

Mears Homecare Limited

# Mears Homecare Limited (London Bridge)

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This announced inspection took place on 20 and 27 October 2015. Mears Homecare Limited (London Bridge) provides personal care to people living in their own homes in the London boroughs of Kensington and Chelsea and Hammersmith and Fulham. People's care from the service was commissioned by local authority staff who had specified the amount and type of support and care people should receive.

Since our previous inspection of 26 and 27 March 2015, the provider and management of the service had changed. The service was rebranded from Care UK Limited (London Bridge) to Mears Homecare Limited (London Bridge) in June 2015. A contract with Care UK Limited (London Bridge) was terminated by one local authority after our 26 and 27 March 2015 inspection due to concerns on the reliability of support provided to people using the service. An older people's extra care

# Summary of findings

housing care scheme which we found to be providing unsafe and inappropriate care and support at the previous inspection was no longer part of the service. The number of people supported by the service had reduced to 750 from 1221 at the time of the last inspection.

At our inspection on 26 and 27 March 2015 of Care UK Limited (London Bridge) we found the service in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to care and welfare, staff support and quality monitoring. We had received an improvement plan after that inspection. At this inspection of 20 and 27 October 2015 of Mears Homecare Limited (London Bridge), we followed up on the improvement plan and found that action had been taken to address the breaches.

The provider notified us the registered manager had left the service in October 2015. A services contracts manager of Mears Homecare Limited (London Bridge) was appointed to manage the office. A regional operations manager who is also a registered manager of another service with the same provider will oversee the operations Mears Homecare Limited (London Bridge) until a registered manager is appointed. The service was being managed this way at the time of this inspection. 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.

At this inspection of 20 and 27 October 2015 we found five people had not always received the support and care they required through missed visits. People found it hard to contact office staff to discuss concerns about their support and care.

People felt they were not always treated with kindness and respect. Some people were not happy with the attitude of staff and lack of good communication with the office.

People were supported to receive their medicines safely as prescribed. Staff carried out medicines risk assessments and put in place plans to support people safely.

Staff understood how to protect people from the risks of abuse and neglect. The provider had dealt with safeguarding concerns appropriately. The provider had used safe staff recruitment procedures.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and supported people to make their own decisions. People were happy when they received care and support from regular members of staff.

Some people were supported with their meal preparation, eating and drinking as part of their care and support. Staff supported people in line with their choices and preferences.

People and their relatives knew how to make a complaint and who to report to. People had made complaints about the service and the manner they were supported. The manager had addressed the complaints in line with the service's procedures.

People's needs were assessed and individualised support plans put in place. Staff held regular reviews and updated people's care plans to reflect their changing needs.

Staff had received sufficient training to undertake their role. Staff received support from an out of hours on-call manager. The provider had implemented a tracker system to monitor staff visits and the quality of care and support provided to people.

The provider sent timely notifications to CQC on safeguarding concerns and serious incidents. Accidents and incidents were monitored and dealt with effectively. Checks were carried out to monitor the support and care offered to people and used to develop the service. People were asked for their views about the support they received and their feedback used to improve the service.

# 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?

The service was not always safe. People had not always received support as arranged.

Risk assessments were in place, including for staff to prompt people to self-administer medicines. People received their medicines in a safe and timely manner as prescribed.

Suitable staff were recruited through safe recruitment procedures. Staff knew how to protect people from abuse and neglect.

Requires improvement



### Is the service effective?

The service was effective. People received support and care that met their needs and wishes. Staff received relevant training and support to undertake their roles.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and how to apply these to support and care for people.

People received support with their eating and drinking. People had their health care needs met.

Good



### Is the service caring?

The service was not always caring. People were not always supported with kindness and compassion.

People were not consistently treated with respect.

Staff supported people with their preferences and choices. People's privacy and dignity were respected.

Requires improvement



### Is the service responsive?

The service was not always responsive. People's needs were assessed and reviewed regularly. Support plans reflected their individual needs.

People and their relatives were involved in planning for their care. People sometimes found it difficult to speak with office based staff about their concerns.

People had information about how to make a complaint. The manager resolved the complaints appropriately.

Requires improvement



### Is the service well-led?

The service was not always well led. There was no registered manager at the service. Plans to reorganise and improve the service were being implemented.

Checks were made to monitor the quality of care and to make improvements. People were asked for their views about the service.

Requires improvement



# Summary of findings

Some people and staff were uncertain of the changes in the service.	
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# Mears Homecare Limited (London Bridge)

## 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.

This announced inspection took place on 20 and 27 October 2015. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the manager was available. Two inspectors and three experts by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience supported the inspection by telephoning people and their relatives to talk with them about their experiences of the care and support provided.

Prior to the inspection, we checked the information we held about the service. This included notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months. We contacted staff at Kensington and Chelsea and Hammersmith and Fulham local authorities' safeguarding teams and commissioners. We used this to plan the inspection.

During the inspection we spoke with 52 people who used the service and eight relatives and carers. We spoke with 22 members of staff including care workers, team leaders and care co-ordinators. We also spoke with the manager, regional operations manager and various office staff.

We reviewed 34 people's care records and 15 medicines administration records. We looked at 15 records relating to staff including training, supervision and duty rotas. We also looked at records of complaints and safeguarding reports. We reviewed feedback the service had received from people and their relatives and monitoring reports on the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection of the service on 26 and 27 March 2015 whilst under Care UK Limited (London Bridge), we found concerns about the care and support provided to some people in one extra care housing unit. Risk assessments were inconsistently completed. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection of the service on 20 and 27 October 2015 now under the management of Mears Homecare Limited (London Bridge) we found people had up to date risk assessments and guidance for staff on how to support them safely. A member of staff told us, “We are aware of risks to people and their health”. Regular updates were made to people’s records when their needs changed. Risk assessments were in place for people’s needs such as moving and handling, skin integrity and mobility and falls.

The majority of people had received the support they required within the agreed times as stated in their care packages. Eight people had not received the support they required as staff had not visited them or were late. One person told us, “No one turned up yesterday and there was no phone call from the office to explain why”. Four care records confirmed the missed calls and punctuality concerns. Supervision records showed the manager had discussed with staff about their punctuality. The provider, Mears Homecare Limited (London Bridge), had a system in place to monitor field staff’s punctuality. Office staff monitored the electronic logging system used by field staff when they arrived at people’s homes. This ensured people had received support and to provide cover when appropriate. A care coordinator told us, “Staff log in and out using a telephone system at the person’s house”. It was too early to see the effectiveness of the changes.

The provider had taken steps to ensure people were protected from the risk of abuse and neglect. Staff understood how to protect people from abuse and knew the actions to take to keep people safe. A member of staff told us, “I lookout for any kind of abuse to people and will contact my team leader if I have any concerns”. Staff knew how to use the service’s whistleblowing policy to raise concerns to ensure people were protected from harm. The

manager had meetings and training with staff to raise awareness of safeguarding and how to support people safely. Safeguarding concerns were raised within timeframes to assist investigations by local authorities and notifications made to CQC as appropriate.

Staff knew how to respond to emergencies and to manage difficult situations. A member of staff told us, “When a person was taken seriously ill, I called the ambulance services and made the person as comfortable as possible. I did what I was told to do by the paramedics while I awaited their arrival. I also informed the care co-ordinator”. Records showed a care coordinator had covered the staff’s subsequent visits while they stayed with the person. Staff had access to a free call back telephone number to contact the office in case of emergencies and get additional support for people.

People were supported by suitable staff who had been recruited through a safe and robust recruitment process. A member of staff told us, “I had to demonstrate my knowledge and experience for the role during the recruitment process”. Staff files contained interview records, evidence of criminal checks, eligibility to work in the United Kingdom and references. Records confirmed staff only started to support people when all checks were returned.

Staff followed the service’s procedures to safely manage people’s medicines. One person told us, “Staff help me take my medicines after my meals”. A relative told us, “Staff remind [relative] about taking their medicines. [Relative] would not remember”. Medication administration records (MAR) were accurately completed and staff signed for people who required full support with their medicines. This showed people had received their medicines safely as prescribed.

Medicine risk assessments were in place and care plans stated the support people needed with their medicines. Records showed staff had received medicines training and had competency tests carried out by management. Records showed the test involved direct observation on staff’s handling, administering and recording of medicines. Team leaders had carried out medicines administration knowledge checks on staff and records of these were kept in their files.

# Is the service effective?

## Our findings

At our previous inspection of the service at 26 and 27 March 2015 whilst under Care UK Limited (London Bridge) we found the registered manager did not routinely check that new staff were competent to support people with moving and positioning in people's homes. Some staff had not received a supervision or their practice observed. Staff did not have sufficient guidance on how to complete risk management plans. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection of the service on 20 and 27 October 2015 now managed by Mears Homecare Limited (London Bridge) we found staff had received induction training which equipped them with the appropriate knowledge to effectively support people in their homes. A member of staff told us, "I attended all the mandatory training as part of my induction". Staff had received training to support people with moving and handling. Staff had their competency assessed on use of hoists and slings. One person told us, "It's been easier for me to get out of bed as staff hoist me with such ease". Staff had completed workbooks to test their knowledge and had their practice observed by management.

People were supported by staff with the right knowledge and skills. One person told us, "My support worker is wonderful. I have no worries about the help I get". Another person said, "Staff know how to support me. New staff take time to figure out things but eventually get there". A relative told us, "Staff know what to do and support [relative] well".

Staff had undertaken relevant training to develop their knowledge and skills. For example, staff had completed training in safeguarding, emergency first aid at work, moving and handling, health and safety and infection control. Staff training records were up to date.

Staff had received support through regular one to one supervision sessions and telephone contact with their

team leaders. A member of staff told us, "I discuss my work with my team leader and any problems with supporting people. I also call the office for advice and support". Staff were observed at work as part of their supervision and had attended recommended courses. Supervision discussions were on good practice when supporting people, communication and record keeping. Staff had annual appraisals which focussed on their personal development and training.

Staff supported people in line with the principles of the Mental Capacity Act (MCA) 2005. Staff told us they encouraged people to make choices and got their consent before supporting them. One person told us, "Staff ask me if I want to have a shower and help me if I choose to". People who required support to make particular decisions were supported through the 'best interest' decision making process.

People were supported with their eating and drinking as agreed in their needs assessments. One person told us, "Staff prepare my toast and tea in the morning and a hot meal for dinner". People were supported to prepare their meals and drinks. A person's care plan stated, "Prepare sandwiches and salad for dinner". Staff told us they had received food and hygiene training which enabled them to handle food safely and serve it in a presentable manner.

People received appropriate care and support to keep healthy. One person told us, "Staff do alert me to get to the doctor if they see a need". Staff recognised signs and symptoms of people who required medical attention. Care records showed staff had reported their observations on skin changes on a person at risk of developing pressure ulcers to a team leader. A district nurse was advised of the concern and had visited the person. Staff had followed advice given to manage the pressure ulcers. A member of staff told us, "We refer people to social workers for re-assessment of their needs when necessary". Records showed a person's support hours were increased after a visit by a social worker.



# Is the service caring?

## Our findings

Some people and their relatives had positive views about their experiences on the support and care they received whilst others did not. One person told us, “Staff are polite and caring”. Another person said, “Some staff are rude, never punctual and rush me through things”. One relative said, “Staff are caring and looks after [relative] well. Another relative told us, “Some staff are just not as caring and [relative] does not like them”. The manager had taken disciplinary action on a member of staff who had been identified as being disrespectful to people.

People were not happy when they received support from different members of staff than those who regularly supported them. One person told us, “I would like to have one carer allocated to me. It’s uncomfortable to receive personal care from different staff all the time. I end up not having my shower”. Another person told us, “My regular carers are good, thoughtful and support me well and do little extras. Relief carers don’t seem to know what to do”. Staff rotas and discussions with care coordinators showed the service had made changes to duty rotas to ensure people received support from regular staff.

During our inspection, we saw office staff were patient and friendly when they received and made telephone calls to people. Staff addressed people and their relatives making enquiries by their titles and names. Staff were respectful when they provided information and advice. Calls were transferred to colleagues who had more information about people to ensure they were given an accurate update about their care and support.

People told us staff treated them with dignity and were respectful of their privacy. One person told us, “Staff close the door when I am having my bath”. Another person told us, “Staff talk to me on what they are doing when giving me personal care”.

People were supported in a manner which promoted them to be as independent as possible. One person told us, “I have started doing things for myself. Staff encourage me to carry out some tasks on my own”. A person’s record showed they had made progress with their health and being independent. Their observation record read, “[Person] supported with bath and encouraged to dress themselves, which they did with minimal support”. Staff understood how to uphold people’s dignity and self-esteem when supporting people.

People were asked about their preferences and choices and these were respected. One person told us, “I always have my breakfast after my wash. Staff know that’s how I want my things done”. Records showed people’s choices and preferences were known. Staff supported them in line with this.

People were provided with enough information on advocacy arrangements in their areas to enable them get the right people to represent their views and make informed decisions. One person told us, “I got an advocate who spoke out for me. My hours for support were increased afterwards”. Staff told us they knew where to refer people who needed advocacy services.



# Is the service responsive?

## Our findings

At our previous inspection of the service at 26 and 27 March 2015 whilst under Care UK Limited (London Bridge) the majority of formal complaints were about the support provided to people in the extra care housing scheme and from the local authority contract that was terminated. Other complaints were of people not being informed by office staff of changes to their support and their visits were sometimes late or missed.

At this inspection on 20 and 27 October 2015 of the service under the management of Mears Homecare Limited (London Bridge), the complaints had considerably reduced but were still an on-going concern. The service was now providing support to fewer people than with the previous provider. There were 15 complaints from the 52 people we spoke with about punctuality, late calls, weekend cover, staff attitude and inconsistent staff. One person told us, "My time is 9-9.30 and I rely on staff for my personal wash. They can come as late as 11.20am". People and their relatives had made complaints about irregular staff and unanswered telephone calls to the office. The provider Mears Homecare Limited (London Bridge) had put in place a robust system to ensure all complaints were investigated and responded to and had taken action to minimise recurrences.

People and their relatives told us they knew how to raise a complaint but were not confident their concerns would be addressed fully. One person told us, "I have complained to the office about staff attitude. Usually they get back to me, and they do try to put it right for a while but it just lapses back". Another person said, "With them you need to constantly complain to get things done". A relative told us, "We have complained about things but they don't really do anything, for example they send the same staff we have complained about. They've not really taken note".

Electronic call monitoring systems were used effectively to ensure staff had turned up to provide support to people and this had contributed to reduced complaints. The system had improved the responsiveness of the service to missed and delayed visits and to provide cover when necessary. The manager had tracked all complaints to ensure they were fully addressed and did not happen

again. Care co-ordinators made daily checks on the rota system to ensure that all people were allocated staff for home visits as required. Office staff monitored field staff's whereabouts and updated people regarding traffic problems and any issues which may result in late visits.

People's needs were assessed and care plans put in place to support them appropriately. A person's care plan stated, "[Person] needs support to get out of bed. Staff to use a hoist for transfer from bed to chair, followed by a shower". Care records had sufficient information on how people's health conditions affected them and how staff were to provide support. A relative told us, "[Relative] and I discussed with staff [her/his] mental, physical and medical needs and agreed on the support to be given with washing and dressing". People's preference for a male or female carer was recorded and their daily logs showed this was respected.

People's care plans were regularly reviewed and updated to reflect their changing needs. People recalled telephone calls from the office and home visits asking if they were receiving appropriate support and care. One person said, "Staff visited me at home and discussed if I needed more help". Another person told us, "Staff made some changes after one of those calls. They help me with my walking as I am now wobbly on my feet". We saw completed and signed reviews carried out by team leaders on their monthly visits and telephone calls to people. The reviews included checks on recording keeping, changes in people's needs and support and if people were being supported appropriately. The manager had followed up on issues identified in the reviews with social workers and individual members of staff as appropriate. Staff had received further training on record keeping because of the reviews of people's support plans and communication entries.

Staff kept up to date daily records on the support and care people had received. A member of staff told us, "It is important that we record the support given to people and any concerns we notice and action taken". For example, records showed staff had followed up on information that a person had not had their meal. Each member of staff had indicated the date, start and finish times of their visit and included their signature which showed they had been to support people.

# Is the service well-led?

## Our findings

At our previous inspection of the service on 26 and 27 March 2015 whilst under Care UK Limited (London Bridge) we found the registered manager had not effectively monitored the quality of care planning and risk assessment. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection of the service on 20 and 27 October 2015 under Mears Homecare Limited (London Bridge), we found checks were carried out to monitor the quality of support and care provided to people and improvements were made when necessary. Managers carried out monthly home visits and telephone calls to monitor the outcomes of care and support delivery and had audited risk assessments. One person told us, “Staff call me to find out if I am happy about the support I receive”. A team leader told us, “We carry out audits with people under ‘what’s working?’ and ‘what’s not working?’ and notify the manager of any concerns identified”. Audit records were up to date and actions taken to address people’s concerns were recorded. The manager had made follow ups on missed calls and punctuality with staff to ensure they improved on service delivery.

There was no registered manager in post at the time of inspection. The provider notified us the registered manager had left the service in October 2015. A services contracts manager was managing the office operations. A regional operations manager was overseeing the operations of the service until a registered manager is appointed. The service was being managed this way at the time of this inspection. The provider had started an application to CQC for the service contracts manager to be registered.

After the inspection 20 and 27 October 2015 the provider had submitted an improvement plan to CQC. A staff recruitment drive was on-going to improve supply of regular staff and to recruit locally in areas where they provided support to people to reduce journey times and increase response times when cover was needed. Plans were in place to recruit three team leaders to monitor the quality of care and support to people. At the time of inspection, some of the changes had been made. It was too early to comment on their effect on the care and support provided to people.

Team leaders carried out spot checks and regular visits to monitor how staff supported people to

meet their needs. The manager gave feedback to staff on their practice and the support they needed to improve on their work. The manager reviewed people’s records and asked people and their relatives about the standard of support they had received. Records showed the manager had discussed issues identified with staff. The service made follow ups if there were any issues which required improvement and acted on them.

The manager ensured staff learnt from incidents and accidents and took action to avoid repeats. The service kept records of any incidents and accidents. The manager had put an action plan to monitor outcomes for people and learning and discussed these with staff. There had been a number of safeguarding concerns raised by the manager and local authorities about how people were supported. The manager had sent appropriate notifications to CQC and safeguarding authorities.