

Mears Care Limited

Mears Care Limited - Maidstone

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 

Summary of findings

Overall summary

About the service: Mears Care Limited - Maidstone is registered as a domiciliary care agency, providing personal care to people in their own homes in the community and within sheltered housing. They provide services to any people who need care and support. The agency provides care services to people living in Kent. There were 151 people receiving support to meet their personal care needs on the days we inspected. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People and their relatives told us the agency had improved for the better since the last inspection. People were happy with the care and support they received from staff. One person said, "The carer I have got is absolutely brilliant. She does everything for me really; I would be totally lost without her."
- The management team had started to review and update people's care records with them. However, some records had not been reviewed and updated despite changes to their needs.
- Care records were not consistently personalised nor did they contain all the knowledge from staff working with them at each care call.
- People's safety in the event of a fire at an extra care housing scheme had not always been assessed. Other potential risks posed to people and staff had been mitigated.
- Records to show how decisions were made on behalf of people who lacked capacity did not always evidence how particular decisions were made in their best interests.
- The registered manager had a continuous improvement plan which they were working through. Several changes had been made since the last inspection however, the management team continued to make further improvements.
- There were enough staff to meet people's needs. Staff had been recruited safely following the provider's policy and procedure.
- People received their medicines safely from staff that were trained and competency assessed.
- Staff were supported in their role and received continuous training and development to meet people's needs.
- Staff were kind, caring and patient with people. Information about people's personal histories, likes and dislikes had been recorded within their care records. One person said, "They are very kind and caring. They are very friendly. They are very nice people."
- Staff worked alongside health care professionals to promote people's health and nutrition.
- Communication was promoted through regular newsletters to people.
- Regular audits were used to monitor and improve the quality of the service people received

The agency met the characteristics of Requires Improvement in Safe, Effective, Responsive and Well-led; The Caring key question was rated as Good.

Rating at last inspection: Requires Improvement overall with Inadequate in well-led (Report published 3 December 2018). This service has been rated Requires Improvement at the last inspection and this inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Action we told provider to take refer to end of full report

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mears Care Limited - Maidstone

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience (ExE) making telephone calls to people. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:

Mears Care Limited - Maidstone is a domiciliary care agency. It provides personal care to people living in their own homes or within sheltered housing accommodation.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 4 days' notice of the inspection site visit because consent needed to be sought for telephone calls and home visits.

Inspection site visit activity started on 8 April 2019 and ended on 9 April 2019. We visited the office location on 8 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. On the 9 April 2019 we visited four people living in a sheltered housing complex followed by staff interviews at the registered office. We made telephone calls to people using the agency and their relatives

on 5 and 8 April 2019.

What we did:

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We used this information to plan our inspection. We did not request a provider information return (PIR), this is a form sent to CQC annually to give key information about what the service does well and the improvements they plan to make; instead we gathered this information during the inspection.

During inspection we looked at the following:

- The care records of eight people.
- We spoke with nine people using the agency and nine relatives.
- We visited four people in their own flats within a sheltered housing complex.
- We spoke with five members of care staff, the regional director and the registered manager.
- Records of accidents, incidents and complaints.
- Audits and quality assurance reports.
- Four staff recruitment files.
- Staff supervision and training records.
- Annual surveys.
- Staff rotas including missed and late calls information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed and mitigated. However, some care plans were due for review and required updating. For example, one person's care plan stated they were vegan and in other parts stated they were vegetarian; this person could have been at risk of eating food they had chosen not to. Records showed the person had been supported to follow a vegetarian diet. The registered manager told us they were in the process of reviewing all care records.
- People's safety in the event of a fire within the extra care housing scheme had not consistently been assessed or mitigated. Guidance was not available to staff regarding a specific risk that had been identified such as, one person lived next door to a person that smoked in within their flat, the potential risk to this person had not been recorded or mitigated. We spoke with the registered manager about our concerns at the end of our visit and we were told this would be acted on immediately.

The failure to assess monitor and mitigate the risks to the health, safety and welfare of service users and others is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staffing and recruitment

- At our last inspection, on 09 and 10 October 2018 there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because there were not enough staff to meet people's needs. People received late and missed calls because of the staffing shortfall. Following the last inspection, several care packages were returned to the local authority. At this inspection, we found that improvements had been made and this regulation was now met.
- People told us that staff arrived on time and stayed for the duration of their visit. Comments from people included, "They are great. They are not late very often. They are pretty regular", "My carer is absolutely brilliant. The office phone me if she is going to be late" and "They ring if they are going to be late, they are very good."
- An online system was now used to monitor care calls. Records showed there had been a reduction in the number of calls that were late or early; these were within five minutes. Staff monitored the system to ensure people received their care calls as required.
- The registered manager told us there was a continuous recruitment process to ensure the agency had enough staff to meet people's needs.
- Staff were recruited safely following the organisations policy and procedure. A dedicated member of staff completed the recruitment and was based at the registered office.

Using medicines safely; Learning lessons when things go wrong

- At our last inspection, on 09 and 10 October 2018 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because staff had not consistently recorded when they had administered people's medicines. Following the last inspection to improve the recording system the medicines administration record (MAR) had been changed to an electronic recording system. At this inspection, we found that improvements had been made and this regulation was now met.
- Lessons had been learnt from the previous inspection, an audit system had been developed to monitor the recording of people's MAR. Action had been taken when recording errors had been identified such as, letters being sent out to individual staff. Records showed since the implementation of the electronic MAR there had been a reduction in the number of recording errors.
- People told us that staff administered their medicines safely and as prescribed by their GP. Comments included, "My eyes are bad now, so they sort out the medication for me. They have a chart here. They have to sign for the different tablets on the chart and on their phone" and "She gives me the medicines and she writes down what she has to do. There's a book here and she does it on her phone as well."
- Staff followed people's specific medication care plans and risk assessments. These documents gave staff information and guidance about how the person required support with their medicines. Such as, where the medicines were stored, what they were for and how the person liked to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the potential signs of abuse and the action they should take if they had any suspicions such as, the registered office, the local authority or the police.
- Staff had been trained and followed the organisations policy and procedure. Staff also had access to the local authorities' protocol which offered guidance and advice.
- People and their relatives told us they felt safe with the care staff. Comments from people included, "It's their attitude that makes me feel safe" and "I most definitely feel safe, the carer is wonderful." Comments from relatives included, "Yes, we feel safe. We have the same carer coming in every time. We have a good relationship with her and she is very friendly and caring" and "He tells us about what is going on, so we feel confident that he feels safe with things."
- Records showed that previous concerns had been discussed and raised with the local authorities safeguarding team.

Preventing and controlling infection

- People and relatives told us that staff consistently wore personal protective (PPE) clothing such as gloves and aprons.
- Staff had been trained and understood the importance of using PPE to minimise the risk of infection and cross contamination.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- 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 to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection records stated that one person was subject to an order of the Court of Protection. However, no checks had been made to ensure this was legal and genuine.
- Staff had been trained however, their knowledge about how they worked within the principles of the MCA varied. Some staff told us they would ask family if the person was not able to give their consent; whereas other staff understood that people could not consent on behalf of people without the legal authority to do so. Following the inspection, the registered manager had sent a memo out to staff to embed the knowledge they had learnt on their training.
- Records showed that a decision had been made for one person with only the member of staff present. A best interest decision involving the relevant people had not taken place. Another person's records showed they had made the decision not to follow medical advice; their care records did not indicate whether they had been supported to make an informed choice.
- People told us that staff sought people's consent prior to any care or support tasks.

We recommend that the registered manager seeks guidance from a reputable source on how to support people to make informed decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed with them, their family and a member of the management team prior to receiving support from the agency. An initial referral would come in from the local authority or people were able to self-refer.
- The initial assessment gathered information the person wanted such as call times, days and the specific support they required during the call. The desired outcome the person wanted had been recorded such as, to maintain or increase their independence.
- The information from the initial assessment would then be used to complete an initial care plan.
- People's individual protected characteristics under the Equality Act 2010 were considered during the initial needs' assessment, this included people's needs in relation to their religion, culture and

communication.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained, understood about their conditions and knew how to meet their needs. Comments from people included, "They are definitely good at their job. They are kind, caring and considerate. The four carers that I usually have are brilliant" and "They are very good at their jobs. I have a slide sheet and a transfer board, and the carer knows how to use it."
- Staff told us they felt they had the skills to fulfil their role and meet people's needs. Staff felt confident that any additional training they requested would be actioned by the registered manager. One member of staff said, "Since the last inspection things have really improved, we all know our job role and our purpose."
- There was a rolling programme of training courses which included the organisation's mandatory training and then specific training to meet people's specialist needs. For example, continence care, Parkinson's disease and epilepsy.
- New staff completed an induction before working with people and new staff worked alongside experienced staff to get to know people and understand the values of the organisation.
- Staff told us and records showed staff received support and guidance from their line manager. Staff received regular supervision, observational assessments and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed in relation to nutrition and hydration needs. Staff followed people's care plans which detailed the individual support that was required.
- People told us they were happy with the food that staff prepared. Some people had support to make their breakfast and others had staff heat up prepared evening meals. One person said, "She makes my breakfast and tea. I do my own shopping. The food is always nice." A relative said, "They prepare her food. It is usually a microwave meal, but they will make her a sandwich for lunch and porridge for breakfast."
- Staff had been trained in food safety and understood the importance of supporting and encouraging people to eat healthily.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health. Staff worked alongside health care professionals to ensure people remained as healthy as possible.
- People's health needs including their medical history had been recorded within their care plan.
- Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, specific moving and handling guidelines which had been written by the occupational therapy team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke highly of the staff and told us the staff were kind, caring and knew them well. Comments from people included, "She is lovely, she is good and so efficient. She always says what do you want me to do today", "She is a star! She is caring and loving, I just can't praise her enough" and "They are 10 out of 10. I can't fault them at all. They are so nice and kind." A relative said, "The carers are very good to my mum. They chat to her as well and they have a laugh and a joke with her. They are very kind, they are all very friendly towards her."
- Staff knew people well and were knowledgeable about people's needs and their personal histories. Care plans contained information about people's likes, dislikes, interests and past times. However, all care records were in the process of being reviewed and updated as necessary. We observed kind natured interactions between staff and people during our home visits.
- People's preferred communication methods had been recorded within their care plan such as, giving people time to answer any questions and the use of specific aids such as a paper keyboard.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff always protected their privacy and dignity. Comments from people included, "If I am in the shower, she will cover me with a towel and keep me covered up all the time" and "They respect my privacy and they always cover me when I am getting washed."
- Staff understood the importance of maintaining people's privacy and dignity. Observation showed staff encouraging people to dress appropriately prior to meeting with us.
- People told us staff encouraged them to be as independent as possible. Comments from people included, "They give me encouragement to be independent" and "They will let me if I want to try and do something."
- People's care plans contained detailed what people could do for themselves and the support that was required from staff. For example, one person's morning guidelines detailed how they liked to be supported to hold their toothbrush to enable them to brush their teeth independently.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were supported to be involved in decisions about their care and support. Comments from people included, "The team leader came along with the carer on the first day and we talked for an hour about what I needed" and "We had a meeting to see what I could do and they said it's personal care that I wanted. I told them I needed help to wash and get my legs washed and moisturised." A relative said, "When we started with Mears, someone came out and assessed my wife and tried to make sure she got everything that she wanted."
- Care plans detailed the specific outcomes people wanted to achieve from their care and support such as, maintaining a high level of personal hygiene or increasing their independence.

- People's views were sought through formal care and support reviews with a member of the management team. The registered manager told us that all care records for people were in the process of being reviewed as they understood some records required updating.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection, on 09 and 10 October 2018 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because people were not receiving person centred care that was responsive to their needs and preferences. At this inspection, we found that some improvements had been made however, some people's care records had not been reviewed or updated. The registered manager told us the management team were in the process of reviewing all care records with people and their relatives. This Regulation was now met.
- People told us since the last inspection they were now receiving a service that was responsive to their needs.
- Some people's care plans were personalised and responsive to their needs. However, this was not consistent with all the care plans we viewed. Two of the seven care plans we viewed contained out of date and inaccurate information. For example, one person's care plan recorded they received a lunchtime call when in fact this had been changed to a tea call. The assessment for the person stated 'No' for language spoken when in fact the person was able to communicate verbally.
- Staff knew people very well and were able to tell us in detail about people individually however, this information had not always been transferred into their care plan. For example, we visited one person who had the heating on full but had an electric fan on throughout our visit. Staff told us that this was normal for the person however, this information was not written in their care records. Another person's care records stated they could have a low mood however, guidance was not recorded of what support staff should offer if they noticed the person was in a low mood. Staff we spoke with told us the aids they used with the person if they became confused or they noticed their mood had changed. However, this knowledge had not been recorded within the person's care plan.
- The new registered manager had implemented a system for all care plans to be reviewed and updated if required. At the time of our inspection this process had started however, this had not been completed and some people's records still required updating.

The failure to maintain accurate, complete and contemporaneous records for each service user is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- At our last inspection, on 09 and 10 October 2018 there was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because people's complaints were not investigated or responded to in line with the organisations policy and procedure. At this inspection we found improvements had been made and this Regulation was now met.
- People told us they knew how to make a complaint if they needed to and a copy of the complaint's procedure was kept in their file which was within their home. Comments from people included, "I was told if

I had any complaints to phone the Mears office but I have never had to complain" and "I would get on to the office if I had to complain. I have never had to make a complaint. I have always been so satisfied." A relative said, "We have made complaints in the past and they have dealt with it, so there was no need to go any further with it."

- One formal complaint had been received since the last inspection. Records showed the complaints procedure had been followed with an acknowledgment to the complainant, investigation by the management team and outcome letter sent along with any action that was taken.
- Staff from the agency had received written compliments from people using the service. One compliment from a relative thanked the staff for supporting their loved one during an incident when they left their home and boarded a public bus. Another compliment from a relative thanked the staff for their dedication when their loved one was unwell. The registered manager used compliments to nominate staff for the organisations 'SMILE' award, this was a monthly award given out to a member of staff.

End of life care and support

- The registered manager told us that at the time of our inspection no one was receiving care at the end of their life. However, they said staff would follow the organisations policy and procedure; staff would also work alongside health care professionals to ensure people had a pain free, dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection, on 09 and 10 October 2018 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because there was a failure to assess, monitor and improve the quality of the service that people received. Following that inspection, a new registered manager from another of the organisation's branches had started work at this branch. The registered manager started working at the branch on the 1st February 2019 prior to this an interim manager was in post. At this inspection, we found that some improvements had been made to the governance and auditing of the agency. However, the review and updating of people's care records were continuing. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.
- People and their relatives told us they felt the agency had improved since the new registered manager came into post. Comments from people included, "We get the letters more regularly now since the new manager started" and "Personally, I think things have improved because we are getting rotas regularly." Relatives said, "The organisation of it all has changed really. It must have changed because things are working better" and "There have been a few changes but nothing for us. I think things have all been for the better. We got a letter from the new manager saying she was taking over."
- Staff told us that since the last inspection they have clearer expectations from the new registered manager and had weekly checks to ensure they were completing their allocated tasks. The registered manager told us that they had introduced key performance indicators (KPI's) for each member of staff in a management role. These KPI's informed the management team of their duties and the time scales for the completion of certain tasks. The registered manager liaised with the management team on a regular basis to get an update on all KPI's.
- Regular audits were completed by the management team and the registered manager. Action plans were developed from these audits which were sent to the senior management team. The organisation's internal quality team completed an annual audit of the agency, these results were shared with the registered manager and senior management team.
- The registered manager understood their role and regulatory responsibility. They understood that important events such as death had to be reported to the Care Quality Commission (CQC). Notifications had been made appropriately.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the agency can be informed of our judgements. We found the registered manager had conspicuously displayed

their rating on a notice board within the registered office and the provider had displayed the agencies rating on their website.

The failure to ensure care records were reviewed and updated as people's needs changed was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager told us they promoted an open-door culture where staff could approach them at any time. Staff told us they felt the registered manager and management team were approachable and felt confident to raise any concerns or suggestions with them.
- Team meetings were held within each geographical area; this enabled staff to discuss their role and hear about any changes from the management team.
- Staff had access to an employee assistance programme, this gave staff the opportunity to discuss any issues within their lives with an independent advisor.
- The registered manager had a continuous development and improvement plan in place following the last inspection visit. A number of changes and improvements had been made however, the continued improvements were continuing at the time of this inspection.
- The registered manager spoke passionately about their plans to further improve the quality of the service people received. Staff told us that the changes the new registered manager had made, had a positive impact on the working role and the support people received.
- The registered manager and senior manager understood their duty of candour responsibility, taking responsibility and being honest when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us annual surveys continued to be sent out to them and their relatives. The last survey had been completed in 2019, the results had been collated and a development plan had been developed.
- Annual staff surveys were sent out to gather feedback about the branch and organisation. The last staff survey had been completed at the end of 2018; the results showed there had been an improvement in the management of the branch since the last inspection.
- The registered manager used monthly newsletters to communicate messages to people and staff. These included new staff that had been employed and any changes within the branch or the wider organisation. People and relatives told us they felt the communication from the registered office had improved since the last inspection.

Working in partnership with others

- The management team and staff supported people, when required, to work with health care professionals, such as GPs and the district nursing team.
- The registered manager had created a bereavement café in the local community. This gave people and opportunity to meet up with other and discuss their feelings or talk generally with others.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to assess monitor and mitigate the risks to the health, safety and welfare of service users and others.</p> <p>The failure to maintain accurate, complete and contemporaneous records for each service user.</p> <p>The failure to ensure care records were reviewed and updated as people's needs changed.</p>