Mears Care Limited

Mears Care Aintree

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?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We undertook an announced inspection of Mears Care Aintree Domiciliary Care Agency (DCA) on 21 October 2015. The provider was given 48 hours' notice in order to ensure people we needed to speak with were available.

Mears Care Aintree is a domiciliary care agency which provides personal care to people living in their own homes. The branch was providing care to 194 people at the time of our inspection. The majority were people with elderly care needs including people living with dementia.

There was a registered manager; however they were not available on the day of our inspection. The agency had made arrangements for a registered manager from another branch to be present during our 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 and associated Regulations about how the service is run.

At this inspection we found a breach of Regulation 18 HSCA (RA) regulation's 2014 Staffing. There were not sufficient numbers of suitably qualified, competent skilled and experienced persons deployed to meet people's needs.

Summary of findings

Some people told us they felt safe when they had their familiar care staff in their homes, however most people told us they often received care from unfamiliar staff and this made them feel unsafe.

People had good relationships with their regular care workers. They felt they were treated with respect. People were not always happy with alternative carers and sometimes felt communication with the agency was poor and they were not listened to.

Staff were receiving regular supervision and appraisal, and training was provided so staff were supported and equipped with the skills needed to do their jobs. New staff were provided with a detailed induction programme, which included training in essential subjects.

The agency had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. No staff commenced duties until all satisfactory checks, including Disclosure and Barring Service (DBS) check had been received. (DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people).

People received their medicines in a safe and appropriate way.

The senior agency staff carried out risk assessments when they visited people for the first time; both with regards to the people and the environment. This was to assess that the person's home was safe for providing their care, and for staff's safety.

Other assessments identified people's specific health and care needs, their mental health, medicines management, and any equipment needed. A care plan was drawn up and agreed between the agency and the individual people concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

Some staff told us they were happy with their work rotas; however others said the rotas were difficult and they would often arrive late to provide care for people.

People's capacity to consent had been assessed and they had consented to their care and support. The provider had acted in accordance with their legal responsibilities under the Mental Capacity Act 2005.

Complaints had been logged and we could see that they had been investigated. Most of the people we spoke to said they knew how complain and felt any complaints had been responded to and resolved.

There were systems and processes in place to access the quality of service in the form of questionnaires sent out to people who use the service. The completed returned questionnaires had been analysed and a report had been from these figures to monitor and drive continuous improvements, however, feedback from these reports were not shared with people who use the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe.

Staff rotas were not able to accommodate peoples preferred call times, and staff were often late to people and did not stay the full duration of the call time.

Not everyone using the service felt safe. There were insufficient levels of regular staff to meet people's needs consistently.

There were procedures for safeguarding people and these were followed.

Staff were recruited appropriately at the service and had an induction and continuous training programme. The provider carried out appropriate checks on staff suitability to work.

People received their medicines in a safe and appropriate way

Is the service effective?

Good 

The service was effective.

The service worked in accordance with the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff were supported with on-going training.

Staff monitored people's health and wellbeing and referred to appropriate professionals when needed.

Is the service caring?

Good 

The service was caring.

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

The people who used the service told us they had good relationships with their care staff.

We heard staff speaking to people and they were kind and considerate.

Is the service responsive?

Requires improvement 

The service was not always responsive.

People's care plans reflected their care needs and were updated in line with care reviews.

Most people said they knew how to complain and felt they would be listened to. However some people told us they had not been listened to in the past when they had made requests.

Summary of findings

Is the service well-led?

The service was not always well-led

The service had a registered manager in post.

The staff spoke positively about the manager and the culture of the agency.

Quality assurance was taking place analysed but feedback was not shared with people. Systems were in place to monitor the service and analyse peoples feedback so that there could be continuous improvement. However, the current systems had not picked up the issues people had with regard to staff inconsistency, and feedback was not shared with people who use the service.

Requires improvement

Mears Care Aintree

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. The inspection took place on 21 October 2015 and was announced. The provider was given 48 hours' notice in order to ensure people we needed to speak with were available.

The inspection team consisted of one adult social care 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.

Before the inspection we reviewed the Provider Information Record (PIR), and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 14 people who use the service and one relative by telephone. In addition we spoke with seven members of staff and a senior member of staff. We also inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Requires improvement

Is the service safe?

Our findings

Some of the people we spoke with told us they felt safe when their regular care staff were in their homes. One person said "I don't mind having them [familiar care staff] walking around my house. I feel quite safe.'' However most of the people who we spoke with told us they regularly received care from care workers who were not familiar to them and they had not been introduced to, people told us this made them feel unsafe.

We were told by the manager that after a new person had been initially assessed by the service to provide care and support, they would look at matching the person to staff that had the skills to meet their required needs. The service had male and female carers. In discussions with people this was not always the case as they told us they had numerous different care staff sent to them. We highlighted this to the manager at the time of our inspection who informed us they always try to meet people's preferences but sometimes, due to last minute illness, this is not always the case.

One person told us "In one week recently I had 12 different carers and I didn't know half of them." Another person told us they had asked to be notified if the staff were new and were going to be supporting them. They told us, "I want to know who is coming and when they are coming, but it doesn't happen." Another person told us "I do feel uneasy when there's a stranger in my house, but I have had to learn that it is just the way it is." One person told us consistency was a problem, they said "I've had several different care staff this week, some of them have left." They also told us "I don't look forward to the school holidays. You can get anyone coming."

People we spoke with were not complimentary about unfamiliar care staff. One person said "It's difficult to make a judgement on someone who just comes on the odd occasion. You can't build up a rapport or relationship when they're just in and out a couple of times."

The staff spoken with had mixed views about their rotas. Some told us they found it difficult to get from one place to the next on time as there was no travel time built into their rotas, so they were always expected to be late, or finish calls early. We highlighted this to the manger during our inspection who informed us it was not always possible to give people the call time they requested so people were given an approximate arrival time and were called in advance if care staff were going to be late. We looked at staff rotas and could see there was no travel time built into rotas and they appeared to be back to back calls.

People we spoke with informed us the office rarely communicated with them with regards to late staff and they had to often called themselves to see where the staff were. Most people told us when they had contacted the office to query late calls; the office staff had been friendly and had called them back with more information.

Staff were knowledgeable about the people they were contracted to provide regular care to and received a scheduled weekly rota of the times and care and support tasks of each visit. All eight regular staff told us that they were aware of the preferences and interests as well as the support needs that enabled them to provide a personalised service to the people they went to on a regular basis. They understood the importance of providing good care however, most of the staff we spoke with commented that the rotas were difficult, and they did not have enough time to get from one place to the next. This, in turn, meant there was restricted time to ensure appropriate personalised care could be delivered for each person.

Some people we spoke with told us that they knew the care workers were given "impossible" rotas, with calls booked at the same time and that care workers had to make a decision about which calls to go to first. One service user said, "It's alright when it's your regular carer because they know their customers and they've worked out the best way to do their round. But when the new carers come, they're travelling all over the place and going miles away for a short call then coming back, so they're late. It's just daft, I think." Another person said "I've seen some of the lists of calls these carers have to do in one day. It's just impossible for them to do all the calls they're asked to do."

People we spoke with mostly said the care staff stayed for allotted time, however five people told us staff were rushed, some of the comments people told us about this were; "Some carers come in and say "I can't stop long because I'm running behind…", and then they just fly around doing things very quickly and disappear out the door." Someone else said, "They [the care workers] don't stay the full half hour, they always have to rush off to the next call." Another person said, "Some of the new carers just rush you and get out of the house as quickly as possible. I think they've got other calls to get to." Someone

Requires improvement

Is the service safe?

else told us "Some of the carers do rush me. They apologise for it and say they've got too much to do in the time they've got." Another person said "I'm supposed to have an hour in the morning, but it's usually no more than half an hour and some carers say they can't stop long and dash off."

This is a breach of Regulation 18 HSCA Regulated Activities Regulations 2014 Staffing (18) (1)

We spent time looking at the medication policy and procedure that had recently been updated by the provider in September 2015. We looked at completed Medication Administration Records (MAR) charts for three people. There was detailed information on what the medicines were and the frequency of when staff were to support a person and how this was to be provided. Staff explained the correct procedure for administering medication. People's care files contained thorough information with regards to their medication, what it was used for, and any side effects the staff needed to be aware of. People we spoke with confirmed they were supported to take their medicines safely.

The staff were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care and support to the people they provided a service too and they would report any bad practice or mistreatment, staff also told us they would call the office and report to the coordinators when they were going to be late for a call.

There was a safeguarding policy in place. Staff we spoke with were aware of the policy and described to us what action they would take if they felt someone was being abused.

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

As part of the assessments of care there were risk assessments completed for people using the service and staff. They included the person's mobility, mental health and wellbeing, environment, moving and handling, health and safety, medication and use of equipment. In addition, the equipment maintenance dates were documented in the assessments, for example, the Lifting Operations Lifting Equipment Regulations 1998 (LOLER) sticker on the hoists, so the staff could see the equipment had recently been serviced and was safe to use.

Most people using the service had a key safe in place to allow the carers access to the property. A key safe is a strong mechanical metal box that securely stores the key to your door inside. Due to the risk of this personal information being viewed by others the organisation uses a secret code were each letter of a word represents the numbers in the code. This is good as it ensures this sensitive information is not being shared inappropriately and the property is secure.

Good

Is the service effective?

Our findings

Most of the people we spoke with felt that the staff were competent in their roles. Comments received included; "It's not a problem with my regular carers, they just get on with the job."

The staff received an induction when they started work. This included training in safeguarding, moving and handling, health and safety and medicines. New staff worked alongside experienced staff to learn about their role. Their competencies were assessed at the end of their induction and before they were able to work alone. We saw records of staff training and inductions. The manager also showed us 'S.T.A.R' cards which they hand out to all care staff which are credit card sized so easy to carry. These remind the staff of their training techniques in bullet points using a do's and don'ts list at the back of the card. The staff received refresher training in some areas. The agency monitored this to make sure all staff received regular training updates. The staff told us they were given regular training opportunities. Some staff were being supported by the organisation to undertake work based qualification, such as qualification and certificate frameworks (QCF's)

The manager was aware of the agency's responsibilities under the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions. The manager told us all staff had been trained in this. The staff were able to explain about consent and told gave us some examples of when people had refused care. One staff member said, "It is there choice at the end of the day, and sometimes they just might not want anything from us. This mostly happens if family are there or they are expecting visitors." We could see capacity assessments being completed when required; these were decision specific and had been clearly documented.

People's nutritional needs were assessed and if they needed support with food this was recorded in their care plan. Most of the people we spoke with told us they did not require support with meals or they just needed staff to heat up meals or toast snacks. One person told us "I don't mind microwave meals, but it would be nice to have a proper meal one day." We saw that staff would document in the daily records what the person had to eat and drink to keep people safe from malnutrition.

People's health care needs were recorded in their care plans. They told us they had the support they needed to meet these needs and see the health care professionals who cared for them. However, they said the agency was not involved in supporting them to meet these needs. One person told us they were pleased because on two occasions, the care workers had noticed that they were ill and had called an ambulance appropriately on both of these occasions. The person said "If it hadn't been for those carers, I wouldn't be here now."

Staff confirmed they had received regular supervision's and felt well supported by the manager and the senior members of staff. The senior care staff would conduct spot checks of care staff in people's homes. A spot check is an observation of staff performance carried out at random. We were able to see examples of spot checks which had been carried out.

Good

Is the service caring?

Our findings

People we spoke with told us that they liked their regular care workers and that they were kind, caring and patient. One person said. “My main carer is a lovely woman and she does everything I want.” Another told us “They [name of care worker] is a very kind and patient person. He does a good job; he’s friendly as well and cheers me up when I’m feeling down.” Other comments were; “The girls who come are very nice people. They do seem to care” and “They are nice carers – very kind people.” Someone also said “I like the carers and look forward to them coming. We have a good laugh most days” And “The carers are very friendly.”

Some people told us that their regular care workers knew their needs and preferences well. One person said “My main carers are great and they’ll do anything I ask them to do. They’ll pick up a newspaper for me on the way over, or empty my rubbish if I ask them. They know what I like doing.” Another person said “They [name of care worker] knows what I like to eat and sometimes he brings me fish and chips in so I don’t have to have a microwave meal.” Someone else said “I’m very independent and I like things done my way. The carers do listen and do what I want the way I like it.”

Staff spoke positively about their roles and the people they support. One person said, “I’m so proud to help.” Another person told us that the job was “Very rewarding”. All of the staff we spent time talking with were asked if they provided good care; all said they did. Staff told us that they were aware of issues of confidentiality and would not discuss the personal information of the people they were supporting.

We could hear conversations taking place during our inspection between the office staff and people who use the service. We could hear people were being spoken to with kindness, and staff demonstrated a good personal knowledge of the people who use the service.

People we spoke with told us they thought their privacy and dignity were respected, and the staff we spoke to explained to us how they protected people’s dignity and privacy when they are providing personal care, such as covering them with towels, and making sure blinds or curtains are closed.

All of the people we spoke with knew they had a care plan, and people who had received care from Mears for over a year all told us their care plan was reviewed on an annual basis, and they found this very helpful to discuss any changes needed. One service user said “I’ve just had a review, actually, and we’ve made a few changes, so that’s going to help me.”

14 of the people we spoke with were able to share their views with us and gave is a mixed response when it comes to their choice and involvement in their care. All of the care plans we looked at were signed by people to show they were initially involved in setting up their care package, and we did see review documents which had also been signed by people. This showed us that reviews were taking place and people were involved in them.

Requires improvement

Is the service responsive?

Our findings

Most people told us they had not received care at their planned and chosen times. One person was particularly unhappy about the call times they had, they told us "Recently I had a tea time call at 6.20pm and then another carer came at 7pm who wanted to put me to bed."

We looked at four people's care plans. These contained personalised information about the person, such as their background and family, health, emotional, cultural and spiritual needs. They also contained information which was important to people, for example, where to put personal items, and what colour bin rubbish goes in. People told us that their care plans were up to date and staff told us they use the care plans to learn about people, although this was not apparent when people were telling us about new staff.

We could see that care plans were reviewed annually. Most of the people we spoke with confirmed this happens and told us they find it useful when their care plan is reviewed. We asked the manager how they would respond to a person's change of need. The manager informed us that the senior member of staff would reviewed care plans sooner than a year if there was a change in a persons need. We looked at the care plan for one person and could see they had had change in medication recently and the senior had amended the care plan accordingly.

We looked at the agency's record of five complaints for October 2014 – October 2015. The complaints procedure was carried out effectivity on each occasion. The person who made the complaint was sent a letter by the registered manager explaining what they had done and the reason for their decision.

Most of the people we spoke with confirmed that they knew how to make a complaint. Two people we spoke with did not know how to make a complaint, but told us that they would tell a care worker they trusted if they wanted to raise a concern. One service user told us that recently they had been unhappy about an incident and had told their regular care workers the next day, and the care workers had reported the incident to the office. One person gave us an example of a compliant they had made to the office because they did not like the attitude of one particular care worker; they told us that staff member was not sent back. Another person told us they had specifically requested female care workers, and this request had been put into place for them.

Some people we spoke with felt that their complaints and concerns had not been fully resolved. One person told us "I have spoken to the office time and time again about the number of different carers I get but it is like talking to a brick wall." Another person told us they have specifically requested no male care workers, they said "But male carers do still keep turning up, I don't think they are listening to me."

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post, however due to unavoidable circumstances they were not available on the day of our inspection to speak with us. However, we did speak with them on the phone later on. A registered manager from another branch was made available during our inspection, and they were very knowledgeable with regard to answering our questions.

Most people we spoke with knew the names of senior members of the office staff, particularly staff who led care plan reviews, although no-one knew who the manager was. People we spoke with were pleased with the way the annual care plan reviews were completed.

Some people we spoke with thought the service was not well managed because of the number of unfamiliar care staff, the number of staff leaving, the number of new staff, sickness rates, staff on holiday at the same time, late calls and not notifying people of unfamiliar staff coming to their homes.

Several people told us they had noticed that staff rotas were sometimes 'impossible to achieve' because care workers were expected to be in several places at one time. We highlighted this to the manager at the time of our inspection after we had looked at the care staffs rotas. The manager told us they are going to review the way the rotas are being completed, and this is something they hope they will be able to rectify soon.

Several people told us they thought new care staff did not stay long in post. One person said "It seems like some carers don't last five minutes, so more new staff are coming along all the time. There must be something wrong there."

Most people we spoke with could recall being sent a survey by Mears so they could provide feedback regarding any concerns they had. No-one could recall receiving any feedback from the company about what they were doing as a result of the feedback they received.

When we asked if people would recommend the service to others, thirteen people said they would, or probably would. Two people said they would not recommend it, due to the number of unfamiliar care workers.

The staff we spoke with all spoke positively about the registered manager and came across as very proud to be working for the organisation. All of the staff said that they would recommend Mears Care to a friend or relative and found it an enjoyable place to work. We were provided with information with regard to various events which the provider does to keep staff motivated, such as the Mears Matters magazine, the Mears Funday, the Mears smile award and the Mears Footprints Foundation.

We could see that quality assurance systems were in place. We looked at an example of these, and could see the registered manager had sent multiple choice questionnaires out to the people who use the service to ask for their feedback. The provider then produced graphs from the evidence so they could look for patterns and trends. We could see that no one had answered they were not satisfied with the care they were receiving. However, we could see there was no feedback with regard to the issues we had identified when speaking to people, such as the inconsistency of care staff. This meant that current quality auditing process had not identified concerns people had. We highlighted this to manager, who informed us they would review the questionnaires to capture issues like these if people wanted to raise them.

We could see other quality assurance processes were taking place. For example the manager audited peoples care logs and made notes when carers had made errors, for example, one audited care log we looked at highlighted that the staff had not signed or dated the log. The manager informed us these errors were discussed at team meetings or with the senior who was responsible for that area where the staff member worked. This would then be addressed through supervision.

We were unable to see evidence that team meetings had recently taken place during our inspection. The manager informed us they had recently had a 'coffee morning' with staff where they were encouraged to discuss anything in an open forum. The manager was not able to produce any notes of this meeting. The manager advised us they would review how they conduct team meetings for future practice so any issues could be captured and used to plan and develop the service positively. The staff did confirm they had been invited to attend a coffee morning.

The manager told us Mears offered extra incentives to staff who came to work for them. For example the 'golden hello' which is aimed at staff who have more than a year's

Requires improvement

Is the service well-led?

experience in care. The staff member will receive £200.00. The manager was aware staff retention could be problematic, but Mears Care was trying to make themselves an appealing company to work for.

The manger was knowledgeable with regards to what need to be reported to CQC and explained to us the procedure they would follow to do this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider must ensure sufficient numbers of suitably qualified, competent skilled and experienced persons are deployed to meet people's needs (18) (1)