

Mears Extra Care Limited

Willow Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Court is a domiciliary care service that provides personal care and support to people living at Willow Court. Willow Court is an extra care housing service. Willow Court consists of 60 self-contained apartments, which includes 12 two-bedroom apartments and 48 one-bedroom apartments. Staff provided personal care and support to 20 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at Willow Court and told us that they would be happy to have a member of their family receiving the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with.

The service was well managed by a registered manager. The registered manager was passionate about giving people a high-quality service and ensuring that staff were supported and skilled to deliver the service effectively.

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

Rating at last inspection

This service was registered with us on 31 March 2020 and this is the first inspection.

Why we inspected

This is the first inspection since the new provider registered with the CQC on 31 March 2020.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willow Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care and support to people living in their own flats in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 four working days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 September 2021 and ended on 8 October 2021. We visited the office on 7 October 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker and two care workers.

We reviewed a range of records. This included three people's care records. We looked at staff recruitment checklists and a variety of records relating to the management of the service. These included audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt that they were safe living at Willow Court. A person told us, "I feel safe and get personal care. There is a buzzer system and help is at hand. There are no intruders in the building." A relative also said, "I am delighted [relative] came here. She has landed on her feet in this beautiful building and is very safe here."
- Staff knew how to report and escalate concerns of poor care or harm in line with their training and the providers safeguarding process.
- Staff told us there was a whistle-blowing procedure and that they would feel able and confident to use it to report poor practice or concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe.
- People had risk assessments to support them to stay safe in their own home and evacuate safely in an emergency.
- People had equipment and technology to help support them with their safety and independence. People confirmed that they had a call bell which they used to alert staff they needed support. A person said, "You just press the call button, and someone will come within a few minutes."

Staffing and recruitment

- The provider had a recruitment process in place that ensured that staff were suitable to work at the service. Staff told us the process had involved a criminal record check and previous employment checks.
- Staff told us there were enough staff on duty to meet the needs of the people requiring support.
- The provider had a detailed contingency plan in place, should any situation occur which reduced the amount of staff on site. Staff we spoke to were aware of these plans.

Using medicines safely

- Staff received training in the safe use and administration of medicines and senior staff checked their competency to administer people's medicines safely.
- People were satisfied with the way staff supported them to take their prescribed medicines. One person confirmed, "My medicines are locked up and staff give them to me. So, there is no chance of an overdose. It is very organised. There have been no problems."
- The registered manager carried out checks on medicine administration paperwork to check for errors. If errors occurred, staff were supported with additional training or support to reduce the risk of further errors.

reoccurring.

Preventing and controlling infection

- Staff had training in infection control. People and their relatives told us staff wore face masks when undertaking care call visits. One person confirmed, "Yes they (staff) always wear PPE and dispose of it before they go."
- Staff confirmed that throughout the COVID-19 pandemic they had received additional training in putting on and taking off Personal Protective Equipment (PPE).
- Staff confirmed they had access to plenty of PPE. Staff had regular COVID-19 tests to help reduce the risk of cross contamination.

Learning lessons when things go wrong

- Incidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action to reduce the risk of these reoccurring.
- Outcomes from lessons learnt were shared with the team during team meetings, 1.1 meetings or appraisals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and senior staff met with people to assess their needs and agree the support staff at the service could offer before people started using the service. During the COVID-19 pandemic lockdown, these assessments were carried out virtually to reduce the risk of infection. However, where possible these were being done face to face.
- Staff followed guidance and information from external health and social care professionals including occupational therapists, social workers and GPs. This was to promote people's well-being and deliver effective care and support.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- Staff told us that they received a lot of training to ensure they could deliver support safely. One member of staff said, "The training, I found it really informative. The training is definitely very good."
- All staff had received training when they first started working for the service in an intensive on-site induction and this was updated when required. Staff were very positive about their induction and felt it had prepared them well for starting their job.
- The registered manager or a member of the management team carried out competency checks on staff to ensure that they were demonstrating best practice.
- Staff members received supervision as individual meetings and could also contact either the registered manager or senior carers for support in between these meetings. Staff received a yearly appraisal.
- People and relatives felt that staff were well trained. One person told us, "Definitely, they are being trained. When they first start, they have a senior to supervise them." A relative said, "I work for the NHS myself. I think the carers are brilliant and trust them wholeheartedly. They are well trained to care."

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

- The care service was not responsible for providing people's food and drink. As part of people's agreement to live at Willow Court, people were entitled to meals served in the communal dining rooms.
- Staff assisted people with their meals if needed.

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

- People were supported to live more independent lives using equipment and technology. People's care records documented the equipment they had to promote their well-being and independence and the

guidance provided by the professional to use the equipment.

- Staff followed external health professionals advice. This helped to ensure that people received effective care to support their health and well-being.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff had training in the MCA. They were able to demonstrate an understanding of their training and the importance of respecting people's choice. A staff member said, "Everybody has the opportunity to change their mind, what they want or don't want. We ensure that everything possible can be their choice."
- People gave examples of how staff respected their choices. One person told us, "They (staff) always ask me first about what I want and where. I feel respected." A relative also confirmed, "I've heard [staff] say 'Do you mind if...?' or 'Can I just check...?' They explain everything and say why they are there."
- The registered manager told us that no one being supported lacked the mental capacity to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 were happy with the support they received and felt well supported. One person said, "I'm very happy with the carers. They really can't do enough for you." Another person told us, "The care is excellent, and the carers are always there at the call of a buzzer."
- Staff recognised the difficulty people faced moving into a new service during the COVID-19 pandemic. All staff were wearing full PPE and the staff understood the anxiety this would cause people. To put people at ease they took photographs of all staff both wearing masks, and without masks and provided a short paragraph about each member of staff. This helped to reassure people that they were being supported by people they could now recognise.

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

- Staff encouraged people to be involved in decisions around care and support needs.
- External professionals working with the service told us that the views of people living at the service were always considered. One professional told us, "[Staff] never lost sight of this persons' views and wishes and what was best for them, and this ensured that they eventually received the support of the right services."
- People had been asked what gender of staff they wanted to assist them with personal care and their preference was respected. During our inspection one person told us that they would prefer a female carer, however, did not want to cause offense to anyone so had not mentioned it to the registered manager. They gave us permission to raise it on their behalf. We spoke with the registered manager who provided immediate assurance that only female staff would provide care to this person.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A person told us, "We can't fault the carers. They respect my dignity and I'm comfortable with what they do."
- Staff promoted and encouraged people's independence. A person confirmed, "The [staff] know I like my independence. Of course, they do. They respect that." Another person said, "You can please yourself what you want to do. It is independent living here. I've not been told that I can't do anything."
- People told us that staff did not enter their homes without permission to do so. A person said, "They [staff] do ask. They first knock on the door."
- Relatives we spoke with were assured that people were treated with dignity. A relative told us, "They respect families and people. They keep everyone independent and treat people with dignity."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported people in a way that met their individual needs and preferences. One person said, "When I came here the manager discussed my needs with me. I definitely got my views in." Another person told us, "At this moment they are meeting my needs and give me peace of mind. Care staff are available 24/7 and come quickly within five minutes."
- Staff told us that people and their relatives were involved in the development of their care plan. One staff member said, "I meet with the individual before they move in, discuss what is working well or not working well, and how people can achieve their goals."
- All staff we spoke with understood the importance of people being given choice to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available for people in large print and pictorial prompts to help make information more assessable. Staff introduced innovative methods to support people who were blind to access their home safely, including putting large letters on doors identifying the different rooms.
- Staff supported people living at the service to access services when it has been identified they may benefit from this support. For example, during the COVID-19 lockdown, staff supported a person to access support from hearing services virtually.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the COVID-19 pandemic the registered manager and staff supported people to maintain relationships and keep in contact with people that were important to them. They did this in different ways to suit the needs of the individual.
- Staff raised money to buy an electronic tablet device. This was so that people living at the service without their own equipment could use it to video call friends and family.
- The service built links with the local community to enable people to be able to engage in activities they had liked before the lockdown. Staff arranged for a local florist to provide silk flowers for people so that they could learn and enjoy making flower arrangements.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they were not happy with the care they received. One person told us, "I have no complaints. If I wanted to, I could approach the manager but personally I'd approach the person directly."
- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to by the provider. Concerns raised by people receiving care, or by relatives, were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.

End of life care and support

- Staff had been trained in supporting people at the end of their life.
- The registered manager and staff had encouraged people to discuss their end of life wishes should they choose to do so. People had their individual end of life wishes documented to help guide staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- External professionals were very complimentary about the registered manager and staff team. They told us, "I have found the staff to be very supportive, attentive and person centred in their approach."
- The registered manager encouraged staff to provide the best service they could. A staff member said, "I think [registered manager] is amazing, she's a very busy person, but the quality of care and her expectations is outstanding. I completely love working here and would never want to be anywhere else."
- All the staff we spoke to told us that they would be happy for a relative to live at Willow Court.
- Staff told us about the provider's values and how this formed the basis of their work. One member of staff said; "We have fantastic values, and because of that we are always questioning how we can be better at what we do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their regulatory role and responsibility. The manager understood their legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- Staff understood their roles and responsibilities. A person told us, "What they [carers] give me is what I need. They don't overcompensate for me but let me get on with what I can confidently do. The manager is excellent".
- Staff enjoyed working at Willow Court. One member of staff said, "I like it here because people think outside the box, we have gone out of our way to support people."
- People felt that the service was well managed, they knew who the registered manager was and how to contact them if needed. One person said, "[The service] is managed extremely well. I had a small problem and told the manager. It was sorted out the next day".
- Audits were undertaken to monitor the quality of the service provided. Action plans recorded any improvements required and acted on.

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

- The service opened at the beginning of the COVID-19 pandemic and at the time of the first UK lockdown.

Due to this face to face meetings were held virtually. The staff team held corridor events and meetings so that people were able to be involved in meetings and parties from their own front door. This ensured that there was no risk of spreading infection but included people in these events.

- People confirmed that they received regular communication from the service and have also been asked for feedback. A person told us, "People talk face to face with me and will come up to talk to me. There are intercom messages for general things. The care company sends a newsletter about what's being done and any changes."
- Staff meetings took place regularly which gave the team the opportunity to engage with one another and the management team.

Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, social workers, other health care professionals and the local authority to ensure that people received joined-up care.