

Mears Care Limited

Mears Care - King's Lynn

Inspection report

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Kings Lynn
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Date of inspection visit:
08 April 2019
29 April 2019
03 May 2019

Date of publication:
29 May 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? | Good ● |

Summary of findings

Overall summary

About the service: Mears Care Kings Lynn is a domiciliary care agency that was providing personal care to 254 people at the time of the inspection.

People's experience of using this service:

People felt safe with care staff and care staff understood how to safeguard people from harm.

There was guidance for staff on how to manage risks associated with people's care and support.

There were enough staff to meet people's needs. Care visits were occasionally late if they had to be covered because of staff absence. Any issues with staff attending visits late were addressed to improve attendance for the future.

Medicines systems were organised, and people were receiving their medicines when they should.

Staff were provided with equipment such as gloves and aprons and understood how to prevent and control the spread of infection.

Accidents and incidents were monitored and reviewed so that action could be taken to make improvements for the future.

People's care needs were holistically assessed and included information about health needs, eating and drinking and mobility.

Staff received the training they needed to carry out their role.

The service worked well with other professionals to improve the health and wellbeing of people using the service.

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 supported this practice.

People told us that staff were kind and caring and respected their privacy and dignity.

The service responded to people's needs and supported people to maintain their independence.

There was a robust complaints procedure in place.

The service was well run, managers were respected and there were systems in place to monitor the quality of care.

There was an open and honest culture where people felt listened to. Feedback from people and staff was used to improve the service for the future.

Rating at last inspection: At the last inspection this service was rated good. (Report published 19 October 2016)

Why we inspected: This was a scheduled planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rating requires improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Mears Care - King's Lynn

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity began on 8 April with telephone calls to people using the service, a site visit was carried out on 30 April and inspection activity completed on 3 May 2019.

Inspection team:

The inspection was carried out by two inspectors, an assistant inspector and three experts 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.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

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 72 hours' notice of the inspection because the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we looked at all the information that we had about the service. This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed information that the provider sent us in the Provider Information Return (PIR). 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. We also reviewed information from professionals working with the service, that we contacted for their views.

During the inspection we:

Spoke with the registered manager, the administrator, two care co ordinators and seven support staff and we received feedback by email from eight staff.

We spoke with 12 people who used the service and four relatives.

We reviewed 34 people's care records and looked at the medicine administration records (MAR) and supporting documents for six people.

We also looked at records relating to the governance and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff. One person said, "I have no worries really with the care and do feel safe with them." People told us carers always left the property safe when they finished the care visit.
- Staff had completed training on safeguarding people from harm. They understood how to recognise signs of abuse and the procedure to follow to raise concerns.
- Safeguarding incidents were documented, and the registered manager kept a separate folder with safeguarding records.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people using the service and told us there was guidance in care plans.
- We looked at care plans and saw that they contained risk assessments in relation to areas such as moving and handling, skin integrity, behaviour and eating and drinking.
- Environmental risks had been assessed and provided guidance for staff attending the property, such as a dark path, the need for a torch for night time calls and rugs in the house that might present trip hazards. Electrical equipment that the care staff may need to use such as kettles and microwaves was also risk assessed.
- Equipment that was used to support people such as hoists, and wheelchairs were listed in the care plan including information on how it should be operated, and servicing dates.

Staffing and recruitment

- We received mixed responses from people regarding staffing. Some people said that when staff were off work or when they didn't have their regular carer, calls could be late. One person told us, "I generally don't have any problems but now and again if they are short staffed the replacements they send can be late." Another person said, "They seem to have too many people (to care for) and not enough staff." Other people were happy and said, "The staff always turn up and when I expect them, to within an approximate time."
- We spoke with the care co ordinator about staffing. Rotas were prepared in advance using an electronic system. Care staff had regular rounds and then the care co ordinator covered any gaps for example if staff were on annual leave or rang in sick.
- The care co ordinator visited all of the clients so that they had a knowledge of the person's needs and could match care staff appropriately.
- If staff called in sick the care co ordinator covered the visits using existing staff or the care co ordinators themselves. This meant that they didn't use any agency staff, so staff knew people's needs. The care co ordinator told us it did mean that sometimes visits were late but that they tried to ring people if this was the case.
- There were systems and processes in place to help protect against employing staff who were unsuitable to work in the service.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should.
- Medicine Administration Records (MAR) were used to record when medicines had been given to people. These were audited by the care co ordinator.
- We saw on one MAR that medicine had not been given to the person. This was marked by a 'X' on the MAR. However, there was no record of why the medicine had not been administered. When we spoke with the registered manager about this they said sometimes the person refused this medicine, but they would introduce a system to ensure that this was recorded in future.
- The registered manager agreed to make sure that there was more detailed information in care plans about what medicines were for so carers would be more aware of the impact of not taking medicines. The registered manager said that they contacted the GP if somebody refused medicines.
- Staff told us, and we saw from the records that staff attended training in medicine administration. Managers carried out competency checks observing staff giving medicines to ensure that they followed the correct procedures.

Preventing and controlling infection

- Staff understood how to prevent and control the spread of infection.
- People told us that staff wore uniforms and also used gloves and aprons. One person said, "They wear a uniform and aprons and gloves when they need to." A relative told us, "Since using Mears, my [family member] has made a tenfold improvement. [Their] house is now clean and tidy with no smells."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager. Any injuries were recorded using a body map.
- The provider reviewed all accidents and incidents using an electronic system. The provider made recommendations to the registered manager on actions required to prevent things going wrong in the future. For example, updating care plans or risk assessments.

Is the service effective?

Our findings

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

Good: 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 holistically in their files. Assessments included information about people's health needs, emotional and behavioural issues, medicines, diet and mobility.
- Care plans included information about how people wanted to be supported and their preferences around timings and care tasks.
- Care plans were currently being transferred from being paper based to an electronic system. The electronic records were more detailed than the paper-based system and ensured that best practice guidance was followed.

Staff support: induction, training, skills and experience

- Staff had attended training to help them carry out their role. One relative said, "They seem to have the right training. I watch them all and they all do it correctly and do it exactly the same." (with the hoist).
- Staff told us, and we could see from the records that senior staff regularly observed them and carried out competency assessments to ensure that they carried out care tasks correctly.
- The service employed a trainer who carried out annual updates on training such as medicines, health and safety, fluids and nutrition and pressure area care, and updates every two years for training around people's health conditions such as dementia, epilepsy and Parkinson's.
- The trainer told us they were constantly reviewing training to keep up to date with best practice and they were currently reviewing their dementia training.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were supported to eat and drink.
- Information was included in people's care plans about how they should be supported to eat and drink. For example, "encourage to eat and drink."
- One relative told us, "They do prepare [family member's] meals which we buy ... They always offer [family member] a choice of what to eat... [Family member] is always left with drinks - [family member] always got juice or water and then they make [family member cups of tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with other agencies to ensure people had access to health care.
- Several staff talked about contacting the district nurse if they were concerned about pressure areas.
- There were assessments in the file from other professionals. For example, one care plan had an assessment around choking, recommending that fluids should be thickened. Staff recorded in the daily notes when they prepared drinks using the thickeners.

- We had positive feedback from professionals working with the service. One professional told us, "They seem to know and understand the clients."

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

- 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA.
- Staff had received training and understood the MCA.
- People told us that staff gained consent before providing care. One person said, "They check that [family member] wants them to do what they are going to do."
- We saw mental capacity assessments in people's files. Where people did not have capacity, best interests' decisions had been made involving other people such as other professionals or family members as appropriate. For example, in one person's file the best interest decision stated, "[Person's] past and present wishes and feelings were considered as part of this decision and reference made to the commissioning documents. Receiving care is the least restrictive option as it enables [person] to remain living at home. Carers to offer choice about day to day decisions about support."

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. One person said, "I am more than happy with the carers. They listen and have a chat if I'm feeling a bit down – we get on great." A relative told us, "They [staff] sit with my [family member] and they chat together like they are friends and they [staff] ring me if they are worried about anything. They collect a newspaper on the way in [to visit]. These little things make my [family member] very happy." Another person said, "I know they are caring by their tone of voice and how they speak to [family member]. The house is tidy, and the pots washed, bed's made. They are very good with [family member's] walkers and leave them in the right place so [family member] can reach them."
- Staff told us that they aimed to treat people fairly, "Like a family, treat people individually and person centred."

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

- Staff told us that they tried to involve people and their relative in their care. One member of staff said, "Clients are involved in their care plans, and things are explained."
- People and relatives told us they had been involved in writing the care plans and we could see that people's preference were recorded. One relative said, "They know [family member] well and those of the staff who are consistent staff know [their] preferences." Another relative told us, "The care staff keep me informed of any problems."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote privacy and dignity. One person told us, "They always respect my wishes. We have a good relationship, there is no rush or hurry and they care for my privacy and dignity."
- Staff told us how they ensured privacy and dignity by closing doors and curtains, leaving people on their own to do intimate personal care tasks if they could manage on their own and always making sure that they gave people choice.
- Staff promoted independence by allowing people to do the tasks that they could do themselves.
- The service had worked with other organisations to support a person to maintain their independence to do their own shopping using a local community bus service and a volunteer.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was responsive to people's needs. On the day of the inspection we saw that a new care plan had been written and was immediately available to be viewed on the electronic system.
- People told us that staff were responsive to their needs and went above and beyond. One relative said that the care staff had supported their family member with a situation which caused anxiety, "They [staff] are very proactive."
- On the day of inspection there was a telephone call in the morning saying that a person required personal care support, but their visit wasn't due for two hours. Arrangements were made to bring the visit forward to support the person.
- Some people told us that visits were sometimes late, or they didn't know what time care staff would arrive. We could see on the system that where people had raised this with the registered manager this had been addressed for the future.
- The electronic rota system provided real time information for the registered manager on call attendance. Either the registered manager or one of the co ordinators took the laptop home so they could monitor visits in the evenings and weekends. If there were late or missed visits, they contacted the on-call worker for the area to ensure that the visits were covered.
- Daily notes were recorded electronically which meant that they were immediately available for the registered manager and co ordinators to see. The care co ordinators made telephone calls to gather regular feedback from people about the service which included questions like, 'Is there anything we can do to improve the quality of service, are times of visits recorded accurately?'
- Care staff were also given weekly feedback forms where they could report any concerns they had about people. We saw staff used these forms to report changes to health such as breathlessness, confusion, or marks on the body.
- Care staff told us concerns were acted on, for example if visit times needed to be increased or a referral to the district nurse.
- The registered manager had started a scheme to 'grant a wish' to people who didn't have any relatives. Care staff were asked to nominate people who didn't have family to take them out, to grant a wish for them such as a trip to the seaside for fish and chips, a trip to the cinema, or a trip to a cemetery to put flowers on a loved one's grave.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place. People told us that they knew how to complain. One person said, "I have the office number if I need it."
- When care co ordinators carried out feedback calls to people they asked them if they knew how to contact the office to raise concerns.
- We could see from the records that complaints were dealt with appropriately and in a timely way. The

registered manager told us that they liked to respond to complaints as soon as they came in and always rang the person involved and offered to meet them rather than just communicate through letters.

- The provider had an electronic portal where all complaints were analysed, and this was used to improve the service for the future.

End of life care and support

- The registered manager told us that they had recently introduced a form for end of life care.

- They did not, at the time of inspection, have anyone that was identified as palliative or end of life care.

However, the registered manager said that potentially a lot of people could eventually require end of life care.

- People were given the choice about whether they completed the end of life care form. Some people said that their relatives would deal with it and that they didn't want to complete the form. The registered manager said that they were focussing particularly on those people with no family so that they knew what would be important to people at the end of their life.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We had mixed feedback from people about the management. One person told us, "The staff are helpful...I don't know who the manager is, but I would say it is well managed." Another person said, "I think the manager is [name] and [they] are very approachable. If there is a problem, it seems to be dealt with." Other people told us that there was a lack of communication between the office and people using the service.
- Staff told us that the management was open to them raising concerns. One member of staff said, "[Registered manager] gets it sorted."
- Staff told us that they felt supported and that there was an on-call system out of office hours so that they could get support if needed.
- Staff had regular supervision and felt supported by their managers. Managers observed staff carrying out their role to ensure that they were following procedures and treating people fairly and with dignity and respect.
- The registered manager was passionate about their role and was focussed on providing high-quality person-centred care. They told us, "I want to help people, want to see people remain at home...Nobody wants to be taken out of a home environment."
- The registered manager recognised the importance of spending time with people and told us that they encourage care staff to take the time to have a cup of tea and chat if they finished their care tasks.
- Staff carried prompt cards with their identity cards, reminding them about moving and handling techniques, safeguarding, medicines and slips trips and falls.
- Staff were rewarded through a carer of the month scheme. The provider also paid for an annual day out for all care staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were carried out on care records and co ordinators carried out observations of staff to monitor the quality of care.
- Staff meetings were used as an opportunity to share information about people's needs and expected standards of care. We saw in minutes that staff were reminded of issues such as checking equipment and the conditions of slings before using them.
- The registered manager also used a 'staff memo' system to send out reminders to staff about standards of care.
- The provider carried out an audit of the whole branch including care records, as well as visit times compared to the times in care plans, recruitment of staff and training and appraisals.

- The registered manager was open and honest and reported issues where they arose. For example, they had reported a data breach to the Information Commissioners Office.
- The registered manager completed notifications for the Care Quality Commission. These are events that the registered manager is required to tell us about by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people using the service to drive improvement.
- Co ordinators rang people for feedback and people were also asked to complete an annual questionnaire. The results from the questionnaire showed that people rated the service as good or better in most areas. Areas surveyed included quality of care, wellbeing and independence and staff conduct.
- Staff also completed an annual survey to give their feedback. The branch had achieved the 'Five Star' rating from the provider as the branch that got the most positive feedback from staff.

Continuous learning and improving care

- The results of questionnaires by people and staff were used to create an action plan for improvement.
- Accidents, incidents, complaints, compliments were all monitored and collated on an electronic system and used to drive improvements.

Working in partnership with others

- The service worked in partnership with other professionals to improve care and support. The registered manager told us they had a good rapport with the district nurses and have a named nurse in each area or they could contact nurses through a central hub.
- They had a good relationship with social services which enabled them to respond to people's needs, for example if they needed different equipment, or if visit times needed to change.
- They also had links with community organisations such as charities and the dial a bus service to enable people to maintain their independence in the local community.