Mears Care Limited

Mears Care - Rotherham

Inspection report

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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

The inspection took place on 23 August 2018, and was announced; we gave the provider 48 hours' notice of the inspection to ensure that the registered manager was available for us to speak with. The service was last inspected in June 2017, and was rated Requires Improvement; improvements were required in the way the provider managed and audited medicines. We asked the provider to send us an action plan setting out what they would do to address this. At this inspection we found that the service had addressed these concerns, and is now rated good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults and younger disabled adults in the Rotherham, Doncaster, Barnsley and Wakefield areas. At the time of the inspection they were providing support to over 250 people.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's privacy and dignity was upheld, and the provider monitored this through a series of spot checks on care visits. People told us they found staff to have a warm and caring approach when carrying out care visits.

Medicines were managed safely and staff had received appropriate training in this area.

Risks were safely managed, and the provider had appropriate arrangements in place to respond to any safeguarding concerns.

People's care was regularly reviewed to ensure it met their needs, and changes were made where people required it so that they remained in as good health as possible.

The provider managed complaints well, and had systems in place to ensure it could learn from complaints where appropriate.

The provider had suitable arrangements in place for obtaining and acting in accordance with people's consent. Where people lacked the mental capacity to give consent to their care, the provider had reached best interest decisions.

People's nutrition and hydration was well managed, and staff had received a good standard of training

The provider had effective audit systems so that it could monitor and improve the care provided.

Staff told us they received a good level of support from managers within the service.

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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 has improved to good

Medicines were managed safely and staff had received appropriate training in this area.

Risks were safely managed, and the provider had appropriate arrangements in place to respond to any safeguarding concerns.

Is the service effective?

Good

The service remains good

The provider had suitable arrangements in place for obtaining and acting in accordance with people's consent. Where people lacked the mental capacity to give consent to their care, the provider had reached best interest decisions.

People's nutrition and hydration was well managed, and staff had received a good standard of training

Is the service caring?

Good

The service remains good

People's privacy and dignity was upheld, and the provider monitored this through a series of spot checks on care visits.

People told us they found staff to have a warm and caring approach when carrying out care visits.

Is the service responsive?

Good

The service remains good

People's care was regularly reviewed to ensure it met their needs, and changes were made where people required it so that they remained in as good health as possible.

The provider managed complaints well, and had systems in place to ensure it could learn from complaints where appropriate.

Is the service well-led?

Good

The service has improved to good

The provider had effective audit systems so that it could monitor and improve the care provided.

Staff told us they received a good level of support from managers within the service.

Mears Care - Rotherham

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 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.

The inspection included a visit to the agency's office which took place on 23 August 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, including notifications submitted to us by the provider, and information gained from people using the service and their relatives who had contacted CQC to share feedback about the service. We spoke with four people using the service by telephone to find out about their experience of receiving care from the provider and also to one person's relative. We spoke with the registered manager and five members of staff. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection site visit we looked at documentation including eight people's care records, risk assessments, six personnel and training files, complaints records, the staff duty roster, meeting minutes and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the inspection of June 2017 we rated the service "requires improvement" for this domain. At this inspection we found it had improved to "good."

People we spoke with told us they felt safe when receiving care. One person's relative said: "They know what they are doing, I think they've had the right training…no worries about safety." However, one person told us about a time when a care worker visited very early and they were not at home. They told us they were upset that the care worker didn't call back to check they were safe and well, although they said that this did not cause them any problems.

We checked to see whether care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at eight people's care plans and found there were risk assessments in place assessing any risks that people may be vulnerable to, as well as any they may present to themselves or others. Additionally, risk assessments had been carried out in relation to people's home environments, in order to manage and minimise any risks arising from where people lived, such as accessibility difficulties.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of their responsibilities on relation to safeguarding, and records showed that any concerns had been appropriately identified and dealt with. This meant people received care and support from a provider who was committed to keeping them safe from harm.

Staff records showed that staff had received training in relation to safeguarding. This was part of the provider's induction programme as well as being part of an annual refresher training session. There was a dedicated trainer based within the location's office who told us they could tailor training to the individual needs of the service.

We checked six staff files to look at whether staff were recruited safely and found that appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), checks of the staff member's identity and checks of their right to work in the UK. The files we checked showed staff underwent a Disclosure and Barring Service (DBS) check before starting work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the arrangements in place for managing and administering people's medication, to ensure this was undertaken safely. Where staff were required to administer people's medication, their records contained Medication Administration Records (MARs) where staff were required to sign to confirm they administered the medication. We checked a sample of MARs and found they were accurately completed, with staff recording each time they had administered medication. There was an audit system in place which meant that senior staff checked medication records on a monthly basis, and took action should any

shortfalls be identified. We saw evidence of such action being taken.

Staff training records showed that they had received training in relation to managing medicines safely, and staff we spoke with told us they felt they had enough training to administer medicines, and described that their knowledge in this area was monitored by managers. The provider carried out a series of spot checks of care visits, and part of these checks included monitoring whether staff were administering medicines safely.

Good

Is the service effective?

Our findings

At the inspection of June 2017 we rated the service "good" for this domain. At this inspection we found it remained good.

People using the service told us staff understood their needs, with one saying: "They know how to look after me, I have no problems with them." Another said: "They know what I need and they do it well on the whole."

Staff training records showed that staff had training to meet the needs of the people they supported. The provider's mandatory training, which all staff completed before delivering care, included health and safety, infection control, the protection of vulnerable adults and moving and handling amongst other, relevant training. Some staff were working towards a nationally recognised qualification in care, and there was a full time training officer based within the location's office who was trained to provide training to staff across a wide range of topics. They told us they could source specialist training materials where required, and praised the provider's training materials.

Staff told us the training they received equipped them to do their job. One staff member told us they had been in post just under a year, and said they had a week long induction before starting work, and then they were shadowed by experienced staff before undertaking care calls alone. They said: "I definitely got enough information before I started going out [on care visits.] I felt like there was plenty of preparation."

We looked at how the provider complied with the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. Care records showed that people's capacity to make decisions been recorded within the assessment and care planning process. Where people lacked the mental capacity to make decisions about their care, the provider had undertaken formal best interest decisions. These are decisions taken in accordance with the MCA Code of Practice, where people who know the person well are consulted and any views the person may have held prior to losing capacity are taken into consideration, so that a decision can be taken which is believed to be in the person's best interests. We saw these were well documented and took into account a range of views, ensuring decisions reached were the least restrictive option.

People's care plans showed that staff routinely liaised with external healthcare professionals, such as GPs and district nurses, to enable people to experience better health. Staff regularly referred to such external healthcare professionals, and where guidance or instructions had been issued, we saw evidence that care staff were providing care accordingly.

Where staff were responsible for providing meals, we saw this was done in accordance with each person's preferences. People's files held information about their needs and preferences in relation to food, and daily

notes, where staff recorded the support they had provided, showed these needs and preferences were being adhered to. Assessments were in place which considered whether people were at risk of malnutrition or dehydration, and where such risks had been identified appropriate care plans had been implemented.

Good

Is the service caring?

Our findings

At the inspection of June 2017 we rated the service "good" for this domain. At this inspection we found it remained good.

People using the service told us they were happy with the care they received. They told us that staff treated them with respect. One said: "They come and get on with their job, we always have a little chat, there are some really nice carers." We looked at surveys and feedback the provider had collated and found that people's responses were extremely positive in relation to the care they received. One person's relative had described the staff as "really polite" and a person using the service said: "I can't talk to many people but I can talk to [the care staff.]"

Staff told us they understood the importance of treating people with respect and dignity. One staff member said: "Good care underpins what we do; that's the beginning, middle and end of everything" We looked at the provider's care scheduling system and people's daily notes, and saw that care visits predominantly lasted for the duration that people had been assessed as requiring. When managers at the company carried out unannounced spot checks on care visits, they checked that the staff arrived on time and remained for the duration of the visit. We spoke with a care coordinator about how they monitored this. They showed us the electronic visit monitoring system which highlighted if any calls had not lasted the assessed duration. We noted that two calls that day had been much shorter than had been planned. The care coordinator was aware of this and could describe the person concerned's needs, telling us that there were times when the person did not require staff to assist them with some tasks. One of the local authorities who commissions services from the provider told us that when people did not always require the care they had been assessed as needing the provider was responsive in contacting commissioners to assess what care package was in fact required.

We looked at how staff upheld the dignity and privacy of people they were caring for. Every person who had responded to the provider's own surveys stated that staff upheld their dignity. We saw the spot checks that managers carried out checked whether staff were respecting people's privacy and dignity, and the provider's job application forms asked candidates to describe what they understood by dignity. Team meeting minutes showed that privacy and confidentiality was a regularly discussed item.

We checked to see whether people were receiving care in accordance with the way they had been assessed as requiring. Each care plan contained an assessment of people's needs written to a good level of detail for staff to understand what care was required. When staff completed a care visit they recorded details of it in people's daily notes describing the care and support provided at each appointment. These were completed to a very high level of detail and showed that care was being delivered in accordance with each person's assessed needs.

Good

Is the service responsive?

Our findings

At the inspection of June 2017 we rated the service "good" for this domain. At this inspection we found it remained good.

People told us they felt that the care they received met their needs. One person's relative said: "They've been coming for around two years, I've never had cause to complain and it runs smoothly. They give [my relative] the care she needs."

We checked eight care plans to see whether there was evidence that people had been involved in their care, and contributed their opinions to the way their care was delivered. We saw that people's views had been sought both when their needs had been initially assessed, and then regularly at review meetings. These review meetings took place after people had been receiving care for four weeks, and then every six months or more frequently if required. This meant people's views and preferences were taken into consideration when their care plans were being devised so that care met their preferences and needs.

The care records we checked contained information about all aspects of the person's needs and preferences. This included guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out to a good level of detail so that staff understood what was required. There was information in each person's care plan about their life histories, interests and families, to help staff better understand the person they were supporting. Staff we spoke with told us they received sufficient information about people's needs prior to undertaking care visits. One said: "I've just had a new one [person receiving a service] and I got all the information I needed before, about their needs and so on." We asked this staff member if the information assisted them in providing care, and they confirmed that it did.

We looked at the online call scheduling system used by the provider. This enabled office staff to schedule care calls onto each staff member's mobile phone. One of the care coordinators demonstrated how the system was used to assign care calls to staff and add information about the requirements of each person they would be providing care to. The system also meant it was not possible to assign a care call to a staff member who was not suitable for that call, for example, to assign a call to a male staff member where the person had requested female staff only, or where specific training was required which the staff member did not have.

Records we checked showed that staff completed a daily log of each care visit they made to people. This included a report on the care tasks they had undertaken, as well as any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a very high level of detail, so that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with their assessed needs. There were records in place which showed that care records were checked on a monthly basis by senior members of staff, so that any concerns or shortfalls in recording could be addressed.

The provider had recently introduced a programme called Mears Prevention Scheme, which it referred to as MPS. This programme required staff to check and record, at each care visit, seven key health areas, including mobility, behaviour, and skin condition, amongst other areas (and with the person's consent.) Staff then recorded any changes, in order to better monitor and respond to changes in the person's health. This programme was discussed during team meetings, and staff had been provided with a prompt card to remind them to carry out and record MPS checks at each visit.

We checked the provider's arrangements for receiving and managing complaints. Staff we spoke with told us they felt comfortable about receiving complaints and said they believed complaints could contribute to service improvements. Information about how to make a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. We looked at a sample of five complaints the provider had received. In each case we saw that a thorough investigation had been undertaken and complainants received a written response setting out, where appropriate, any changes the provider would be making in response to the complaint.

Good

Is the service well-led?

Our findings

At the inspection of June 2017 we rated the service "requires improvement" for this domain. At this inspection we saw improvements had been made and rated it "good."

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by a deputy manager and a team of care coordinators and other administrative staff. We found that managers and care coordinators had a good oversight of the service as well as knowing people and their needs well.

We asked people using the service whether they could contact the registered manager if they needed to. They told us they felt confident in contact the office if they needed to, although they told us they weren't sure who the registered manager was. However, we saw that the provider did regularly circulate newsletters which included information about members of the management team and the registered manager.

The provider's own surveys asked people about their experience of the management of the service they received. Some had given some negative feedback in relation to their experience of dealing with the location's office, but others had been more positive. One person's relative said: "I needed extra calls when I was on holiday and this ran like clockwork."

There was a system of team meetings, staff supervision and appraisal to enable staff to understand what was happening within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff supervision records showed that staff were able to discuss training needs, care provision and any concerns on a regular basis with their managers. Additionally newsletters were circulated to update staff on developments within the service, and team meeting minutes showed us staff were encouraged to call into the provider's office for informal chats with office staff. Staff we spoke with told us they found the registered manager to be extremely supportive and accessible. One said: "She's [the registered manager] always there if you need her." Another told us they received good quality support from their line managers and felt they were kept up to date with developments within the service.

In addition to the above communication methods, we saw that there was a system of staff spot checks. This involved managers carrying out unannounced checks of staff undertaking their duties. These checks involved managers checking whether staff were carrying out care tasks appropriately, whether they were on time for the call and the quality of the records they kept about each care call. A care coordinator told us that spot checks were scheduled to fall between formal supervision and appraisal, so that staff had approximately six meetings with their line manager per year.

There were a range of audits which looked at areas such care records, medication records and personnel files. We checked a sample of audits and found that they were in depth and effective. Where audits had identified shortfall we saw evidence of robust action taking place, including taking formal action where staff had not fulfilled their duties, and discussions in team meetings to remind staff of the importance of accurate record keeping. The standard of auditing meant that there were very few shortfalls in record keeping.

There was a range of policies and procedures to support the safe and effective running of the service. They were up to date and regularly reviewed. The polices we checked reflected current legislation and best practice. These were available in the office, and policy issues were discussed, where appropriate, in team meetings and supervisions.

Prior to the inspection, we reviewed information we held about the provider, including statutory notifications submitted to us by the provider to tell us about certain incidents, as required by law. We found that the provider was appropriately notifying CQC of relevant incidents, and one of the local authorities who commissioned services from the provider described them as "proactive" in relation to contacting the local authority when required. We also saw that the provider was displaying their most recent CQC rating on their website, as well as on the premises, as required.