

Mears Care Limited

Mears Care Chapel en le Frith

Inspection report

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Chapel En Le Frith
High Peak
Derbyshire
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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

We carried out an announced inspection of the service on 25 September 2018. Mears Care Chapel en le Frith is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older and younger adults. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

There was 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 2008 and associated Regulations about how the service is run.

At the time of the inspection, 150 people received some element of support with their personal care. This is the service's first inspection under its current registration.

People felt staff supported them safely and protected them from avoidable harm. The risks to people's safety were appropriately assessed and acted on. There were enough staff to meet people's needs and people told us staff mainly attended calls on time. People's medicines were managed safely and staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes.

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's care was provided in line with current legislation and best practice guidelines.

People felt staff were well trained and understood how to support them. Where needed, people received effective support from staff with their meals. People had access to other health and social care agencies when professional input was needed.

People liked the staff and found them to be kind, caring and respectful, and they always treated them with dignity during personal care. People were involved with decisions about their care and felt staff listened to and acted on their wishes. Independence was encouraged and people's records were stored safely and in line with data protection legislation.

People were assessed before joining the service to ensure their needs could be met. Where appropriate, people were supported by staff with their hobbies and interests. People's care records were person centred and people told us they received their care in their preferred way. People's diverse needs were discussed with them and respected. People had not felt the need to make a formal complaint, however we saw appropriate action had been taken by the registered manager where needed. Efforts had been made to discuss end of life care with people, however records relating to this element of care required more detail.

The service was well-led by a respected and well liked registered manager. They had the support of their provider to develop and improve the service as well as supporting social inclusion. This included supporting people to become involved with their local community. Staff felt valued with high-quality performance rewarded. Auditing processes were in place. The provider supported the registered manager to carry out their role effectively and held them to account.

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.

People felt safe with staff. Risks to people's safety were assessed and acted on. Enough staff were in place to attend people's calls and most calls were conducted on time. People's medicines were managed safely and staff knew how to reduce the risk of the spread of infection. Accidents and incidents were investigated and acted on appropriately.

Is the service effective?

Good ●

The service was effective.

People's rights under the Mental Capacity Act (2005) were respected. People's care was provided in line with current legislation and best practice guidelines. Staff knew how to support people. Staff were well trained and felt supported. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

Is the service caring?

Good ●

The service was caring.

People liked the staff and found them to be kind, caring and respectful. People were treated with dignity by staff. Independence was encouraged and people could give their views about their own care. People's records were stored in line with data protection legislation.

Is the service responsive?

Good ●

The service was responsive.

People's health needs were assessed before joining the service. People were supported with their hobbies where needed and care was provided in accordance with people's preferences. People felt care staff responded effectively to complaints or concerns raised. People's diverse needs were discussed with them and respected. Efforts had been made to discuss end of life

care with people, however records relating to this element of care required more detail.

Is the service well-led?

The service was well led.

People and staff liked the registered manager. The provider supported the registered manager to carry out their role and to improve and develop the service. People and staff were given the opportunity comment on how the service could be developed and improved. Staff felt valued and high-quality performance was rewarded. Auditing processes were in place.

Good ●

Mears Care Chapel en le Frith

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 comprehensive inspection took place on 25 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed information we held about the service, including notifications of incidents that had occurred in the service, which the provider is required to send us by law. We contacted commissioners, responsible for funding some of the people using the service, to gain their views about the care provided.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They carried out telephone interviews with people prior to the office-based inspection. They attempted to speak with 25 people and spoke with 18. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

During the inspection, we spoke with two members of the care staff, a care coordinator and a team leader, the deputy manager and registered manager.

We looked at records relating to four people who used the service as well as 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, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Is the service safe?

Our findings

People felt safe when staff supported them. One person said, "Yes, I do feel safe because I have carers who know me well and they understand how I like things to be done, so I don't have anything to worry about." Another person said, "Nothing so far has made me feel unsafe. Carers are polite, well trained and they do seem genuinely concerned for my welfare. No one's ever shouted at me or sworn at me and they are all very caring of my belongings." A third person said, "I have had the service for twelve months. The staff are brilliant, I feel very safe with them."

Most people told us they received a rota to inform them which staff would be attending their home. However, some did say they did not always receive this. The registered manager assured us that people were informed but agreed to review this process to ensure it was being carried out consistently.

The provider had ensured that people were informed who to contact in an emergency. An out of office hours phone line was provided if people needed to speak with someone urgently. Staff spoken with were confident of how to spot the potential signs of abuse and who to report these concerns to. Staff had received safeguarding training and processes were in place to ensure relevant agencies such as the local authority safeguarding team of any concerns. This contributed to people being protected from avoidable harm.

The risks to people's safety had been assessed and covered key areas of care for each person. This included medicines, personal care and ensuring their home environment was safe. These assessments were reviewed to ensure they met people's current and changing needs.

People told us staff were normally on time for each call and completed agreed tasks within the required timescale. One person said, "Yes, they're usually here within 10 or 15 minutes of their time and they always stay for their full time." Another person said, "They are remarkably punctual, considering that some of my carers have to come quite some distance." A third person said, "I usually know that they'll be here within 15 minutes or so of their time. If they're running any later than that, someone will usually phone me." A fourth person said, "Yes, they arrive on time. The person that arrived this morning was bang on time."

Staff told us they had enough time to get to their calls and to complete the required tasks. One staff member said, "I generally have the time to get to each call each day, I have enough travel time allocated to each call. If I'm going to be late I ring the office and let them know I'm going to be late and they will call the client."

The service is based in rural Derbyshire, with some people and staff living in remote locations. The registered manager told us adverse weather conditions could provide challenges to ensuring that people receive the care and support they need. Contingency plans were in place to ensure that in poor weather, such as heavy snow, calls were prioritised in relation to risk, such as people who need medicines at specific times of the day. Staff who could walk or had vehicles suitable for accessing difficult lanes or roads were asked to carry out these calls. The provider had also provided a suitable vehicle to help access difficult to reach homes. The registered manager told us they ensured all calls were carried out and informed people if calls were

going to be late. This contributed to people feeling safe and reduced the risk to their safety.

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on people's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people.

Many of the people supported by service could manage their own medicines or had relatives to support them. Where staff did support people, there was clear guidance recorded in people's care plans that guided staff on how to do so safely and in line with people's preferred way.

People who did require support from staff, received this in line with their personal preferences. One person told us, "My carer will pour me some water and then hand them to me. They then write in the book to confirm that I've taken them. They're always well in time for my tablets." Another person said, "My carer gives them to me before my breakfast and before I get ready for bed. It all gets written in the notes before they leave." A third person said, "They put my medicines out for me, but I take them myself."

People were protected from the risks associated with medicines. Care plans and risk assessments contained guidance for staff to ensure people received their medicines safely. People's preferred way of administration was recorded with some people wishing to be reminded or prompted, with others preferring staff to administer medicines for them. The registered manager told us 55 of the 150 people who received personal care also received some form of support with their medicines. To ensure people continued to receive their medicines safely, 12 medicine administration records were reviewed monthly with a further eight every quarter. They told us this rolling system of quality assurance, along with regular checks of staff competency, ensured people continued to be supported safely with their medicines.

Staff had received training on how to reduce the risk of the spread of infection. People spoken with did not raise any concerns in the way staff supported them in their homes. A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes. Staff told us they had sufficient supply of personal protective equipment. This included aprons and gloves that assisted them in reducing this risk.

The provider had ensured processes were in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. The registered manager told us they had regular input from their senior manager who offered advice and guidance with a key focus on learning from any errors or mistakes made.

Is the service effective?

Our findings

People received their care in line with the protected characteristics of the Equality Act which protected them from discrimination. People's health needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. We did note that some people had health conditions that had been referred to in their initial assessment but this was not always reflected in people's more detailed care plans. After the inspection we were informed that more recognised guidance in relation to specific conditions had been sourced from websites such as NHS Choice. Guidance from sources such as these have now been incorporated in people's care plans and risk assessments. This will further enhance people's well-being and ensure they continue to receive effective care and support from staff.

People told us overall, they had a consistent team of staff who attended most of their calls. This made people feel their needs were being met by staff. One person said, "My carers know exactly what help I need and how I like things to be done because I have regular carers. I know that there's the care plan that they can look at, which is fine for new carers, but I like my regular carers because I don't have to explain everything to them all the time." Another person said, "It was important to me that I had a small number of regular carers so that I get to know them and they get to know me. That's why I'm happy with the three or four carers that I have. I don't mind having other carers to cover holidays or sickness, but ordinarily, I prefer my regular carers."

Staff felt well trained and told us they felt supported by the registered manager to develop their roles and careers. One staff member said, "I feel well trained and I've had regular assessments. I'm now training to become a team leader and happy to develop the role."

People were supported by staff who were well trained and understood their needs. Staff had received wide ranging training that the provider had deemed mandatory for them to carry out their role effectively. This included, safeguarding adults, infection control, medicines and moving and handling. Records showed this training was up to date.

People were happy with the support received from staff with their meals and drinks, helping them to maintain a healthy diet. Some staff also supported people with buying and preparing meals. One person said, "I know that I probably don't drink as much as I should, but my carers are very good at encouraging me to drink more. First thing they do when through the front door, is to put the kettle on and make me a cup of tea." Another person said, "My carers make sure that I eat properly every day. My family get my food in for me, so the carers will tell me what I've got and then I'll decide what I'd like. They never mind making me whatever I fancy."

Assessments of people's nutritional health were carried out to assist staff in identifying any changes that could affect their health. People's food and drink likes and dislikes were recorded and people's preferred meals and the time they liked to have them were also recorded. People's daily running records showed that people received support with their meals in line with their preferences.

People were offered support to access other health and social care agencies where needed. People's care records contained contact details for people's GPs and a wide range of other professionals who were available to offer guidance where needed when supporting people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found they were.

Many of the people who used the service could make decisions for themselves, this was reflected in their care records with signatures recorded showing people had agreed to the decisions made. In the records we looked at it was clear that where relatives had signed care planning documentation and risk assessments on behalf of their family member, they had the legal right to do so. This ensured that people's rights were protected.

Is the service caring?

Our findings

People spoke positively about the staff who supported them and told us they liked them, and found them to be kind and caring. One person said, "The regular carers that I have are lovely." Another person said, "The staff are very caring and provide my personal care in a dignified way".

People were treated with respect and dignity and told us they were given a choice of male or female care staff during personal care. One person said, "I wouldn't feel comfortable having a man here to help shower me, so I've always insisted on female carers. I would rather cancel a visit than have a man here. Thankfully, so far, that's not arisen."

Staff spoke respectfully about how they supported people and ensured their dignity and privacy was maintained at all times. One staff member said, "I would close the curtains, close the doors, ask them if they felt comfortable with what I was doing. I offer reassurance and keep asking if they are happy with what I am doing." Records showed staff had received 'Dementia Awareness' training and this was evident when we spoke with care staff. They could explain how they supported people living with dementia, how they communicated with them and ensured they were supported to make decisions wherever able.

People told us they could make decisions about their own lives and their health needs and staff respected and acted on their wishes. One person said, "Absolutely! I get very frustrated if other people deem to make decisions on my behalf. Why should anyone make decisions for me? I'm perfectly capable of doing that for myself." Records showed people had been involved with decisions and had signed care planning documentation and taken part in reviews to discuss their care. Advocacy information was available for people if they wished for independent advice on making a decision. Advocates also offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.

People were encouraged to lead independent lives. Their care records showed discussions had been held with them to determine the level of support they wanted from staff with daily living tasks and how much they wanted to do for themselves. Records were particularly strong at highlighting the support people wanted with their personal care. One person said, "I've always been a very independent person and I like to be in charge of my life. That's why I spoke to probably three different agencies before settling on Mear's because they allowed me to make more choices about how my care is delivered, rather than feeling I was fitting into what was convenient for the Agency." We also noted in a compliment book a relative of a person said, 'Thank you so much for looking after [family member] so well. They could live independently and they were happy to do so. [Staff member name] is extremely considerate and goes above and beyond. The registered manager praised the approach of staff and told us they were always keen to promote independence wherever possible.

The registered manager had ensured that people's religious beliefs, cultural background and preferences were considered when care was planned for them. This helped to ensure people were not discriminated against because of their diverse needs and choices.

People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Prior to people using the service, assessments of their health, care and support needs were carried out to ensure staff could respond appropriately when a person started to use the service. One person said, "I remember my [family member] and I originally meeting someone from the agency before the care started and we must have talked for a good couple of hours about how I was, what help I needed, how I like things to be done and what time I wanted to start each morning." People's care records were person centred and contained information about their preferred daily routines. This included the assistance people wanted from staff with their medicines, domestic tasks and personal care.

People felt able to give their opinions and ask for their care to be provided in their preferred way. People could ask for their preferred staff and call times and wherever possible, the registered manager told us people's wishes were accommodated. One person said, "I certainly chose what days I wanted help and what time I wanted the carer here. I also told them that I preferred male carers, if that was possible, which, so far, it has been." Another person said, "I decide what time I want to get up and go to bed each day, what I wear, what and when I eat and drink and how I spend my day."

Some people were supported with their hobbies and interests and found the company of staff reassuring and welcoming. One person said, "I have a lovely lady from the Agency who comes and takes me out every other week. We either go shopping, or to a garden centre or visit some of the lovely places round here. I always look forward to her coming." People's care records contained details of people's hobbies and interests and things that were important to them and staff used this information to form meaningful relationships with them. One staff member said, "You get to know people and the records help with that, along with talking to them of course."

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. The registered manager told us they could provide documentation in larger fonts if needed. They also said they have at times, provided the emergency office contact number in large print to ensure it was easily recognisable for people. This is important to ensure that people are empowered, treated fairly and without discrimination.

People told us they were aware of the complaints process but had not felt the need to complain. One person said, "There's a leaflet which explains all about making a complaint, but to be fair, I haven't had anything to complain about."

Records showed the appropriate processes were in place that ensured complaints were responded to in line with the provider's complaints policy.

End of life care was not currently provided at this service, although they did work alongside other agencies to support people who were nearing the end of their life. Efforts had been made to discuss the care people

wanted when they neared the end of their life although this had not always translated into detailed end of life care plans.

Is the service well-led?

Our findings

People were happy with the overall quality of the service provided. People felt able to give their opinions and that they would be acted on to improve and develop the service. Regular telephone call monitoring took place with bi-annual surveys also used to gauge people's opinions. One person said, "I've filled in surveys in the past and at review meetings, I'm always asked my opinion, but I've always been very happy with everyone." We looked at the results of the last survey which were largely positive with just a couple of minor concerns raised about punctuality and communication with the office. We discussed this with the registered manager and they had already acted to address these points. This showed the registered manager was receptive to people's views and acted to make the required improvements.

People told us they would recommend this service to others, with one person telling us they already had. People told us the registered manager and office based staff were approachable and they felt comfortable raising any points they had about their care needs. One person said, "I've found everyone at the agency to be very approachable." Another person said, "Yes, I would recommend the service, I have a good rapport with one of my carers particularly."

Staff felt valued by the registered manager and the provider. Staff felt able to build careers and that their views on how to improve the service were respected and welcomed. Staff commitment and high-quality performance was rewarded with initiatives such as 'Carer of the month' and 'Smile Awards'. One staff member won an award for cycling to people's homes when they were unable to access people's home via a car.

The service has a strong sense of community involvement and inclusion. The registered manager has overseen several activities and initiatives to involve the community and the people who used the service in meeting together to aid further social interaction. For example, a 1950's/1960s tea dance was put on for the local community and staff picked up and dropped off people who used the service who were unable to make their own way to the event. During the event there were singers and a talk on raising awareness of Parkinson's disease. The service has also donated a Christmas tree to a local care home and arranged a delivery of Christmas dinners for people who did not have family and friends at that time of year. The registered manager told us they were proud of the work they had done to raise awareness of the service locally and to involve people who may not have others to support them with accessing their community.

The registered manager was aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

Quality assurance systems were in place. The registered manager told us this helped them to improve the performance of staff with the aim of improving the quality of service people received. The provider carried out regular audits to ensure the registered manager was carrying out their role effectively. The registered manager regularly met other registered managers from within the provider group to discuss best practice

and areas for improvement. Staff meetings were held changes to policies, procedures and company updates were discussed with people.