do". Three people and four relatives told us that they had not received care at times when it was planned and they had called the office to find out where the carers where. The communication from the office was reported as not being informative.

Mears Care Liverpool provided care across Liverpool and had teams of carers working in a specific location to try and minimise travelling time. The eight staff spoken with told us they were happy with their permanent rotas, however they were always asked at short notice to cover other people's care and this caused problems. Comments from staff were "We always seem to be short of staff, I get calls most days to fit in other people's care". Another carer said "The office ask me to go to cover people's care that I'm not scheduled to do and I get stressed as there is only so many hours I can work because of my children". We discussed the short notice cover of people not on staff rotas with the registered manager. We were told that there were people who had not got an allocated carer, we requested this number of unallocated care packages be given, and this information was not provided to the inspector. We were also informed that due to sickness, training and other circumstances staff would be requested to cover other people's care that was not on their schedule.

Requires Improvement

Is the service safe?

These examples are a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not always kept safe as there were not sufficient staff on duty at times to meet people's needs as agreed in their care plans.

We spent time looking at the medication policy and procedure that had recently been updated by the provider in 2014. We looked at eight care plans that included five people's medication care plans and risk assessments. There was detailed information on what the medicines were and the frequency of when staff were to support a person and how this was to be provided. Eight staff we spent time talking with said that they would provide the relevant medication support required in the care plan including prompting to take which was handing the medication appliance aids or bottles to the person. The staff said they completed a Medication Administration Record (MAR) that showed they had provided the support. The eight care plans we looked at did not contain any completed MAR sheet records. The two people we visited in the community did not require medication support from staff. Six people spoken with said that medication was provided properly. One relative said "If the carer does not visit my mum as agreed in the care plan, they are not providing her medication appropriately".

The eight staff spoken with told us that they had a good supply of personal care gloves and aprons supplied by the provider. These were collected at the office or the coordinators would distribute if requested.

Requires Improvement

Is the service effective?

Our findings

We asked seven people about the skills of the staff and if they were competent in their roles. Comments received included; "Yes my regular carers are very good and know what they are doing" and "They are really good at their jobs and lovely too". Another commented "They are all lovely and do what I need". A relative told us "The carers are very good, no complaints".

The seven people we spent time talking with and eleven relatives told us that continuity of care was a problem as well as reliability. Different staff turning up at different times and not knowing what care was to be provided. Comments made were "To many carers turning up, I get confused by the changes" and "My regular carers turn up on time and provides the care I have agreed to, others sent on short notice are late and don't know what I want. It's difficult going through things again and again. I have called the office so many times it's like they don't listen".

People also told us that the communication from the office was poor, they were not provided with information when carers were changed or the carer was not going to turn up on time. People and their relatives had tried to communicate with the office but told us it at the lack of communication provided back from the service was very frustrating.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The provider was in the process of updating the policy and procedure at the time of our inspection.

We looked at staff training. Staff were up to date in training for providing care and support. The provider had a training department that provided an induction that included theory, practical and shadowing staff in the community. The training was in line with the common induction standards with 'Skills for Care'. We looked at the training matrix for staff that showed how the service monitored staff training and triggers that informed the manager and senior staff when refresher training was due. Staff training included personal care, health and safety, food hygiene, moving and handling, dignity and respect, medication, dementia, MCA, record keeping, notifications and communication. The eight staff spoken with said the training was very good, thought provoking and relevant to their roles in the organisation. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

Six of the eight staff spoken with told us that they had received supervision however it did not happen on a regular basis. There was an annual appraisal procedure that had been implemented for staff. We were told by all of the eight staff spoken with that they had received an annual appraisal from the previous manager or a senior member of staff. The staff spoken with told us that they were appropriately supported by the staff in the office.

We were told by the manager that after a new person had been initially assessed to whom they were going to provide care and support to they would look at matching the person to staff that had the skills to meet their required needs. The service had male and female carers. In discussions with people and relatives this was not always the case as they told us they had numerous different care staff sent to them.

People were supported at meal times to access food and drink of their choice. Most of the food had already been prepared or was a readymade meal that staff had to reheat and make accessible for the person. All eight staff spoken with said they always encouraged people to eat and drink, we were told that if there were issues with a person not eating or drinking that all staff would report to the office and to their GP. Staff records and talking to staff informed us that food preparation and food hygiene was part of the training provided at Mears Care Liverpool.

The eight care plans we looked at had the persons GP and contact details for any other multi- disciplinary health or social care being provided. Staff told us that they would contact the persons GP if required and inform the office. Staff told us that they would call the emergency ambulance service if required. Staff said that any communication on behalf of the person would be recorded in the daily records book completed at the person's home. Staff monitored people's health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change and reporting as required to the office. We looked at two care plan records in the community that had information recorded when a carer had liaised with the office and a relative when there was a change in the person's health.

Good

Is the service caring?

Our findings

The seven people and eleven relatives we spoke with told us that staff treated them well and comments included, “Lovely, very kind”, “They’re all very nice, they come and do their job and go”. “No complaints, they are all respectful to me”. A relative commented “The carers are very good and support my sister with her personal care in a dignified manner”. The people who used the service told us they were supported where necessary, to make choices and decisions about their care and support.

We discussed respect and people’s privacy with seven people using the service. We were told that staff were always respectful comments made included, “Always respectful to me”, and “My morning carer is very good”. Staff were respectful of people and maintained their dignity when providing personal care.

People told us they had been initially involved in their care plan and agreeing what care and support was required to meet their needs. Peoples preferences and important information had been recorded to inform care staff what was important to them. All of the people spoken with told us that the carers did what was agreed in their care plan the only issues were that when their regular carer was absent the timing of the care was not what they agreed to.

All of the staff we spent time talking with were asked if they provided good care, all said they did. Staff told us that they were aware of issues of confidentiality and would not discuss the personal information of the people they were supporting.

We spent time in the office listening to staff talking to people using the service, this was done in a respectful, friendly manner. We accompanied a senior carer in the community to discuss the care provided by Mears Care Liverpool. The carer was aware of the people and their care and support needs, they had a good rapport with the people we visited and people were happy to see them and discuss the care being provided. The people told us that staff were respectful and provided personal care in a dignified way ensuring they were comfortable. The two people told us that the staff asked them what they had chosen to wear and supported them to dress.

There were people using the service who had dementia and other mental health illnesses. A social worker from Liverpool would assess the individual and request a care plan be put into place by Mears Care Liverpool that met their needs. Contracts were in place for the community care being provided and the local authority had monitoring systems in place to assess the quality of care provided. A monitoring tool used was a call monitoring service where staff dialled in and out of a person’s home when they were providing care. The manager told us that if a person had difficulty making a decision or if there was a change to a person’s ability to make a decision they would liaise with the local authority who commissioned the persons care and support.

Requires Improvement

Is the service responsive?

Our findings

People using the service and their relatives told us that the care was not at all times person centred as the staffing levels were not in place to meet the care plan that was agreed. Comments made included "My regular carer is great, she does what I need. When they send me new staff or replacement staff it's difficult for me and at times they are not so good". And "Rotas are not realistic the carers are not given enough time".

Staff were knowledgeable about the people they were contracted to provide regular care to and received a scheduled weekly rota of the times and care and support tasks of each visit. All eight staff told us that they were aware of the preferences and interests as well as the support needs that enabled them to provide a personalised service to the people they went to on a regular basis. They understood the importance of providing good care however all commented on the issues of being sent to people they were not provided with information about from the office as communication was at times poor.

We looked at eight people's care plans. These contained personalised information about the person, such as their background and family, health, emotional, cultural and spiritual needs. Although people's needs had been assessed and care plans developed the information was difficult to find as there was a lot of information in some files that was not in any specific date order. People told us that their care plans were up to date, although three people said that the relief care staff "Don't look at them".

Care plans looked at had review records in place to inform staff if the care and support had changed from the initial assessment. The manager told us that reviews took place every three months however all of the six care plans looked at and the two people's records we looked at in their homes showed that reviews were taking place every 12 months.

People using the service and their relatives told us that they were aware of the complaint procedure at Mears Care Liverpool and had used or would use if required. We looked at two people's records in the community and both contained details of how to make a complaint and the procedure to follow. People told us care staff listened to any concerns they raised however the communication from the office was not effective. We looked at the complaints records that had two that were being investigated. The complaints were actioned appropriately and had an overview of what actions had taken place and any correspondence linked to the complaints.

All of the people required varying amounts of support from staff in respect of their personal care. The registered manager and staff told us that people were always supported and encouraged to attend to their own personal care if possible, staff would mainly assist and support and ensure the safety of the person.

Requires Improvement

Is the service well-led?

Our findings

There was registered manager at the service when we initially inspected on the 3 December 2014. However they left on the 5 December 2014 and the new manager took over on the 8 December 2014. We spent time talking to the new manager before our visit in January 2015. She was at the office when we visited on the 3 December 2014 and was in the process of familiarising herself with the teams and location.

Staff told us that the registered manager was supportive and gave advice when requested. Three people spoken with and two relatives told us that the registered manager was approachable and tried to resolve issues. Comments were “He is very good and tries to help, superb” and a relative said “The manager is really pleasant and always listens to what we have to say”.

Although there were some systems in place to assess the quality of the service provided they were required to be more robust in following guidelines for staffing levels meeting the continuity and reliability as agreed to in the care plans.

There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the service they had an out of hour’s team that was initiated at 5pm until 9am Monday to Friday and over the weekend.

The registered manager provided us with information on spot check visits that took place by senior coordinators to ensure they were providing a good service. We were given twelve records to look at, the Information had issues raised that included people having too many different staff and the times staff turned up. All other areas including dignity and respect and carrying out agreed tasks was met. We asked if there was an action plan in place to meet the issues, the registered manger told us that there was a rolling recruitment drive and they were constantly recruiting staff. We were not provided with an action plan.

Satisfaction questionnaires were in the six people’s records we looked at, all were positive about the care provided. Two of the six contained information about relief care staff not getting to them on time and also the lack of communication from the office when there were changes to their care staff. The registered manager told us that satisfaction surveys were sent out on a three monthly basis with a stamp addressed envelope. The satisfaction questionnaires were then looked at by the manager. We requested a summary of the collated satisfaction surveys with any action plans. We did not receive this information from the provider. In spending time talking to people who use the service, their relatives and staff there was clearly issues in relation to the staffing levels in providing continuous continuity and reliability for the people. Communication was not always taking place from the office with people when there were any changes to their agreed care plan or when people had communicated they required a change, this was not actioned.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing There were insufficient staffing levels to meet the health, safety and welfare of the people using the service.