

Mears Care Limited

Mears Care - Laindon

Inspection report

10 New Century Road
Laindon
Basildon
SS15 6AG

Tel: 01268888420
Website: www.mearsgroup.co.uk

Date of inspection visit:
07 February 2019
15 February 2019
22 February 2019

Date of publication:
27 March 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Mears Care Laindon is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 221 people using the service.

People's experience of using this service:

Feedback from people we spoke with regarding the service was generally positive with one notable exception, the quality and consistency of communication between themselves and the management team. This impacted on the quality of the service people received. The mixed feedback we received also showed there were marked variations in the experiences of people using the service which demonstrated inconsistencies in how systems and processes were applied in practice. The failings we found had been identified by the provider but the improvements required had not always been sustained or consistently applied.

Whilst people were not always positive about the management of the service, people were positive about the care and support they received on a day to day basis and spoke highly of staff.

A very good feature of the service was the fact that people were supported by regular care staff. This meant people benefitted by being cared for by staff who knew them well and with whom they had developed a good rapport. This continuity of care was highly valued by people.

People felt safe using the service and staff knew how to keep people safe from the risk of harm. Risks to people had been assessed, however these sometimes lacked detail and were not always tailored to reflect people's individual needs.

We made a recommendation about risk assessment and management.

Medicines were safely managed. There were sufficient staff deployed to safely meet people's needs who had been safely recruited. Good infection control practices were used by staff to prevent the spread of infection.

Staff received training, supervision and appraisals to help them develop the necessary knowledge and skills to be competent in their role. Staff understood how to help people make decisions so that people had choice and control over their lives.

Where required, the service helped people to have enough to eat and drink and monitored people at risk of malnutrition or dehydration. Some people expressed dissatisfaction with the skills of some staff with regard to food preparation.

We made a recommendation about matching staff to people to ensure people's needs and preferences were consistently met.

Staff were kind and caring and regularly went the extra mile. People were treated respectfully and with dignity and their privacy was respected.

The timing of care visits was not consistently person-centred as they did not always respect people's routines and preferences. However, care staff took a person-centred approach in their daily practice when providing support by listening to people and providing care the way they wanted.

People were provided with information on how to make a complaint and systems were in place to respond appropriately. The views of people were sought to drive improvements, however feedback showed that improvements were not always sustained.

Staff were included in the running of the service. Staff told us the management team were supportive and they enjoyed working at the service.

Rating at last inspection:

Good (report published May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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?

Requires Improvement ●

The service was not always well led.

Details are in our Well led findings below.

Mears Care - Laindon

Detailed findings

Background to this inspection

The 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.

Inspection team:

Two inspectors and one expert by experience completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Mears Care is a domiciliary care agency which provides personal care to people in their own homes.

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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 7 February 2019 and ended on 22 February 2019. This included visiting the office location to speak with the registered manager, interview staff and review care records and policies and procedures. After our initial visit we then contacted people and professionals by telephone and email to obtain feedback on the service. We also requested further documents and information from the registered manager.

What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned improvements.

During the inspection we spoke with the registered manager and five members of staff. We spoke with 15 people who used the service and two relatives. We looked at six people's care records including their medication records and daily notes. We looked at five staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff had received training in safeguarding people and understood their responsibilities to ensure people were protected from harm. The registered manager worked in partnership with the local authority to protect people identified at risk of harm.
- Information about safeguarding was available to people using the service including how to raise concerns.
- Safe recruitment processes were followed including making the necessary checks to ensure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

- People reported feeling safe using the service. A person told us, "I feel safe with having them [care staff] in the house, they are very straight, I never worry about my possessions."
- Staff wore ID badges and uniforms and people told us they were introduced to new staff before they started working in their homes. A person said, "I have had them [staff] bring new people with them to show them the ropes so I get introduced that way."
- Care plans contained risk assessments associated with people's safety and the environment but these lacked detail and did not always reflect people's individual needs.
- Risks associated with people's health conditions had been identified but there was a lack of guidance to help staff meet people's individual health needs. However, feedback from people suggested that any risk was minimised as people were usually supported by regular care staff who knew them well. A person told us, "It's very important to me that I have the same regular carers so that they know how my diabetes can affect me. At my age I can't be explaining things to new people all the time. The carers that I have at present are very good and I can rely on them totally."
- The registered manager told us the service was in the process of transferring all care records to an electronic care plan system and any information about current risks to people would be highlighted and easy for all staff to access and follow.

We recommend the provider seek independent advice and guidance regarding a person-centred approach to risk assessment and management to ensure they reflect people's individual needs.

Staffing levels

- Sufficient staff were employed to safely meet people's needs. Staff were required to log in and out of care visits using their mobile phone. This meant the management team could monitor care visits in 'live time' to check that people received their allocated care and support. Where the system identified late calls or the

potential of missed visits, this would be followed up. If necessary, cover was provided by a member of the management team who would go out and provide care.

- The registered manager told us there had not been a missed call in six months. Feedback we received confirmed this as people told us they had not had a missed call and care staff stayed for the duration of their allotted time.
- We received mixed feedback with regard to late visits. Some people said they had never experienced a late visit but others expressed dissatisfaction with the timing of their care calls which fell outside of the agreed time slot. Some people said they usually received a telephone call to advise them if their carer was going to be late but others said communication about late visits was poor.
- The registered manager advised us it was the provider's policy that care visits were provided within an hour window either side of agreed times. Safety risks with regard to this policy were managed as people who required specific call times due to health or medication needs were given priority. We checked a person's records who required calls at specific times because of medication needs and found they had received their calls consistently at the correct times.
- Feedback from people confirmed risks associated with time specific calls were well managed. A person told us, "They come early every morning so that I can have my breakfast and my medication for my diabetes. I have a couple of regular carers who are always on time and that makes me feel safe because I'm not worrying about whether I'm going to have problems with my sugar levels."

Using medicines safely

- Only staff who had received training and had been assessed as competent managed medicines.
- People had medication administration records (MAR) and we saw these had been completed with no gaps, indicating that people had received their medicines as prescribed.
- Staff checked each other's work at each visit to make sure the MAR sheet had been completed and knew to ring the office to report any concerns. People's MAR sheets were collected monthly and checked by senior staff to make sure people were receiving their medicines safely.
- People said they received appropriate support to take their medicines. One person told us, "The carer comes back in the evening to do my main meal and also to check that I've had my warfarin and then it gets written up in the notes. I usually do get it at the same time."

Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection. People told us staff wore aprons and gloves when providing care and support. A person said, "I've never had to remind a single carer to either wash their hands or change their gloves when they've been with me. As far as I'm concerned, their hygiene standards are good."

Learning lessons when things go wrong

- Investment in a new electronic monitoring system had been implemented to improve the service. Management were now able to check that care staff had turned up and stayed for the duration of the care call. Feedback confirmed that people received their calls and there had not experienced missed calls.
- The registered manager told us in response to past concerns raised, lessons had been learned and some people now received a copy of their rota. The office would also try to ring people to advise them if care staff would be late. However, feedback from people indicated that this was still an ongoing issue for some people. One person told us, "I would feel a lot better if I could have a regular weekly list so I know who is going to be coming and at what times. They set a rota themselves, so it can't be that much more extra work

to print them out and send them to us clients, can it?"

We shared people's views with the registered manager so they could address their concerns.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

- People's needs were assessed prior to them using the service including aspects such as their diet, religion and culture. People's needs, strengths and choices were recorded to help people achieve outcomes that were important to them.
- People benefitted from continuity of care and usually had the same care staff. If people expressed preference for gender of care worker this was recorded and respected. A person told us, "It was really important to me that I had just a few regular carers so that I could get to know them and importantly they got to know how I like things to be done. I'm now in my mid 90's and I'm too old to start changing the way I like things doing. I've always only had female carers because I'm more comfortable with them then I would be with a man."

Staff skills, knowledge and experience

- New staff were inducted using the Care Certificate which represents best practice when inducting new staff into the care sector.
- Staff felt supported and told us they regularly received supervision and monitoring of their performance by senior staff who worked out in the field. This helped identify staff learning needs and any performance issues.
- Staff were provided with training delivered by the provider's own in-house trainers to support staff knowledge and competence. Staff told us the training was of a good quality. A record of staff training was kept which showed some staff refresher training was out of date. However, this had been addressed and training was booked for March 2019 to ensure all staff training was up to date.

Supporting people to eat and drink enough with choice in a balanced diet

- People said staff provided them with plenty of hot and cold drinks to ensure they remained hydrated. A person told us, "The first thing my carer usually does when she comes through the door is to put the kettle on and make me a nice cup of tea. She will usually try to persuade me to have another one before she leaves and then makes sure I've got a glass of water for the morning before someone comes back at lunch time."
- Where people were identified at risk of not eating and drinking enough, food and fluid charts were kept to monitor people's intake so that input from health professionals could be sought if necessary.
- Staff received training in food hygiene and where it was part of an assessed need, people received support with preparing meals and drinks. We received mixed views with regard to the quality of this support with people reporting that some staff did not have the necessary skills and experience. This was summed up by

one person who told us, "My carers always make me my breakfast before they leave me. I usually have a Weetabix, but this morning I just fancied some scrambled eggs on toast and they were quite happy to do that for me. I'm fortunate that I have the same carers in the morning, because I know they're fine to make things like this for me, whereas, some of the newer younger carers really struggle to know how to cook just the basics these days." This variation in the skills of staff was confirmed by another person who said, "I really think that some of them [carers] need some basic training in how to do just normal things other than put a microwave meal in the oven. Even making a sandwich, seems to be beyond some of them and when you ask for something on toast like scrambled eggs, I ended up getting slop the other day and really couldn't eat it at all."

We recommend that the provider review the knowledge of skills and experience of staff when matching them with people to ensure the service can meet people's assessed needs and preferences.

Staff providing consistent, effective, timely care within and across organisations

- People received consistent care and support from a stable and consistent workforce. This aspect of the service was highly valued by people. Care staff were supported by senior staff who worked out in the field and provided a liaison point between people, care staff and the office. The service worked with a range of external professionals to support people to have their needs met.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with health professionals to support people to access treatment and advice. For example, making referrals to occupational therapy to support people with their mobility.
- People said staff were vigilant at picking up changes to their health. A person told us, "I can't really see round the back of my legs anymore, so when my carer is drying me after a shower she will sometimes point out to me if I've got a bruise coming or she thinks it's something I just need to keep an eye on. I'm grateful to her for doing that, because if she didn't I wouldn't have anybody else I could rely on."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA and found the principles interwoven throughout people's care and support plans which reminded staff to ensure people had choice and control over their daily lives. The registered manager told us they would ask for the support of people's social workers if formal assessments of capacity were required for important decisions such as financial or a change in living arrangements.
- Staff understood the importance of supporting people to make their own choices and gaining consent before providing support. This was confirmed by feedback we received. A person told us, "My carers never force me to do anything that I'm not happy about. They always ask me if I feel like having a shower in the morning, and if I don't, then I'll just have a strip wash instead."
- Consent forms were held on record which had been signed by people or their representatives, if appropriate.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People said staff were kind and caring. A person told us, "I hate having a cold shower so my carer will put the shower on to warm up while I'm getting undressed which makes me feel really nice."
- People were generally supported by regular staff which meant staff and people had developed a good rapport. A person told us, "My two carers are lovely and always make sure that everything is done, even down to doing any little extra jobs that I might have from one day to the next."
- We were provided with several examples where staff had demonstrated a caring approach and had gone the extra mile. One person said, "Nothing is ever too much trouble, they [care staff] will usually notice when there are extra things needing to be done before I do these days, like organising my washing for me. They don't have to do that, but I am grateful that they think about me." Another person told us, "It's just things like bringing bits of shopping in for me when they notice that I'm running out of something and they know my daughter won't be about for a few days in order to get some for me. Little things like that make all the difference."

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

- Staff listened to people which meant people received care and support in the way they wanted. A person told us, "I can be a bit set in my ways, but my carers are very understanding and they know that I like things to be done in a certain way. Having regular carers, means that I don't always have to keep repeating myself over and over again with new carers all the time, who don't really know me or understand why I like things to be done in that way."
- Care records identified where people had representatives who acted on their behalf. This ensured that people's choices and rights were upheld.
- Any communication needs were recorded to provide staff with guidance on how to talk to people and include them in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and dignity, for example, when providing personal care. A person told us, "I hate being on show to anyone and my carers know that. So this time of year, they always make sure that the curtains are shut before they put the lights on. In the mornings, the curtains never get opened until I'm fully dressed and ready to face the day."
- People's care records identified people's strengths so that their independence could be maintained. Staff told us they encouraged people to do what they could for themselves.

- People's personal information was held securely which meant confidentiality was protected.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- When people joined the service they had an assessment which gathered information about them which was used to write their care plans. Care plans were written in a person centred way including information about people such as their likes and dislikes, life history and preferred routines. This helped the service provide person-centred care, which means care that meets each person's individual needs and preferences.
- People told us staff provided them with person-centred care. One person said, "They [care staff] will ask me if I'm ready to make a start and if I'm not, then they'll make me some breakfast first and once I've had that, we will tackle my wash and getting dressed. It's very much up to me how and when things get done."
- Feedback from people confirmed they received reviews of their care and support to make sure it was still meeting their needs. A person told us, "My care plan is kept in the folder here on the table where the carers write in the records every day. Funnily enough, I had someone come round from the office yesterday and go through the care plan with me and they asked me whether I was happy with everything at present. I told her that I haven't got any concerns, but that it was important to me that I kept the same regular carers who I currently have because they all look after me wonderfully."

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns and we saw that past complaints had been dealt with appropriately. At the time of inspection, there were no open complaints. The registered manager told us that because senior staff including management often provided 'hands-on' care and support they met with people and could deal with any problems as they arose.
- We received mixed feedback from people with regard to how their concerns were dealt with. One person told us, "We did not have any missed visits only coming late at lunchtime but this was more miscommunication than anything. When we spoke about it, it was sorted out straight away; I have no complaints and I think they delivered a good service and would give them nine out of ten." However, another person said, "If they [management] were able to regularly sort out the timing of my visits, then I would say that they were well-managed, but at the minute things improve for a couple of weeks and then lapse back to how they were, which to me says there is something lacking on the management side."
- When people joined the service they received a service-user guide which included information on how to make a complaint including escalating any concerns if they were unhappy with how their complaint was dealt with. People were encouraged to report concerns. Care plans had 'concern' forms for people to fill in if they wished to raise any issues.

End of life care and support

- The service was not currently providing any end of life care and support. However, sometimes as people's health deteriorated, the registered manager told us that end of life care may become necessary.
- Staff received some basic training in end of life care as the topic was covered during induction and the yearly refresher training but this was not detailed. Staff told us they would like more training in this area.
- People's preferences regarding end of life care arrangements such as funeral plans was not recorded in their care plans. The registered manager told us these discussions would take place at review if appropriate and would be recorded then if this was people's choice.

We recommend that the provider seek independent advice and guidance regarding best practice to support people with regard to end of life care needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff

- The service engaged with people through annual satisfaction surveys and telephone surveys which identified the need for improved communication between the office and people regarding aspects such as timing of care visits and providing information on the care staff who would be visiting. However, despite the service identifying the issues, feedback showed that for some people these issues had not been fully resolved or improvements sustained. This was summed up by one person who told us, "What I found in the past, is that things improve for a short amount of time, but they have a habit of going back to their old ways before. I then have to contact them again. It can wear you down eventually."

We recommend that the provider review their systems and processes for listening and responding to people's concerns to promote sustained improvements.

- The service also sent out annual satisfaction surveys to staff to involve them in the running of the service. Staff meetings were also scheduled quarterly.
- Staff were positive about working at the service and told us it was a good company to work for and they felt well supported by the management team. Staff told us they felt listened to and their requests were actioned. For example, one staff member asked for a slide sheet to help them support a person more effectively and the management team promptly arranged delivery of the equipment.

Continuous learning and improving care

- As discussed in the safe section of the report, lessons had not always been learned. Feedback from people confirmed that the quality of staff and care provided was very good but that failings in how the service was managed impacted on how people felt about the service. One person told us, "Whilst the carers are all lovely, I do think they are let down by the management side of the business."
- The mixed feedback we received from people showed that there were marked variations in people's experience of using the service with half of the people we spoke with saying they received a good service whilst half reported levels of dissatisfaction. For example, one person told us, "Thinking about it, I probably would recommend the service because more often than not my care does get provided at the times I want it and the carers themselves are very good." Whilst another said, ""No I wouldn't recommend them because if they can't get my care right at the times I want it, then I would feel embarrassed to recommend them to somebody else who got the same sort of service as I'm currently getting." This showed that work was required to ensure consistency so that all people received the same level of service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- A clear management structure was in place and the provider, management and staff were aware of their roles and responsibilities.
- The management team and senior staff completed regular audits of medicines, care records and daily note books to monitor the safety and quality of the service and identify where improvements were required.
- The provider had oversight of the service and completed their own internal quality audits. However, the last audit was completed in July 2018 and, at the time of inspection, the registered manager was still waiting for an action plan which would provide guidance on how, by whom and when the improvements would be made.
- The registered manager told us whilst waiting for the action plan they had already begun to make positive changes to the service such as organising person-centred training for staff completing care plans and improvements in how risks to people were assessed.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Whilst the timing of care visits did not always reflect a person-centred approach, feedback from people showed that on a day to day basis staff provided person-centred care by listening to people and doing things in the way they wanted.
- The registered manager understood their registration requirements including providing us with statutory notifications as required. The manager was open and transparent throughout our inspection and the last rating was displayed in the office and on the company website as required.

Working in partnership with others.

- The service was able to demonstrate they were working in partnership with others, such as social workers, GP's and district nurses.