Mears Care Limited

Mears Care - Old Stratford

Inspection report

Unit 4, Furtho Court
Towcester Road, Old Stratford
Milton Keynes
Buckinghamshire
MK19 6AN

Tel: 01908268640
Website: www.mearsgroup.co.uk

Date of inspection visit:
26 June 2018
28 June 2018

Date of publication:
31 July 2018

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

Mears Care Old Stratford provides domiciliary care services. It provides support and personal care to a range of people living in their own houses in the community. At the time of our inspection 113 people were receiving personal care from the service .

At our last inspection in June 2016 we rated the service. At this inspection we found the evidence continued to support the rating of good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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

People had their diverse needs assessed, they had positive relationships with staff and received care in line best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Mears Care - Old Stratford

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 was an announced comprehensive inspection, which took place on 26 and 28 June 2018 and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because we visited the office location of the service and needed to be sure that they would be in.

Before the inspection, the provider completed 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. The provider completed and returned the PIR and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke to ten people who used the service, two relatives of people who used the service, six support workers, and the registered manager.

We looked at the care records of eight people to see whether they reflected the care given and six staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People received safe support from the service. One person told us, "Yes I feel in safe hands when they [staff] are here with me."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I am aware of the whistle blowing policy and how to report concerns. Everything would be reported to the manager or the safeguarding team." Staff were trained in safeguarding awareness and information around safeguarding awareness was available within the office.

Risk assessments were individualised and up to date. They covered the potential health risks present for people and the environments they were receiving support in, including the home and community. Relatives and staff we spoke with were happy with the content and positive they promoted safe support.

Staffing numbers were sufficient to meet people's needs. One person said, "Its fairly consistent with the staff." Another person said, "I usually see the same staff member, but it can change around a bit. I've not had any missed calls." Rotas we saw showed that shifts were being covered consistently by staff.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Systems were in place to ensure medicines were administered safely. Medication administration records (MAR) were used accurately to record medicines, and staff training in medication administration had taken place. Feedback from people we spoke with told us they were happy with the support they received with medicines.

Staff had completed training in health and safety and were up to date with guidance on keeping people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people's safely, such as gloves and aprons.

Staff understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems, and discuss any learning points and actions. We saw that actions were taken to make any necessary improvements.

Good

Is the service effective?

Our findings

We saw that pre-assessments of people's needs were created by the registered manager before care was first delivered, to ensure each person's needs could be met. People's diverse needs were identified, to ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences. One staff member said, "The people I support are quite open, and I am respectful of their views and opinions."

Staff were skilled and experienced, and people received the care they required. Staff went through an induction training package when starting employment, and continued training took place to refresh knowledge and keep up to date. The registered manager said, "Staff can shadow other staff for as long as they need to feel confident." Staff completed the Care Certificate, which covers the basic standards required for care. Records confirmed that all training was up to date.

Staff supported people to eat and drink sufficient amounts, where required. One person said, "I ask them to make me a sandwich and they always do it well." Staff told us that whilst food preparation was minimal, they knew people's preferences and needs with food were documented within their care plan.

The service worked with other agencies to enable effective care and support. The registered manager told us the service regularly liaised with health professionals such as occupational therapists and doctors. For example, we saw information documented between the service and a health professional, to assess some new equipment for somebody's care. Detailed information regarding people's health requirements was kept by staff.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Good

Is the service caring?

Our findings

Positive and caring relationships were developed between staff and people. Some people we spoke with felt that staff did not always want to stick to the allocated time that a call was due to start, and expressed this frustration in front of people. We spoke with the registered manager who told us they were aware that some people were not happy with this situation, and had made sure to communicate with all staff about the way in which they talk with people, and the potential impact of discussing call timings. The registered manager also explained that some care packages were recently changed, which would have a positive impact on the schedules set for staff. Most people we spoke with felt that staff were kind and caring. One person said, "The girls (staff) are lovely, I feel well looked after."

People felt involved in their own care as much as they were able to be, and staff listened to what they said and were led by their wishes. One person said, "The staff are respectful and they know me. They know what I want." All the staff we spoke with felt they were given the time they required to provide the care people needed, and get to know them and chat in the process. Information about advocacy services was available for those who required it.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. One staff member said, "You always make sure that curtains are closed and people are covered up as they want to be, when providing personal care." Relatives we spoke with confirmed that staff were respectful of people's dignity. Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Good

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. Care plans were detailed in the specifics of each person's routines, preferences, likes and dislikes. For example, care plan sections were called 'Information I would like people to know about me.' and 'Outcomes I would like to achieve.' We also saw an example of a family member that had been part of a training session alongside staff. This meant that both staff and the family member were able to further personalise the care that was offered to the person .

People's likes and dislikes, and personal preferences were described so that staff could understand the individual needs of each person. All the staff we spoke with felt they had the time they needed to get to know how people wanted to receive care. We saw that a section of care planning detailed people's preferences in 'The way I feel about receiving support '. All Were care plans reviewed to ensure they reflected people's current needs

People were supported to be a part of their local community. The service had arranged a fundraising event for an Alzheimer's charity, where people were able to contribute to the fundraising activity.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw examples of information that was shared by the provider with large print and pictorial sections, to consider people's needs when accessing information.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw one formal complaint that was recorded and responded to appropriately by management, to the satisfaction of the complainant.

We saw that the service provided some care to people who were at the end of their lives. The registered manager showed us that when such people were referred to the service, often from hospital, a care plan had been developed to quickly identify what the persons end of life care needs were and to begin providing quality care to them as rapidly as possible.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "I think the team work is excellent and everyone communicates well with each other." Another staff member said, "The management team are supportive. I can ring the office and get advice easily."

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. The people we spoke with said that they could contact the office and speak to a member of the management team easily and were confident to do so. Staff meetings were held which staff told us enabled them to raise topics of important conversation around any issues that needed to be addressed, learning topics, as well as positive stories.

People and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well. People said the registered manager, senior staff and the provider were very approachable.

Quality assurance systems were in place to learn and improve and ensure sustainability, We saw that audits were completed regularly across the service by the management. These included audits of staff files, people's records and medication records. The provider also carried out an audit on the service and set actions as appropriate for the registered manager to act upon. We saw that improvements were made when necessary. We also saw that feedback was gained from people using the service via a questionnaire, and the results were collated, scored, and actions created for improvement as needed. We saw the provider had presented the service with an award in relation to high performance and feedback.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals. The manager informed us of the work they had been doing with the two local authority quality monitoring teams and the actions that had been undertaken to make improvements when required.