

Mears Care Limited

Mears Care - Old Stratford

Inspection report

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03 June 2016
06 June 2016

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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 02 June 2016, with an announced visit to the service. In addition, phone calls were made to people and their family members on 03 and 06 June 2016.

Mears Care - Old Stratford provides people with personal care in their own homes in Milton Keynes and Northamptonshire. They provide care to older people, as well as people with physical or learning disabilities. When we inspected they were providing care to 90 people.

The service did not have a registered manager in post, as they had recently left the service and de-registered. A new manager had been appointed and was in the process of registering. 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 felt safe when they received care from the service and staff worked to protect them from harm or abuse. There were systems to identify potential risks to people, and to put steps in place to help staff manage those risks effectively. Staffing levels were consistent and sufficient to meet people's needs without the need for agency staff. Background checks and references were completed for all staff members to ensure they were of good character and suitable for their roles.

Staff were given the training and support they needed to equip them with the skills and knowledge required to meet people's needs. Staff received regular supervision and were able to discuss any concerns they had. People's consent to their care and support was sought and there were systems in place to help make best interests' decisions if people lacked mental capacity. Staff supported people to maintain a health and balanced diet and helped them to see healthcare professionals if necessary.

People were treated with kindness and compassion by staff members. Staff worked to build strong relationships with people and their family members, which helped them to deliver people's care in the way they wanted. Information about people's care and the service was available to them and their family members and they were involved in planning their own care. Staff members treated people with respect and made sure their privacy and dignity was upheld.

Person-centred care was given, which ensured people received care and support which took their specific needs and preferences into account. Initial assessments were carried out to identify people's needs and care plans were updated on a regular basis to ensure they were accurate. Feedback from people was encouraged, as were compliments and complaints, to help the provider develop the service.

There was a positive and open culture at the service. People were happy with the care they received from members of staff and felt that there had been positive developments at the service. Staff were aware of their roles and responsibilities and were motivated to work with people and meet their needs. The manager had

been newly appointed and was positive about the service and the direction they wanted to take it in. They were aware of their statutory requirements and had systems in place to oversee the service and identify areas for development.

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.

People's safety was well managed by staff that were knowledgeable about safeguarding procedures, and knew how to report suspected abuse.

There were systems in place to assess and manage risks, with control measures implemented to reduce the impact of identified risks.

There were enough staff members to meet people's needs and staff recruitment was conducted in a safe and robust fashion.

If required, staff supported people to take their medication and completed appropriate records to demonstrate this.

Is the service effective?

Good ●

The service was effective.

Staff members received regular training and supervision to equip them with the knowledge and skills they needed to perform their roles.

People's consent to their care had been sought and documented. If people lacked the mental capacity to agree to their care, there were systems in place to act in their best interests, in accordance with the Mental Capacity Act 2005.

If required, staff supported people to maintain a healthy and nutritious diet.

Staff also supported people to make and attend appointments with their health care professionals where necessary.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between people and members of staff. Staff treated people with kindness and compassion.

People were involved in their care and were provided with information about the care package and the service itself.

Staff members respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which was sensitive to their individual needs, wishes and preferences.

Care plans were reviewed on a regular basis to ensure they were accurate and a reflection of people's current care needs.

Feedback and complaints from people and their family members was welcomed by the service and used to help drive improvements.

Is the service well-led?

Good ●

The service was well-led.

There was an open and positive culture at the service. People were happy with the care that they received and staff were motivated.

There was a manager in post at the service and they were in the process of registering with the Care Quality Commission.

Audits and quality assurance processes were in place to help identify areas for improvement at the service.

Mears Care - Old Stratford

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 02 June 2016 and phone calls to people and their family members were made on 03 and 06 June 2016. The inspection was carried out by one inspector and the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and paperwork would be available when we visited.

Prior to 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 any improvements they plan to make. We also reviewed information we held about the service, including statutory notifications which the provider had submitted regarding certain notifiable incidents, such as safeguarding concerns. In addition, we contacted the local authorities who commissioned the service, to seek their views about the care being provided.

During the inspection we spoke with 11 people who received care from the service, as well as five of their family members. We also spoke with the registered manager, a care coordinator, the training coordinator, a visiting officer and two carers. In addition, we observed a staff meeting, involving ten additional carers.

We reviewed 15 people's care records to see if they were accurate and reflected people's needs, along with medication administration records for six people. We also reviewed five staff recruitment files along with staff training records and further records, such as staff rotas and quality assurance systems, relating to the management of the service.

Is the service safe?

Our findings

People felt safe when they received care and support from the service. They told us that they always felt calm and relaxed when staff carried out their visits and never felt that their safety was at risk. One person told us, "I feel very safe." Another said, "They are very good, I always feel safe when they are here." People's relatives also told us that their family members' safety was well managed by staff during visits. One relative said, "I do feel she is safe with them, otherwise I wouldn't leave her in their hands."

Staff members told us that the safety and well-being of people they supported was very important to them. They explained that they received regular safeguarding training to help keep them aware of different types and signs of abuse and to ensure they knew what action to take if they suspected abuse had taken place. Staff members described the procedure for reporting suspected abuse both internally and to external organisations, such as the local authority safeguarding team or the Care Quality Commission (CQC). One staff member told us, "I wouldn't hesitate to report anything if I thought people were being abused." Another staff member described a situation in which they had made a safeguarding referral as they were concerned that a person was being abused.

The manager told us that staff were encouraged to report safeguarding incidents internally, but that they could also go directly to the local authority safeguarding team or CQC if they felt they needed to. They showed us that there was a system in place to record safeguarding incidents, which included a tracking sheet so that they could easily see what stage each referral was at. We saw that safeguarding incidents had been reported where staff had concerns and that the service had taken appropriate action to investigate those incidents and put measures in place to keep people safe.

Staff and the registered manager also told us that general accidents or incidents which took place during visits, such as trips or falls, were reported to the office. They told us that this allowed the office staff to ensure that steps were put in place to manage the incident, but also to help them to identify trends and seek further help if necessary. We saw that there was a system in place to record and manage incidents which were reported by members of staff.

Risks to people's health and well-being were also managed by the service. People told us that they were aware that staff had completed risk assessments when their care package started, and that they reviewed them on a regular basis. They explained that staff had spoken with them about potential hazards and had worked with them to identify control measures to help manage the risks posed. One person told us, "They spoke to me about risks and explained what they would do."

Staff members told us that risk assessments were in care plans. They referred to these regularly to ensure they were providing people's care in line with the guidance in the risk assessment and that these were regularly updated to reflect people's changing needs. The manager also told us that they had plans to review and build on the current risk assessments to make them as user-friendly as possible. We saw that there were risk assessments in place which covered the general environment as well as specific risks such as falls, manual handling and malnutrition. Risk assessments had control measures in place to provide staff

with the guidance that they needed to keep people safe.

People told us that staffing levels were sufficient to meet their needs. They explained that they felt there was enough staff employed by the provider to ensure their visits took place on time and that they usually received care from the same staff members, which helped them to have continuity of care. One person told us, "I think there are enough of them. They are usually on time and call if they are a little late." Another said, "I think there is enough, we see the same ones." Family members also told us that staffing levels were sufficient and that their relatives benefited from seeing the same regular members of staff.

Staff members felt that staffing levels were sufficient and allowed them to get to visits on time, and give people their full visit time, as per their care plans. The manager told us that they were always recruiting staff and were looking at ways of reducing staff travel time between visits, to help reduce the chances of staff being late. For example, they were planning targeted recruitment in areas where they had care packages but few local staff members. This would help them to ensure people's visits were on time, reduce travel time and provide a greater level of flexibility in the future. The manager showed us that there were systems in place to monitor people's call visits. This allowed them and the office staff to see when visits were late and identify trends or patterns in late visits. They explained that this would allow them to adjust visits or staff allocations, to help cut down on lateness.

Staff were recruited following safe and robust procedures. Staff members told us that the service carried out a series of checks before they were able to start working. This included past employment references and a Disclosure and Barring Service (DBS) criminal records check. We looked at staff recruitment files and saw that they contained evidence that appropriate checks had been carried out before they started in their roles. The manager also told us that they planned to carry out regular checks of staff files to make sure all the information required was in place and up-to-date.

Some people received support with taking their medication from members of staff. Those people told us that they were happy with the support that they received and felt that staff provided them with the help they needed in this area. One person told us, "They always give me my tablets on time." Another person said, "Yes, they give me my tablets every morning exactly how I want them." People's family members told us that staff worked to ensure their relative received their medication correctly.

Staff members told us that they received training to provide them with the skills and knowledge to administer people's medication safely. After this training senior staff carried out assessments to ensure that staff member were able to give people their medicines correctly. We saw that each person's specific medicines were recorded in their care plans, and these corresponded to their Medication Administration Record (MAR) charts, which were used to document when people were given their medicines. MAR charts were completed in full and each MAR chart was reviewed by a member of office staff when they were returned to the office. This ensured that people received their medication correctly and that any errors could be easily identified and steps taken to put them right.

Is the service effective?

Our findings

Staff members possessed the skills and the knowledge they needed to perform their roles and meet people's needs. People told us that they felt staff were well trained and were knowledgeable about their care needs and how to meet them. One person said, "They know what they are doing so I suppose they must be well trained." A family member also told us that staff received training. They said, "Staff seem to get the training that they need, they certainly seem to know their stuff."

Members of staff told us that they were well trained which helped to make sure they had the skills they needed for their roles. They told us that when they started working at the service they received an induction to help familiarise them with their roles and the people they would be caring for. They told us that during this induction they completed some mandatory training courses and spent time shadowing experienced staff members as they provided people with care. One staff member explained that this induction helped them feel comfortable in their role and start building a relationship with people before they were expected to work independently. Records confirmed that staff inductions took place and were based on the Care Certificate.

Staff also received regular on-going training to maintain their existing skills and to help them develop new ones. Members of staff told us that they felt regular training and refresher sessions were useful as it helped them ensure their practice was correct. One staff member said, "Training, yes they are quite good on that." Another told us, "The training is good, you always learn something." The training coordinator showed us that there were systems in place to record staff training, which helped them to identify when new or refresher courses were required. They also told us that they were able to support staff to take part in distance learning courses and to give staff regular support and guidance to help them feel confident in their skills and abilities. The training records showed that staff attended regular training and refreshers to ensure their skills were up-to-date.

Supervision and appraisals were held with members of staff to provide them with an opportunity to raise any concerns they may have and to discuss any specific learning and development requirements. Staff members felt that these sessions were very useful and also told us that senior staff carried out regular spot checks whilst they were providing people with care, to monitor their performance. There were records in staff files to show that these took place and the manager told us that they planned to increase the amount of supervision that staff members received, to ensure they had the support they needed.

People told us that staff members asked them for their consent before they provided them with any care or support. One person said, "They always ask me before they do anything." Another person told us, "The girls are very good; they always talk to me and make sure I am happy with what they are going to do." Staff members reiterated that it was very important that they sought people's consent before they provided them with any care. People's care plans demonstrated that their consent to their care and support had been sought and recorded before their care package started.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff members told us that none of the people currently receiving care had been assessed as lacking mental capacity to agree to their care. This was confirmed by office staff and we saw that people's records showed that they had agreed to their care and support plans. The manager showed us that there were systems in place to assess people's mental capacity to ensure the service followed the principles of the MCA, should somebody lack mental capacity.

Some people told us that members of staff helped them to prepare meals and ensure that they had a full and nutritious diet. They explained that they choose their own meals and drinks and that staff helped them to prepare them. One person told us, "I like the food; they make what I want them to." Another person said, "I choose it and they make it, it's very good!" People's relatives told us that they were happy with the food that staff prepared and felt that their wishes were respected.

Staff members told us that they only helped people prepare meals if they needed that support, where possible, they encouraged people to be independent. They explained that they prepared people's choices of food and drink and that care plans offered them guidance on what people liked and disliked, as well as the levels of support they required. We saw that people's care plans provided staff with this information and that there were systems in place to record people's dietary intake if it was necessary.

People had access to healthcare professionals when required. They told us that they were able to see professionals such as their GP's and district nurses in both their homes and community based practices. Staff members told us that they discussed people's health care needs with them to make sure they were feeling well. If the person needed help to arrange an appointment office staff were able to provide that support and care staff could also support them during an appointment, if it was required. The manager explained that, where possible, they encouraged people's families to be involved in this area, but they were prepared to step in where necessary. There were records in place to show when the service was involved in any healthcare appointments and care plans were updated to reflect any additional information from those appointments.

Is the service caring?

Our findings

Staff had a positive approach to meeting people's care and support needs and had developed positive relationships with them. People told us that staff treated them with kindness and compassion and made sure they were happy and comfortable with the care that they received. One person told us, "Oh yes, the carers are very kind." Another person said, "They are very nice and they treat me very well." A third person told us, "I'm very happy, I like them all."

People's family members were also positive about the approach of staff members and the relationships that they had developed with them. One family member said, "All the carers are very good." Another told us, "The staff are very good, they are always cheerful and helpful; they'll do anything for [Name of relative]."

Staff members enjoyed their roles and worked at developing positive relationships with the people they cared for, as well as their family members. They told us that it was important that they got to know people as it helped them to deliver care which was in line with their specific likes, dislikes and wishes. One staff member told us, "I love my job; the people we care for are all lovely." Another staff member told us, "I like working with people, getting to know them and helping them through the day."

People had been involved in planning their care and were provided with information about their specific care package and the service in general. They told us that staff members from the office had explained what the service could offer them and had worked with them to ensure their care plan reflected their needs and wishes. People explained, and family members confirmed, that care plans were stored in people's homes, meaning they could always read through them and make sure they were happy with the content of them. In addition, they told us that they were provided with useful information in the form of a user guide to the service. This included contact information and details of how to make a complaint if they were not happy about the care that they received.

People's privacy and dignity were respected by members of staff as they performed their roles. People told us that staff went out of their way to treat them with dignity and always made sure they spoke to them politely and in a friendly manner. They also told us that staff took extra care to safeguard their privacy whenever they provided them with personal care by making sure doors and curtains were shut and by covering them as much as possible. One person told us, "They do the things I ask and they are always polite and respectful." Another person said, "They treat me with dignity."

Family members confirmed that staff upheld people's dignity and treated them with respect whenever they provided them with care. One relative said, "Oh yes, they are always very polite and proper." Another told us, "They really make sure she is treated just right, it gives me piece of mind." Staff members also told us that they felt it was important to make sure people were treated with respect and always took steps to make sure they were treated with privacy and dignity. We saw that staff members had training in this area and that the provider had policies in place to reiterate the importance of this.

Is the service responsive?

Our findings

People received person-centred care from the service which was sensitive to their individual needs, wishes and preferences. People told us that staff from the office met with them prior to the commencement of their care package. They explained that this was to discuss their care needs and agree how members of staff would meet those needs. Visit times and duration were agreed, as well as the specific areas of support that would be provided during each visit. One person told us, "When they started they spoke to me about my likes and dislikes and that all went into the plan."

Family members confirmed that office staff had met with them and their relatives to discuss people's care needs. They told us that this gave them peace of mind as it meant they knew what to expect and felt that care was personalised. One family member said, "Yes they were very good, we discussed everything before the package started." We looked in people's care plans and saw that initial assessments had been completed to assess people's needs and identify the areas where they required support. This information had been used to create a care plan which detailed how people's support needs should be met by members of staff.

People and their family members also told us that care plans were regularly reviewed. They explained that office staff came to visit them in their homes to discuss the content of the care plans and make sure they were still correct and a true reflection of their needs. One person told us, "They do come out to check the folders and see if anything needs changing." Another said, "I have a care plan in place and I agree with it all. They update it every few months." A family member said, "We have had a visit to update records and documents. They do visit quite often."

Staff members told us that staff from the office went to visit people and review their care plans on a regular basis. They also told us that if care staff felt that anything had changed in terms of people's needs or wishes, they would feed that back to the office so that an additional review could be scheduled. People's care plans showed that they were reviewed and updated regularly, to ensure that staff had the information they needed to continue to meet people's changing needs and preferences. The care plans also showed that people had been involved in reviewing their care and had been asked for their views on the changes that had been made.

Feedback and comments from people and their family members, as well as staff members, was welcomed by the service. People told us that they were able to provide regular feedback to members of staff about the care that they received and could also get in touch with the office if necessary. They also told us that they were asked to complete a periodic feedback survey to provide their views about what was going well with their care, as well as any area which needed to be improved. One person told us, "Oh yes, they always want to know what I think of them." Another said, "We do get asked to fill a survey in from time to time."

People's family members also told us that their feedback was welcomed by the service and that they were also asked for their views in a survey. One family member told us, "Yes they do ask for feedback." Staff members told us that the results of the survey were used to help them identify areas for improvement, as

well as building on areas of strong performance. Records showed that feedback was welcomed by the service and that satisfaction surveys were sent out on a regular basis.

Complaints were also welcomed by the service. People told us that they were encouraged to make a complaint or comment if they were not happy with their care and were aware of the process to follow to do this. They said that if they felt the need to complain, they were confident that their concerns would be dealt with appropriately by the service. One person told us, "I don't have any complaints, but I do know how to." Another said, "I would complain if I wasn't happy; I know they would take it seriously." People's family members also felt they could complain if they were not happy with their relatives care or support.

The manager told us that the service had not received many complaints; however those that had been received were investigated fully and responded to. We saw that there was a complaints policy in place, along with a system for recording and tracking the progress of complaints and ensuing investigations. General comments and compliments were also recorded by the service to ensure the people's feedback was used to help with the development of the service.

Is the service well-led?

Our findings

There was a positive and open culture at the service. People were happy with the care that they were receiving and felt that they had developed strong, positive relationships with the organisation. They explained that they were aware that a lot of work had been carried out in recent months to help the service improve and felt that this had a positive impact on the care that they received. One person said, "Well they have made lots of changes and I think that things have got better."

People and their family member also told us that there had been improvements in the communication from the service. They told us that there was regular contact from members of care and office staff, which gave them reassurance if there was a problem, such as if staff were running late. They also told us that they received updates and information from the service, which helped to help keep them abreast of any developments. One family member told us, "There is no problem with communication, they are very accommodating." Another family member said, "We've got a very good relationship with Mears [Provider]."

Staff members were also positive about the culture at the service. They told us that they were motivated to perform their roles and felt valued and respected by the service and the provider. They explained that they were always kept updated regarding any changes or developments at the service and were kept involved in the smooth running of the service. Staff also told us that the provider ran a number of initiatives to help keep them motivated and energised in their roles. This included a number of initiatives such as family days and paid days off to take part in charity or voluntary work, so that staff were also able to spend time contributing to their local communities.

The service had been open in reporting incidents or concerns to ensure that people were safeguarded against abuse or improper treatment. In addition, there was a clear whistleblowing policy in place at the service. All the staff we spoke with were aware of this and were prepared to report any concerns they may have about people's care, treatment or welfare, although none had felt the need to so when we spoke with them.

There had been some changes to the manager of the service in the past 12 months and the current manager was relatively new to the post. They explained that they were in the process of registering with the Care Quality Commission (CQC) and were aware of their statutory requirements to report certain incidents or changes at the service. We saw that, where appropriate, notifications had been sent to CQC, for example to inform us of an incident of suspected abuse.

People and their family members were positive about the new manager. Some of the people we spoke with told us that the manager had been out to visit them to discuss their experience with the service and others told us that they were aware the manager planned to visit them. The manager confirmed that they planned to visit each person and their family members and would use the information they gained from these visits to identify areas for development and would create an action plan to help them make improvements.

Staff members told us that they had been fairly unsettled by the changes to the management of the service.

They explained that it was difficult to get used to different people's management styles however; all the staff we spoke with were positive about the new manager and felt that they were well supported by them and could approach them with any problems they may have. During our visit we saw that a staff meeting had been scheduled and the manager planned to hold regular meetings to provide staff with an opportunity to meet and discuss concerns and ways to help improve the service. In addition, the manager sent out regular memos, providing staff with information and updates about the service and changes to people's specific care and support needs.

The registered manager explained that there was a range of different quality assurance systems in place to help them review the service being delivered and to identify areas for improvement. These included audits of care plans, staff records, daily notes and medication records. They also told us that they planned to review how often each of these checks were carried out and to see if there were any other checks required, to help them develop the service. We saw that checks were completed by the service on a regular basis and had been used to help identify and drive areas for improvement.