

Mears Care Limited

Mears Care Deva Point

Inspection report

25 Blacon Point Road
Blacon
Chester
Cheshire
CH1 5LD

Tel: 01244374214

Website: www.mearsgroup.co.uk

Date of inspection visit:

11 July 2017

13 July 2017

Date of publication:

15 August 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

An announced inspection took place on the 11 and 13 June 2017.

This was the first inspection since the service provider was registered at the location.

Deva Point is purpose built accommodation that is occupied under a tenancy agreement which gives exclusive possession of a home with its own front door to the people that live there. The housing provider is Guinness Partnership Wulvern.

The accommodation is located in a building that has facilities open to the local community such as a fitness centre, hairdresser, bistro, and library and meeting rooms. The property is designed to enable and facilitate the delivery of personal care and support to people now, or when they need it in the future.

The personal care service is provided by Mears Care Ltd and staff based at the site are available 24 hours a day, seven days a week. This enables support to be delivered at short notice and in an emergency.

There was a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 the time of the inspection the service delivered personal care to 33 people. The remaining tenants had access to staff in an emergency.

Some people were supported to manage their medication. We found that clear and accurate records of the medicines administered by staff were not always kept. This meant that there was a risk that people may not have their medication as prescribed.

Support was provided by staff who knew people well and met their physical and emotional needs. Staff had taken the time to get to know people well and provided support that was personalised and tailored to individual needs. However, records did not always reflect fully a person's preferences, wishes, routines and likes/ dislikes.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. However, we made a recommendation the registered provider refers to current best practice guidance in regards to the Mental Capacity Act.

People said that the support from staff was reliable and met their needs. They commented that they were treated with dignity, respect and understanding.

People felt safe due to the support and oversight they received from staff. There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. Incidents were reported and investigated appropriately.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service. This meant that people were supported by people of suitable character and skill.

Staff were given regular supervision, appraisal and support. Their developmental needs had been identified and they had undertaken training in order to improve their skills and competence.

The registered manager had active involvement in the service. People who used the service and staff were complimentary about her leadership. There were systems in place to audit aspects of the service. There was on-going monitoring of the management of medicines, daily records, care plans, staff performance etc. These audits were used effectively to monitor the quality and effectiveness of the service and to highlight areas for further development. The registered provider had notified the CQC about key events within the service.

The registered provider had recently sent a quality questionnaire to everyone who received a service and these were in the process of being returned: to date positive feedback had been received.

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 completely safe.

Improvements were needed to ensure that the management and administration of medicines was safe.

People who used the service told us that they felt safe and staff knew how to keep people safe from harm. However, there was a lack of risk assessments and management plans for identified risks to individuals. Therefore, action may not be taken to minimise the risk of harm to people and staff.

Staffing was planned to help ensure people received a consistent service. Staff recruitment was thorough to help ensure that only people suitable to work with vulnerable people were employed by the service.

Is the service effective?

Good 

The service was effective.

People who used the service and their relatives were involved in making decisions about the care and support planned and delivered. The service needed to further demonstrate though its assessment processes that it was meeting the requirements of the Mental Capacity Act 2005.

People said that they felt the staff had the skills and knowledge to carry out their role. The induction and the training provided to staff required review to ensure that staff had the competence to carry out safe care and treatment.

People were supported to ensure that they maintained adequate diet and fluids.

Is the service caring?

Good 

The service was caring.

People told us that the staff and management of the service were kind and caring.

Staff encouraged people to remain well and independent. They worked with relevant agencies when further support was required.

People who used the service told us that staff always respected their privacy and dignity when delivering personal care and support.

Is the service responsive?

Good ●

The service was responsive.

People told us that staff knew them well and that all their needs were met. However, records always did reflect the support required and so staff less familiar with a person may not deliver the personalised care required.

Staff liaised with management of the service, relatives, carers and other professionals if they felt people required further or different support.

A complaints procedure was available and people told us that they knew how to make a complaint if needed. The registered manager had responded appropriately to complaints received.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There were systems in place to monitor the quality and effectiveness of the service but they did not highlight all of the issues found on inspection. Where areas for improvement had been identified, changes had not been made swiftly.

The registered provider had ensured that it followed best practice guidance such as that in regards to the management of medicines and the Mental Capacity Act 2005.

People felt that the management were visible at the service and available to discuss concerns.

Mears Care Deva Point

Detailed findings

Background to this inspection

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

The inspection was carried out by an adult social care inspector. The inspection took place over two days on the 11 and 13 June 2017.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also asked the registered provider to seek the consent of people at the service to be contacted by the inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also spoke with commissioners of the service to seek their views. They were complimentary about the care, support and management of the service.

We spoke with nine people who used the service and looked at the corresponding care plan records for seven of those people.

We looked for a variety of records which related to the management of the service such as policies, audits, five recruitment files, staff supervision and training records. We also spoke with the registered manager and five members of the staff team.

Is the service safe?

Our findings

People told us that they felt safe at the service. Comments included: " I came here in the first place as I wanted to feel safer, I certainly do." and " I have more confidence as I feel safe in the knowledge that staff are always here in an emergency".

People told us that they received support with their medicines and this ranged from a verbal prompt to physical assistance. People confirmed that they received their medicines as prescribed. However, the systems in place for the safe management of medicines required improvement and practice did not reflect the NICE guidance 'Managing medicines for adults receiving social care in the community'.

Care plans were not clear on the level of support that a person required. For example; a care plan indicated that a person was independent with their medicines but daily records indicated that staff assisted with the administration. Staff confirmed this level of support. This meant that there was a risk that the correct level of assistance might not be provided.

Medicine administration record (MAR) sheets were available for people who required support with their medicines. Some medicines were in a monitored dosage box. The MAR stated "blister pack" but there was no information as to what this should contain and what staff had actually administered.

Some people were prescribed medicines to be taken when required (PRN), for example painkillers or laxatives. We found, in all cases, there was not enough information available to guide staff why or when these medicines should be offered. Where a variable dose was prescribed, there was no guidance as to how much medication should be given. It is important that this information is recorded and readily available to ensure people are given their medicines safely, consistently and in line with their individual needs and preferences.

We found that staff provided a variable level of support to one person. Records indicated that sometimes staff left morning medicines in a pot for the person to take later on. Staff then administered the next medicine at lunch time. Staff had no assurance what time the morning medication had been taken. This meant that the person could be administered medicine such as pain killers without the recommended time gap resulting in an overdose.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure that proper and safe management of medicines.

People told us that the staff knew how to support them and keep them safe. A standard risk assessment covering areas such as mobility, nutrition and safer handling was also in place to support staff in addressing a person's support needs.

Records indicated that there were specific risks to people either from health conditions, unwise behaviours

or personal relationships. However, risk assessments were not always undertaken to protect the health and welfare of people who used the service and staff. For example: a person was deemed to be at high risk from fire due to impaired cognitive function. Advice had been sought from professionals, including the fire service, but there was no risk assessment or management in place to indicate how staff were to minimise the risks of assessed harm. Another person was at risk as sometimes they went out alone but could become disorientated in time and place and not find their way back. There was no risk management or contingency for staff to follow should the person leave and not return. There was no consistent plan for staff to follow in order to persuade the person to return to their apartment.

The registered provider issued guidance notes for staff on the monitoring of health conditions such as diabetes, or risks associated with specific medicines. We found that these were not available for staff within the person's care folder. This information was not reflected in people's support plans or risk assessments. This meant that staff may not recognise the relevance of this information to an individual and how it may affect the support required.

This was in breach of Regulation 17 of the Health and Social Care Act 2014 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service.

Risk assessments were in place for the hazards that staff faced in their day to day work. A risk assessment was carried out to ensure that staff were working in a safe environment and that the equipment that they were using was safe

Staff at the service had an understanding of safeguarding and what constituted abuse or neglect. The registered provider had its own safeguarding policy and this reflected that of the local authority. These documents were readily available and accessible. Any safeguarding incidents, where there had been a low impact on the person, were investigated and reported to the local authority on a monthly basis.

There was a policy in place to record accidents and incidents. Staff recorded these in line with this guidance and the registered manager undertook an analysis to ensure that further risk of harm was minimised.

There were systems in place to support the safe recruitment of staff. Staff had completed an application form and there was a documented interview that assessed their suitability. Staff had a Disclosure and Barring Service check prior to working on their own within a person's home. This helped the registered provider to make safer recruitment decisions. References were taken up and verified. This meant that people could be assured that staff were of suitable character and skill to work within the service.

People who used the service and staff had access to emergency contact numbers if they needed advice or help. People we spoke said it was easy to contact someone at any time and this increased their feeling of safety.

We found the staffing levels to be sufficient. People told us that staff had never missed a visit. They commented "There is always a good reason if staff are late." and "Staff always apologise if they are late: they sometimes they get caught with an emergency". The staff we spoke with also felt that staffing levels adequate and holidays and absences were always covered. Staff rotas showed us that shifts were covered by a consistent number of staff. Staff worked a regular pattern and so people knew exactly who was coming to them.

Staff had access to gloves and aprons to ensure that they minimised the risk of cross infection. People

confirmed that staff used these and that they helped them to maintain a good standard of cleanliness in their own homes.

The housing provider maintained overall responsibility for the health and safety of the premises. There was a good working relationship between them and the care provider to resolve any issues of concern. Individual care plans clearly indicated the location of the electricity supply, mains gas, and the water valves in case of an emergency. Each person also had a personal evacuation plan in place in case of fire.

Is the service effective?

Our findings

People said that they had no concerns over the competence of the staff and that they met their needs well. Comments included "Staff here are very well trained." and "The staff know what they need to do and how to do it".

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. We checked whether the service was acting in line with the MCA.

Staff had received MCA training in order to give them a better understanding of the importance of giving people the opportunity to make their own decision or how to manage situations where a person lacked in mental capacity to make a decision.

Staff described to us situations where people were making unwise decisions that impacted upon their health and wellbeing. They were clear that sometimes people had the mental capacity to understand the risks and so they were not able to prevent the person from participating in risky behaviours.

Staff were knowledgeable about the Deprivation of Liberty Safeguards but clear that restrictions, in the community, could only be applied if granted by the court of protection. They were able to relate this knowledge to current risks within the service where they could not prevent a person from leaving the building even though they lacked in the mental capacity to fully understand the risks of doing so.

People told us that staff sought their agreement before carrying out any personal care and that staff respected their wishes. They said that staff always asked them how they wanted their care delivered and always checked before ringing family or a Doctor.

Whilst staff understood the need to gain consent and what this meant, care plans did not always indicate what decisions a person was able to make for themselves. Care plans did not indicate clearly where a person was not able to make an informed decision and so staff or family had to act in their best interest. Information was not available to direct staff as to whether a person had nominated someone to make decisions on their behalf and had legal authority to do so through a Lasting Power of Attorney.

We recommend that the registered provider refers to current best practice guidance updating its practice accordingly.

The registered provider had a supervision and appraisal policy that stated that staff were to receive 'regular' supervision with a minimum of four each year. This could include staff meetings which were to be held quarterly. Staff confirmed that they had regular one to one meetings with a senior member of staff. An annual appraisal with the registered manager was undertaken so that the staff member had an opportunity

to review their own developmental needs. In addition, direct observations of practice were also carried out to ensure staff remained competent and confident.

There was an induction programme for new staff that met the requirements of the Care Certificate. This is a set of fundamental standards that social care workers should adhere to in their daily working life. The registered manager told us that new staff would undertake this training.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Staff had the opportunity for face to face training alongside e-learning modules. Staff said that the training was effective and helped them carry out their roles. Staff had undertaken training that the registered provider deemed essential to their roles: such as medication administration, moving and handling, safeguarding and mental capacity. Staff also had the opportunity to undertake additional training for areas of specific interest. The registered manager maintained a record of staff training that had been completed as well as that pending.

Staff contacted health and social care professionals, with a person's consent, to ensure that they kept well and received the level of support they required. Professionals we spoke with confirmed that advice and support was appropriately sought and guidance followed. One professional said that the service had sought their guidance in managing a situation where a person displayed behaviours that challenged. Training and support was provided to staff which enabled the person to remain in their apartment with an appropriate level of support.

People received assistance to prepare meals and drinks to ensure that they kept well. Staff also supported people to go to the Bistro for meals if they wished to do so. Where there were specific concerns about a person's nutrition, staff kept a record of their food intake to provide information for a medical professional and to inform a monitoring plan.

Is the service caring?

Our findings

People said that the staff were pleasant and respectful. Comments included "I just don't know what I would do without them, they really help me" and "They are excellent and reassuring when you don't feel so great".

People told us that that staff treated them with kindness and, in the main, gave them the time that they needed. One person said "If I am feeling unwell, it's good to know they are going to be coming in". One person with low level needs commented that they felt they came lower on the list of priorities than those whose care needs were higher.

Staff spoke about their roles positively. They took an interest in the people that they were supporting and spoke to us with a good knowledge and understanding of people's needs.

People said that staff maintained their privacy and dignity. People described how staff helped them to be independent with aspects of personal care and gave them privacy in the bathroom.

Staff were fully aware that although people lived in a communal setting, they had a right over who came into their property and when. Staff were observed to knock-on the front door and wait for a person to come to open it for them. Where a person could not answer the door, staff used a fob to enter but only in agreed circumstances and with expressed and informed consent.

Where possible the registered provider ensured that people received care and support from a regular staff team. This way staff got to know a person well and were able to develop a good relationship. This was evident as staff were able to describe to us people's preferences in relation to their routines, likes and dislikes and matters that were important to them.

People told us that staff were consistent and so they felt comfortable with them providing their care and knowing personal things about them. A member of the staff team undertook an assessment of the person's needs prior to a person moving into their apartment and then met them once they arrived at Deva Point. People liked this continuity and a familiar face.

People were provided with a service user guide ahead of receiving support. This gave them information about the service and what they could expect. Some people commented that sometimes this was "information overload" and they would appreciate someone reminding them of their rights and choices once they were more settled.

People did not have to have their support provided by the staff from Mears Care Ltd but were free to arrange help from any agency of their choosing. This promoted choice and independence. Records in the office were held securely and were only available to people who had a legitimate reason to view them. This ensured confidentiality of information.

Is the service responsive?

Our findings

People we spoke with told us that the staff knew them very well and that their care was delivered in line with their wishes. Comments included "The staff have been coming to me for ages now and they know what I need." and "The staff have helped me no end since I came out of hospital and I have my independence back".

Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of care plans for staff to follow in order to deliver the support a person required.

Staff were clear each day what roles and responsibilities they had for the shift and which people they were to support. There was a hand over of information between shifts. Staff completed a communication book which detailed key changes to a person's health, care plan, or routine. This ensured that staff were fully up to date with what a person required on that particular day.

Care plans were in place which should direct staff to provide the level of support required. However, we found that they were variable in detail and content. Care plans were not always personalised and did not provide clear information for staff as to how to provide a person's support. Some were task focused and had minimal information on a person's routines, preferences and wishes. For example: although there were both male and female staff, people had not been consulted about whether they would prefer a male or carer. Care plans for support with medication were not always consistent with the support being given according to the daily records. This meant that there was a risk that a staff member less familiar with a person would not have the detailed information required to provide a consistent level of support.

The registered provider had arrangements in place to ensure that people's care and support was reviewed on a regular basis. This involved the person, the care staff and any professionals involved in their care. This meant that there was an opportunity for any changes in needs to be identified and changes made to the support they received. Staff kept a daily log of each visit to reflect the support that had been offered, delivered or refused.

People were provided with a call pendant that allowed them to call for additional help in case of an emergency. Staff also carried a handset that enabled them to call each other for help should they find a person required additional help or support.

Some people had their own hobbies and interests and pursued these within the community. Staff supported people by ensuring they were ready to attend social clubs, churches or other organisations. Staff also helped people to source and contact other local groups or agencies to meet their social and emotional needs. People were also supported to attend the activities that were based within the service. Whilst on inspection, we observed that a local health initiative service had been invited to the service and was undertaking falls prevention sessions with people.

There was a policy in place for the recording and investigation of complaints. None of the people who we spoke to had had cause to raise a concern or complaint about the service. However they were aware of how to do this. Some people said that they would be reluctant to raise a complaint in case there were repercussions but confirmed they had no concerns at present. We brought this to the attention of the registered provider who said they would look at how to further reassure and support people to make a complaint. Where complaints had been raised, we found that these had been addressed and a written outcome and apology sent to the complainant.

Is the service well-led?

Our findings

People were aware of the management team and where they were located in the building.

The registered manager had been at the service since 22 July 2016. She split her working week between this service and another location for which she was also registered manager. In her absence, a senior care staff member was available

Staff said they worked together to resolve any issues. Staff meetings were held to give staff the opportunity to discuss and contribute to service development. The meetings were well attended and covered a variety of issues regarding policies, practice, general staffing issues, training as well as discussing and any concerns about people using the service.

The registered provider had policies in place to guide and advise the staff in their day to day jobs. These were revised centrally and staff expected to read and sign these to confirm they were familiar with them. A policy and procedures folder was in place in the office.

There was a series of audits in place to monitor the overall quality and safety of the service. These were completed by the registered provider, registered manager and senior care staff.

The audits were partially effective in highlighting areas where improvement was required and there was evidence that some improvement had taken place. However, we found that some areas of shortfalls in practice had not been fully addressed. In September 2016, the registered provider had highlighted that improvement was required to risk assessment and support plans, person centred care planning and consent. A target date for completion was set for March 2017; however, these areas were highlighted as still requiring improvement on this inspection.

Audits of the daily logs kept by staff were carried out. This included looking at starting, finishing times and staff signatures. They were reviewed to ensure that staff recorded the care that had been provided. Shortfalls were highlighted with the staff concerned but also addressed with the wider staff group within group supervision.

Medication audits were carried out which included a review of the records staff kept to demonstrate administration. We were informed that these were going to be carried out weekly instead of monthly as issues were arising in regards to recording and needed to be highlighted and promptly dealt with through investigation, staff discussion, and additional supervision.

The housing provider held regular meetings with occupants to discuss issues with regards to Deva Point Housing. The registered manager attended the first part of this meeting so that people were able to discuss any issues or concerns relating directly to care provision. No issues had recently been recorded.

People who used the service had been given the opportunity to share their opinions and views on the service in a satisfaction survey. The responses to the latest survey had not yet been analysed. We reviewed

the completed questionnaires and saw that the respondents of all those submitted expressed satisfaction with the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure that proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems in place to identify and assess risks to the health and safety of people using the service.</p>