Mears Care Limited

Mears Care - Peterborough (Orton)

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

Mears Care - Peterborough (Orton) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is registered to provide a service to older people, people living with dementia and people with mental health needs. Not everyone using Mears Care - Peterborough (Orton) received a regulated activity; Care Quality Commission (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 take into account any wider social care provided.

This inspection was carried out between 4 and 6 April 2018 and was an announced inspection. At our inspection in August 2015 the service was rated as 'Good'. At this inspection in April 2018 it remained Good'. At the time of our inspection there were 163 people using the service.

The service had a registered manager. 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 received a safe service. Staff kept people safe from harm, they knew how to report any concerns and actions were taken when incidents occurred. Checks were undertaken to help determine staff's suitability before they started caring for people. Only suitable staff whose good character had been established were offered employment at the service. There was a sufficient number of staff in post who had the skills and training they needed to provide people with safe care and support. People's medicines were administered and managed safely.

People helped determine what their care arrangements were and the provider took account of people's wishes and choices and any future goals. People's care and support plans were an individual record about each person's needs and any assistance they required from staff. Risks to people were identified, and plans were put into place to promote people's safety without limiting people's right to choose what they wanted to do. 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 received a caring service. People were looked after and cared for by staff who showed compassion, respect and upheld their dignity. Staff undertook people's care in an unhurried and considerate manner. People's independence was promoted by staff who encouraged people to make their own decisions about their care. People were provided with information about advocacy services if they needed someone to speak up for them.

People received an effective service. Staff benefitted from the support, training and mentoring they were provided and this helped to promote people's safety and wellbeing. Staff understood their roles and responsibilities in meeting people's needs. System including regular spot checks and were in place to help

staff to maintain their skills and the standard of work expected from them by the registered manager.

People were supported to maintain their health by staff who enabled or supported them to access community or other primary health care services. Staff assisted people to maintain the correct level of nutritional intake of food and fluids.

People received a Responsive service. This helped them to have their needs met in a person centred way. People were supported to maintain contact with their relatives and friends when they wished to do so. There was a process in place to manage any concerns, suggestions and complaints. Complaints were resolved to the complainant's satisfaction. Systems were in place to support people to have a dignified death.

People received a well-led service. Staff had various opportunities including meetings to feedback their experiences and receive updates about the service. Any suggestions or concerns that staff had could be raised at one to one supervision meetings or at other occasions they contacted the office. Staff were supported by the registered manager who listened and acted upon any opportunity for improvement.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who used the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided and felt listened to. Actions were taken as a result of feedback to drive forward any improvements that were required.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good

The service had improved to Good.

People's care and support needs were assessed. Staff with the right skills were put in place to meet these needs.

People's choices were respected and staff promoted people's independence as much as practicable.

Staff received the training they needed and they helped people to access healthcare support.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Good

The service remained Good.

Mears Care - Peterborough (Orton)

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 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 inspection took place between the 4 and 6 April 2018 and was announced. We gave the provider five days' notice to gain consent from people or relatives we wished to speak with. This because some of the people using the service could not consent to a home visit or phone call from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

The inspection was undertaken by one inspector and an assistant inspector (observer) 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. Their area of expertise was for older people and people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents of harm or allegations of this. We also sent out survey questionnaires to people, relatives, healthcare professionals and staff. We used response to these questionnaires to help make a judgement about the quality of service people received.

Prior to our inspection we contacted organisations to ask them about their views of the service. These were, the local safeguarding authority, commissioners of the service and the local authority quality improvements

team (QIT). These organisations' views helped us to plan our inspection.

On the 4, 5 and 6 April 2018 we spoke with 16 people using the service who were able to give us their verbal views of the care and support they received. We spoke with 10 relatives of those people who were not able to speak with us where they lacked mental capacity.

We spoke with the registered manager, three office based staff who had management responsibilities and three care staff.

We looked at care documentation for four people using the service at Mears Care - Peterborough (Orton), medicines records, two staff files, staff training records and other records relating to the management of the service including audit and quality assurance records. We also looked at records of people's achievements and social outcomes.

Good

Is the service safe?

Our findings

People's safety was promoted by staff who were knowledgeable and understood what safe care meant. One person told us that they were, "Very safe. I have them [staff] twice a week to shower me and they are most careful when assisting me and supporting me so I don't fall. A relative said, "I think [family member] is safe with them [staff]. They are also partially sighted so they take this into account as well." Staff received regular training and refresher updates on safeguarding people from harm, or potential harm. This training also included positive behavioural support training for any person with behaviours which could challenge others. Staff told us about the different types of abuse, the signs and symptoms of this and to whom they could report these to, such as the local safeguarding authority.

Where incidents occurred such as a person falling or having their care call not undertaken as planned we found that actions had been taken. For instance, reminding staff to check their care call roster or to contact the office as soon as any delays were identified. This was as well as referring people to occupational therapist or the local authority falls' team who then put equipment in place for people such as hand rails or door ramps. Learning was taken on board following incidents and this helped reduce the risk for the potential of any recurrence. The registered manager showed us records of how they were liaising with the Peterborough safeguarding authority to help achieve safe outcomes for people.

Spot checks were undertaken on care staff to make sure people were cared for safely. This was to assist people to stay as safe as practicable and to understand what staying safe meant to them. The checks were an opportunity for people to report any concerns and to help ensure they were not rushed. People had the equipment they needed such as walking frames. Where reasonable adjustments needed to be made these had been implemented such as access to care call life lines.

A sufficient number of staff with the right skills were in post and this helped ensure people had their care needs met. For instance, where two staff members were required for moving and handling task, people and relatives confirmed that the right number of staff were always provided. One person told us, "The girls [staff] are always on time give or take a few minutes. They [staff] let me know if they are running overly late." One staff member said, "We do get travelling time and each person whatever their care needs has the time they need for us to complete our care tasks." Although some people told us their care calls were not always consistent in timings, no missed care calls had occurred. The registered manager told us that a recent recruitment campaign had been successful and additional staff were now in post and further staff were in the recruitment process.

Risks to people continued to be minimised. Measures were taken to either eliminate the risk or manage it safely. For example, with nutrition, medicines and emergency call systems. One person said, "I am diabetic so they make sure I have meals and tablets on time." One relative told us, "My [family member] needs a call life line. [They] had to use it last week and the paramedics came straight away." In care plans we looked at not all risk assessments were in place such as for bed rails. This put people and staff at risk. Staff were however, able to tell us how they kept people who used a bed with safety rails safe. The registered manager put this in place before we completed the site visit aspect of our inspection. One staff member said, "People

do take risks and sometimes fall. We do make sure their house is tidy and that any equipment is safe." Policies and procedures helped support people to be safe and in the least restrictive way.

The process for recruiting new staff remained robust. Checks that staff underwent included those for establishing their good character, previous employment references, photographic identity and evidence of their qualifications. One staff member said, "I was not able to care for any person until my DBS (Disclosure and Barring Service) criminal records check came back clear." We saw that risk assessments had been put in pace for any staff member where their DBS had an unsatisfactory record. The risk assessment included measure such as additional shadowing by experienced staff.

Infection prevention and control policies were in place and these helped to support good practise. Staff told us about the protective clothing they wore as well as how they washed their hands between each pert of the person's care. One person said, "They [staff] always wear gloves and aprons. I have never seen them not do this." Staff had regular training about how to maintain good hygiene and checks were completed to make sure staff maintained a good standard of hygiene.

People received their medicines as prescribed and they continue to be supported with this in a safe way. One person said, "They [staff] always fill in the form (Medicines Administration Record) and make sure I take the tablets properly. Another person told us, "Yes, they [staff] give me my tablets on the first call in the morning, them one at lunchtime and another one at teatime together with two other ones. They always wear gloves when getting them and give me them with water. I always get them as prescribed." One staff member told us, "I had to have administering medicines training as well as having my competency to do this assessed by the [registered] manager." Staff were reminded of their responsibility to accurately record medicines that they administered during audits and spot checks.

Good

Is the service effective?

Our findings

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures to deprive people of their liberty for community are applied for through the Court of protection. We checked whether the service was working within the principles of the MCA. The 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.

At our inspection on 25 August 2015 we found that improvements were needed as there was a lack of assessments in place to help determine if people had the capacity to make decisions in relation to their care. At this inspection between 4 and 6 April 2018 we found that each person's mental capacity to make decisions had been determined. Appropriate support was put in place to help people make decisions about their care including what to eat and any care that was in their best interests. One staff member told us, "It's [MCA] all about letting people make their choices. We are to help people make decisions. It could be what to wear by offering a choice of clothes or a drink of tea or coffee." One person who responded to our survey said, "The regular care worker is thoughtful and sensitive to the little extras that need doing without me having to ask. This is greatly appreciated. They will also ask, "Would you like me to?" People were supported and encouraged to make decisions based upon their mental capacity.

People continued to have their care, support and social needs assessed and their care was provided based upon good practice. One person told us that staff knew them well and, "I need hoisting and you can tell from the way that they [staff] move and support me that they have the right skills."

Staff had the training they needed to provide people with care that met their needs. Subjects staff were trained on included, equality and diversity, first aid, food preparation and hygiene, dementia care, catheter management and various health conditions such as epilepsy. People told us that they had been included in how their care needs were assessed. One person said, "They [staff] help me to be hoisted as I couldn't do anything without them. They are so careful, but know about my [health condition] and they are mindful which is side of me is weaker." A relative told us, "They [staff][know every little bit about my family member's] needs. Even down to how much tooth paste they can have."

People were supported by staff with their nutritional needs and any intervention by relatives was recorded. One person said, "They [staff] get me toast for breakfast with a cup of tea, at lunch heat up a microwave meal and for tea I like to have frankfurter sausages which they do for me. Otherwise I will have cakes, depends on what I fancy at the time. In the evening I have a cup of tea and they make sure they leave me with water for overnight in a non-spill container." One staff member told us, "Where people need a sandwich or cooked meal we do this. It's up to them. Sometime they say they have eaten but I can see a lack evidence [for eating] means I would offer something to eat and drink. If the person refuses I record this and report to the office [staff]." Information in people's care plans was detailed in guiding staff for people who were at risk

of choking and the measure to ensure the person was safely supported with their nutrition such as having food without, or reduced, sugar.

To help people live healthier lives they were enabled to access health care services. One person told us, "The district nurse has just been and the girls [staff] were there to hoist me. It's a team effort." We found that the registered manager and staff worked with other organisations such as a GP or social worker. This was planned to help ensure people had the same access to healthcare as anyone. Staff arranged home calls by GPs and community nurses where they felt a need. A relative told us, "My [family member] went to fracture clinic recently and I think they [staff] booked the transport for them. They [staff] seem very good at making sure my [family member] has everything they need." A healthcare professional had fed back to the registered manager about how dedicated the staff had been in gaining an insight into a person's healthcare needs and enabling them to get out of bed as well as understanding their character and personality. This had resulted in improvements to the person's quality of life and wellbeing.

Good

Is the service caring?

Our findings

People made positive comments about the caring nature of staff. One person told us. "I love the time of day when my [staff] turn up. They close my window blinds and protect my dignity." People continued to be well looked after and cared for by staff who understood when people needed support. Other ways in which people's privacy was maintained was by keeping personal information secure. One compliment sent to the registered manager stated, "Thank you for [staff] who went the extra mile for my [family member]. It was very, very hot after they had been into town and they were tired. [Staff] gave [family member] a cool shower, even though [staff] must have been hot and bothered themselves. Very, very thoughtful."

People's care plans and daily communication logs were written in a person centred manner and they included information about people's life history as well subjects which were close to people's hearts. For instance, what their life achievements had been and those people and subjects that mattered to them such as family members pastimes. Where people were at risk of social isolation, staff made sure people had additional stimulation such as, Christmas dinner in a community setting or afternoon tea with staff.

People were involved in their according to their care needs no matter what these needs were including people who had a physical disability or any person who communicated in other non-verbal ways. For example, by nodding or through eye movement. Care plans included details about people's religions and any particular circumstances that staff needed to be mindful of as a result of this such as certain foods. One relative told us, "One lady [staff] who is Portuguese is always singing it is lovely as my [family member] loves to sing and I can hear them having a duet in the kitchen."

The registered manager told us, "Should any person or relative require any support to access advocacy we can direct them to the right services. (Advocacy is to help ensure that people have their voice heard on issues that are important to them, uphold their rights and have their views and wishes considered when decisions are being made about their lives). One relative told us, "I have a power of attorney for health and welfare. I make decisions based on what's best for my family member."

People were involved as much as possible in decisions about their care. This included when additional support was required. One person had been assisted to clean their home and was now able to do more for themselves and be more independent. One person said, "I do my care plan with them [staff] and it was recently reviewed with them. I have a copy." Another person told us that following a review of their care staff helped them move home that they could now get out much more easily and with less support from staff. They told us, "They [staff] were just so helpful and kind. I couldn't do it myself. They were so pleasant and I am happy in my new home with its easier access to everything." People's independence was promoted.

We saw that from staff rosters, staff had the time to care for people, listen to what they had to say as well as undertaking training and voluntary work. In addition, staff were paid for up to 16 hours work in the community to help make a positive difference to people's lives and the way they were cared for. For example, by tidying people's homes and undertaking a deep clean.

Good

Is the service responsive?

Our findings

People played a part in determining how, when and who provided their care. People's choices were based upon their personal preferences as far as practicable including the times of their call, gender of care staff and external support from health professionals. One person told us that their choice of care staff was respected and said they had, "Mostly ladies but if a man comes as well he will see to getting my food while the lady does my personal care. I don't mind who I have as long as the lady bathes me, which always happens." A relative said, "My [Family member] likes the social interaction with them [staff] very much and wanted that as part of their care. They are very good at this with [family member], really nice and chatty about things and they are very pleased with that."

Consideration continued to be given to people's likes, dislikes, health conditions and any adaptations for them such as staff who spoke the person's language. One person told us, "I make the decisions about washing and bathing me and also what I want them [staff] to get me to eat. Also, about where I want to be moved to when they are here." As part of assessing how people's needs would be met the registered manager undertook their own review as well as considering that of the local authority. This was to help make sure that they had the staff and resource to meet each person's needs in a person centred way. A relative told us, "If I need anything I just have to ring them. [Office based staff] came to see me last Saturday wanting to know if I needed them [staff] to come to do me a meal now. They know I am losing weight, but I would rather get my own meals. I don't have much of an appetite."

People were supported and cared for to help improve their wellbeing by staff who knew what person centred care meant. One person told us that staff had worked with them in recognising their need to move to more accessible premises. They told us, "I am now on the first floor which is much better. It means a lot to me that I am now much more independent and can get out more easily. I couldn't have done it without their [staff's] help." People were assisted to have good outcomes with their care needs. Examples we saw of these included one person who was helped to visit a family grave, another person was brought to the service to meet the staff team as they wanted to meet them. One relative told us, "My [family member] has autism and for them meeting people they have never met before is a big thing. They came home that day and were so happy having helped with some copying, doing some filing and other office based tasks. It really boosted their confidence to be with others."

Policies and procedures were in place and these supported people should they ever have a need to raise any concern or complaint. One person told us, "I rarely ring the office although if someone [staff] didn't turn up I would ring them as I do worry about the staff there is so much traffic these days. I've never had to complain but I am sure they would sort out whatever the problem was." One relative said, "The office staff are very receptive when we ring. I have a customer service background and they respond in just the right way by listening and understanding what is needed. We sometimes have to cancel if [family member] isn't well and there is never a problem. I know they are there if I need them."

However, we were also given less favourable comments that concerns were not always taken seriously and that concerns were not always responded to. One person told us, "I have complained about my care call

times but they [staff] never get back to me." A relative said, "I did contact the office but I was just ignored." Another relative said I complained but when they [staff] rang back they [didn't respond well]." We viewed records of complaints and concerns raised by people and/or their relatives.

We saw that the provider had followed their procedures and policies. In-depth investigations had taken place and actions had been taken such as changes to staff or procedures. The registered manager told us that the implementation of electronic care call monitoring was in progress and this was planned to drive improvements. The registered manager told us that the recent take-over of some people's care had caused some disruptions but improvements were being made. The provider told us in their PIR that they had decided to open the service's office earlier. This had been effective in reducing missed phone calls from people and being able to respond to their concerns much earlier without missing concerns.

No person at the time of our inspection was receiving, or in need of, end of life care. However, the registered manager and office based staff team had processes in place to deal with this matter should it arise. For example, liaising with health care professionals and being mindful of people's advanced decisions about end of life care. Care plans included information should the person have made such decisions about resuscitation. People could be assured that they would be supported to have a dignified death in a place of their choosing. The registered manager was also in the process of working with their training team to develop an end of life care policy based upon the latest guidance. One person had complimented the registered manager for the end of life care of their loved one by saying, "Just to thank you for supplying the wonderful staff who provided more than adequate care for [family member]."

Good

Is the service well-led?

Our findings

A registered manager was in post. During our inspection we found four incidents which had not been reported to the CQC. The registered manager told us they had been advised by the local authority that these incidents did not reach the safeguarding threshold. People had been supported to be safe and to have their care needs met to the standard each person expected. The registered manager had also liaised with other external agencies as appropriate. However, the registered manager sent these notifications to us before we completed the first day of our inspection.

The registered manager monitored the culture of the staff team through regular staff meetings and one to one supervisions. There was also an appraisal system for staff who had been in post for more than 12 months. One staff member told us, "They [registered manager] are very approachable and very supportive. They are there for me at work and anything that could affect my performance."

Office based staff undertook audits and spot checks on the quality of care that was provided. These quality assurance procedures were used to monitor for example, accuracy of records and care plans and medicines administration records. Where improvements were identified, we saw these had been implemented. For instance, by staff, being retrained on subjects including administering medicines or being reminded of their responsibilities Plans were in place to implement electronic care call monitoring systems. One person told us that their care staff had been changed as the previous one couldn't get on with them but their new care staff were much better.

Staff were regularly provided with feedback about their performance through support from office based staff as well as compliments from people. One person told us they were, "Extremely happy with the service" they received from the provider. They said, "They [staff] are kind, yet professional at all times". One staff told us, "I have a personal development meeting with my manager every eight weeks or so to discuss what has gone well and the challenges I have faced. It is all about discussing things in a way which motivates me. I have the [registered] manager's work mobile telephone number." Another staff member said, "I had a spot check recently which went well. You never know when you are going to be checked on." Regular staff meetings were also used to support staff and were an opportunity to remind them of the provider's values and also any changes that were planned.

The registered manager and the provider worked in partnership with other agencies. They had taken over the care for people whose previous care provider had decide to deregister their service with the CQC. One person told us, "I have been with them [service] a few years now and always found it to run well. I am happy with them." One relative told us, "They [provider] took us on at short notice and so far, everything is good." Other organisations the registered manager worked with included the local safeguarding authority and commissioners of the service. We found that as a result of this liaison people benefitted, such as by having safety improvements to their home or changes to their living environment.

The provider took on board learning from incidents and improvements were made to help prevent the potential for any recurrence. For example, care calls that there not provided on time or events where staff

had fallen below the standard expected of them. Actions had been taken and these included changes to the way staff arrived at people's homes and how they were deployed. The registered manager had been complimented by the provider for their efforts during the recent severe wintery weather in care staff not missing any care calls.

People were able to provide their views about the service in a number of ways. These included an annual quality assurance survey, contacting the office by phone or e-mail, a newsletter, website and speaking with staff during care calls. People could also have support to complete the survey should they need this. We saw several samples of compliments people had provided. One read, "Thank you for sending [family member] an Easter basket." This was for those people who could not easily access the wider community. Another read, "Thank you for taking me out [shopping]. I had a wonderful day and I won't forget how kind you both [staff] were." Actions from the provider's survey included improvements to the complaints process which we found were in progress included making sure that telephone calls were returned when requested. This was also to be discussed during staff meetings and supervisions. This showed us that people's views were listened to and acted upon.