Mears Homecare Limited

Mears Homecare Limited (Swindon)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We undertook an announced inspection of Mears Homecare Domiciliary Care Agency (DCA) on 12 April 2016

Mears Homecare provides personal live in care services to people in their own homes. At the time of our inspection 70 people were receiving a personal care service.

There was 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.

People were supported by staff who could explain how they would recognise and report abuse. However, people's care records did not always include up to date risk assessments. Staffing rotas indicated there were sufficient staff to meet people's needs. However, people experienced late visits because staff were not always deployed effectively.

The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected; this included Deprivation of Liberty Safeguards (DoLs). However people were not always supported by staff who understood the principles of MCA. Records showed staff had been trained in the MCA. Some staff we spoke with had an understanding of the principles of the MCA. However, some staff told us that they were unsure what the MCA was.

Some staff told us they received regular meetings with their line manager (Supervision). However, some staff we spoke with told us that these had not taken place. Staff records relating to supervision did not always demonstrate staff received regular supervision.

Accidents or incidents were documented and any actions were recorded. There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. However, the registered manager had not always informed the CQC of reportable events.

Staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. However, care records were not always accurate and did not always contain information relating to people's preferences, likes and dislikes.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Where people needed support with their medication and they were supported by staff that had been appropriately trained. Individual medication administration records were fully completed which showed that people received the medicine when needed.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. Were people needed support to eat and drink they were supported by staff who followed the correct guidance.

There was a system in place to ensure that people's opinions and views were sought in order for the service to make improvements. The provider had a complaints policy in place and we saw evidence that complaints had been resolved to the people's satisfaction and in line with the provider's complaints policy.

We recognise that the registered manager was aware of the areas of concern identified at the time of our inspection and that they were in the process of taking appropriate steps to address these concerns.

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. Some people did not have risk assessments in place to manage their risks.

Staff were not always deployed effectively.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

People and their families told us they felt safe and they had their medicines when required

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported by staff who understood the principles of The Mental Capacity Act 2005 (MCA).

People were supported by staff who sought their consent before supporting them.

People told us they were supported to maintain good health and had enough food and drink.

Is the service caring?

Good

The service was caring. People benefitted from caring relationships with the staff.

Staff were very kind and respectful and treated people with dignity and respect.

Staff had a caring approach to their work and clearly enjoyed supporting people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were not always accurate or contained information

relating to people's preferences, likes and dislikes.

The service responded to peoples changing needs.

Staff were knowledgeable about the support people needed.

Is the service well-led?

Good

The service was well led.

The registered manager of the service had not always informed the Care Quality Commission of reportable events.

The registered manager conducted regular audits to monitor the quality of service.

Accidents and incidents were recorded, investigated and action taken to improve the service.

People and staff told us the manager was supportive and available to people.

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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 was 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 inspection took place on 12 April 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by one inspector.

At the time of the inspection there were 70 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with seven people, four relatives, seven care staff, the registered manager, the area manager. We reviewed ten people's care files, ten staff records and records relating to the management of the service. Prior to our inspection we spoke with commissioners of the service to obtain their views.

Requires Improvement

Is the service safe?

Our findings

In most cases risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk falls. The risk assessment gave guidance to staff on how to manage this risk. Staff were advised to ensure that the person's walking aids were close to them when they were sat down. We spoke with this person's relative who told us "They make sure she has (walking aid) near her at all times". Another person's risk assessment identified that they had problems with their hearing. The assessment identified the risks to this person and guidance to staff stated 'carers need to talk slowly and softly'. However, we saw that not everyone had risk assessments in place. For example two people's care records did not contain risk assessments. In addition to this, two risk assessments were incomplete and had attached to them a copy of the risk assessments that should have been in people's homes. This meant we were not confident that staff always had access to records that would support them in mitigating the risk of harm to people. We spoke with the registered manager about this who showed us evidence that this had been identified by the service and actions were in place to address this.

People we spoke with told us there were enough staff and they did not experience missed visits. People's comments included; "I don't ever have a missed visit", "There's no missed calls" and "They don't miss any of my visits". Staffing rotas indicated there were sufficient staff to meet people's needs. The registered manager informed us that staffing levels were matched to the dependency of people. However, records showed that the service did not always deploy staff effectively. For example, people had received late visits. We looked at records that confirmed that on 15 March 2016 there were three late visits. One person's visit was late by 45 minutes, another person's visit was late by one hour and 37 minutes and another person's visit was late by one hour and seven minutes. On 16 March 2016 we saw evidence of that one person's visit was late by one hour and 37 minutes. On 17 March 2016 one person's visit was late by one hour and 49 minutes. In addition to this another person's visit was late by one hour and 38 minutes. This meant that people were at risk of not having their care needs met at a time that suited them. We spoke with the registered manager about this and they showed us evidence this had been identified and they had taken steps to address late visits. This included individual and group meetings with staff.

People told us they felt safe. Comments included; "They make me feel safe", "I feel safe with them", "I feel confident and safe". And "Oh yes I am safe with them".

Relatives we spoke with told us people were safe. Comments included; "I feel that [person] is safe and precautions are in place", "I have no complaints about safety" and "I have no concerns about [person's] safety".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their supervisors and the registered manager. Staff comments included; "I would report concerns to my manager", "I would ring my manager or speak to someone in the office", "I would go and see [registered manager] and "I would report any concerns to my manager immediately". Staff were also aware they could report externally if needed. Staff comments included; "I

would come to you guys (Care Quality Commission), social services or the police", "I would consider going to the police, social services, G.P or district nurses" and "I would ring social services the police or CQC.

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with one new member of staff who told us, "We can't do anything until we have a DBS".

Records confirmed that where people needed support with their medication, they were supported by staff that had been appropriately trained. There were individual medication administration records (MAR charts) which documented when staff had assisted people with their prescribed medicines. These were fully completed which showed that people received their medicine they needed when required.

Requires Improvement

Is the service effective?

Our findings

People were not always supported in line with the principles of The Mental Capacity Act 2005 (MCA). The Act 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 also 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. Not all staff were clear about how they would support someone in line with the principles of the MCA.

Records showed staff had been trained in MCA. Four staff members we spoke with had an understanding of the principles of the MCA. They told us "Just because some people lack capacity in some decisions, it doesn't mean they lack capacity in everything", "It's there to protect people", "It's there to protect vulnerable people that may lack capacity to make decisions for themselves. However, three staff members we spoke with told us that they did not have a good understanding of the act. Staff comments included; "I can't remember what it is", "Is it when somebody's mentally unstable" and "I have had the training but I can't remember". This meant that people were not always supported by staff who understood the principles of the MCA. The registered manager knew how to report any concerns and was aware the court of protection was the decision maker relating to DoLS. They told us they continually assess people in relation to people's rights and DoLS.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager knew how to report any concerns and they told us they continually assess people in relation to people's rights and DoLS.

All the people we spoke with told us they were informed and asked for permission prior to visits from any other of the staff who may visit them. For example, to carry out care plan reviews or staff spot checks. One person we spoke with told us "They always let me know before they come to do a review".

Some staff told us they received regular supervision (one to one meeting with line manager), spot checks and appraisals. However, some staff gave a conflicting view. Staff comments included; "I can't remember the last supervision" and "I haven't had supervision for a while". We discussed this with the registered manager who provided evidence that this had been recognised by the service and a plan was in place that ensured all staff were being booked a supervision session with the manager.

Staff who had received a supervision told us they found these meetings useful and supportive. Comments included; "I can request training", "They check my work and tell me what I am doing well", "We discuss peoples changing care needs". Supervision records highlighted areas where staff had worked well and areas where improvements were needed. Staff that had received supervision felt supported by the registered manager comments included "Everything I have had a concern with, she has dealt with it immediately" and "The registered manager is good at explaining things". Records showed staff had access to development opportunities. For example, we saw some staff members had recently completed a national qualification.

People told us staff knew their needs and supported them appropriately. People's comments included; "They are brilliant", "The staff know me well", I am really grateful to them, they always help me with other things", "They do a good job" and "The two we have definitely have the right skills and knowledge".

Relatives we spoke with told us staff knew people's needs and supported them appropriately. Relatives comments included "I have cut back on the time I go and see [person], because they are doing a good job", "They really know [person], their excellent" and "They know mum".

People were supported by staff who had the skills and training to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included dementia awareness, equality and diversity, food hygiene, health and safety, infection control, medication, MCA, moving and handling and safeguarding. Staff comments included; "The training is brilliant", "The training is very good" and "I enjoy the training". The induction was linked to the 'Care Certificate', a nationally recognised qualification. We spoke with staff about the induction process, one member of staff we spoke with told us about their recent induction into the service. They said "I really enjoyed the induction, It was brilliant".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and dieticians. One person was referred to a speech and language therapist (SALT) and as a result was prescribed thickeners. The service acted on this advice and followed the guidance provided.

People told us they had plenty to eat and drink and most people said they did not need any support for this. One person we spoke with told us "They help me with my food, they are great".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They are ever so kind", "They are brilliant" and "They look after me, they care"

Relatives we spoke with told us staff were caring. Comments included; "You can always tell when [person's] regular care worker? has been in. Don't get me wrong the others are clean and tidy and they care. But with [staff] you can just tell from [person's] mood and that the jobs have been done to perfection. They provide a level of care that I want", "They are kind and caring", "The level of care is what I expect", "I have no complaints about the care" and "They care about my wife"

Staff told us they enjoyed working at the service. Comments included; "I love my job", "Every day is different it's brilliant", "I love working with the service users, they are great" and "I really like the fact that I am supporting people to stay in their own homes".

People told us staff were friendly, polite and respectful when providing support. Comments included "They are very good and pleasant", "They are polite and they listen" and "They care, I am really grateful to them, they help me with other things".

Relatives told us that people were treated with dignity and respect. One relative we spoke with told us, "They treat mum with dignity and respect". We asked staff how they promoted people's dignity and respect. Staff comments included; "You never leave someone exposed", "Make sure they are partially covered", "None of us want to be left feeling like the world is looking at you", "You make sure the curtains are closed and people are covered up", "I treat people the way I would want to be treated" and "You need to remember even though you're there to do a job, you're in their home", We noted that the language used in care plans and support documents was respectful and appropriate.

People told us they felt involved in their care. Comments included "They always involve me in things", "We review my care plan together" and "We always discuss my care".

Staff we spoke with told us how they supported people to be independent. One staff member described how they had recently supported a person to maintain their weekly shopping routine. The staff member also explained how they acknowledged the person's wish not to wear their uniform whilst they were out shopping in order to maintain the person's dignity. People told us they were supported to be independent. One person said, "They help me with my independence, their good like that". Care records reflected what people were able to do themselves and the areas where they might need help. Staff told us they helped when people wanted or needed help but encouraged people to do things for themselves. When we spoke with staff about this they told us "It's about respecting people" and "You need to promote people to be independent".

Details of how people wanted to be supported were contained in their care plans. For example we saw that one person's care records contained guidance on how the person liked to be supported with their

preferences surrounding personal care. Staff we spoke with told us they followed this guidance. Care records highlighted people's faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the way that they like to.

People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. People's comments included "They respect me, they tell me what's happening" and "They treat me with dignity and respect they always tell me what's going on". One staff member we spoke with told us the importance of informing people of what was going to happen during care. They said, "You need to treat everyone as an individual" and "It's important to give choice and you should make sure you ask first".

Requires Improvement

Is the service responsive?

Our findings

Staff we spoke with knew the people they cared for and supported, including their preferences and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records.

However, care records were not always accurate or complete. For example, some people's care records did not contain care plans and some care records did contain details of people's preferences, likes and dislikes. This meant that people were at risk of not receiving person centred care because staff did not always have access to up to date and accurate information on the people they were supporting. Staff we spoke with told us that the care files were improving. One staff told us "The files are a bit of a mess. But if there is something I am unsure of I will go in the office and ask". This meant that staff did not always have access to person centred information on the people they support. We spoke with registered manager and they provided evidence that this had been identified and a plan was in place to address this. We saw evidence that actions were being taken.

People we spoke with told us the service was responsive to their changing needs. People's comments included; "They are very responsive", "If I need any changes then they respond" and "Yes they respond to my needs". One relative told us "They ring the doctors if mums unwell and let me know".

We saw evidence of how the provider responded to people's changing needs. For example, following a person's discharge from hospital staff raised concerns surrounding this person's health and wellbeing. As a result the service contacted the person's G.P and supported the person to get to their health appointment. Another person's care records highlighted concerns that the person was at risk of not taking their medication. This person's care records gave guidance to staff on what action staff should take. Staff were advised to observe the person taking their medicine and if they had any concerns to report them to the person's G.P. Daily care records confirmed staff were aware of these plans and had recently sought guidance from the person's G.P.

People knew how to raise concerns and were confident action would be taken. The services complaints policy was available to all people, their relatives and staff. Staff told us they knew how to assist people to raise a concern. People we spoke with told us, "I haven't had to make a complaint but I would know what to do if I had to" and "Whenever I ring with an issue they put things in place". Records showed there had been four complaints since our last inspection. These had been resolved to the people's satisfaction in line with the provider's complaints policy.

At the time of our inspection the service had not yet started their yearly satisfaction survey for people and their relatives. However, we saw evidence that the service did sought people's opinions and views through a 'telephone monitoring system' where the registered manager frequently rang people to ensure that good care was being delivered and that people felt listened to. The registered manager told us, "We implemented this initially due to concerns we had when we initially took over the service that there was no system in place".

Good

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had not always informed the CQC of reportable events. For example, following concerns about a person's welfare, staff contacted the emergency services and as a result the person was admitted to hospital. This was a reportable event in which the CQC should have been informed in order to support plans to mitigate future risks. We spoke with the registered manager about this who recognised this was an oversight. They gave us their reassurances that this would be addressed and that all future notifiable events would be reported to the CQC.

People and their relatives told us they had confidence in the registered manager and that they were helpful and friendly. One person said, "I think the registered manager is still finding their feet, but they are pretty good". Another person we spoke with told us, "I am chuffed with the service". Staff we spoke with were positive about the registered manager. Comments included "Registered manager is a really nice person", "The registered manager is on the ball and approachable", "The manager is great", "She's the best manager yet", She's very professional" and "The registered manager is very good, she is very approachable you can discuss things with her".

The manager told us that the visions and values of the service were, "To deliver a high quality service that promotes quality care. That's why I got into care and that's why I am staying in care". Staff we spoke with confirmed they understood and displayed these values. The registered manager also told us, "The biggest challenge for the service right know is dealing with historical issues". We saw evidence of how the registered manager was addressing this through action plans they had created with the provider.

Staff understood the provider's whistleblowing policy and procedure and said they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the provider or outside agencies when they have concerns, for example, about other staff's care practice.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the registered manager to improve the service. For example, a recent audit of training records had highlighted the staff were all up to date with training. However, the registered manager did not feel this was accurate due to discrepancies in the training completion dates. The registered manager then followed this up with staff individually who confirmed that the training records were in fact inaccurate. The registered manager took the appropriate action to ensure that staff were booked onto training and the records updated. We also saw evidence the registered manager had identified the concerns we had highlighted during our inspection surrounding staff supervisions, late visits, care records and risk assessments. The registered manager and provider had in place an action plan that they were working through.

Accidents and incidents were recorded and investigated. Information was logged allowing the registered

manager to review this information collectively to look for patterns and trends across the service. Information was used to improve the service. For example, following an incident surrounding moving and handling the registered manager took immediate action and involved healthcare professionals in reassessing the suitability of a person's lifting equipment. Learning from this incident was then shared with staff.

We saw evidence that staff had access to team meetings. Staff we spoke with told us they were actively encouraged by the registered manager to use the meetings to develop the service. One staff member we spoke with told us, "The meetings are good, you are encouraged to speak up and join in".