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?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Mears Care –Peterborough (Orton) is registered to provide personal care for people living at home. At the time of our inspection there were 149 people using the service.

This comprehensive inspection took place on 25 August 2015 and was announced. Our last inspection took place on 7 April 2014 when we assessed the provider was meeting the requirements of the regulations that we had inspected.

Summary of findings

A registered manager was in post at the time of the inspection. They had been registered since 5 July 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. However, there was a lack of assessments in place to determine if people had the capacity to make decisions in relation to their care.

People were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The registered manager was aware of the process to follow should a person require a DoLS application to be made.

People were treated by kind, respectful and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Care was provided based on people's individual needs and they and their family members were supported to enable people to remain living at home. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by a team of office staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

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.

People were supported to take their medicines as prescribed.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people's needs were met by enough suitable staff.

Good

Is the service effective?
The service was not always effective.

Mental capacity assessments were in not place to show that people's rights were protected from unlawful decision making processes.

People were looked after by staff who were trained and supported to do their job.

People's health, nutritional and hydration needs were met.

Requires improvement

Is the service caring?
The service was caring.

People were looked after in a caring way and their rights to independence privacy and dignity were valued.

People, or their representatives, were involved in making decisions about their, or the person's care.

Good

Is the service responsive?
The service was responsive.

Information about people's individual life histories had been obtained.

People or their representatives were involved in the reviews of their care plans.

There was a procedure in place which enabled people to raise any concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Procedures were in place to monitor and review the safety and quality of people's care and support.

Arrangements were in place to listen to what people and staff had to say about the running of the agency.

Good

Summary of findings

There were procedures in place to manage and supervise staff.

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 was carried out on 25 August 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also before the inspection we contacted a local contracts monitoring officer for information they had about the agency.

During the inspection we visited the agency's office, spoke with 10 people and three relatives. We also spoke with the registered manager, the agency's office manager, a care co-ordinator, a senior member of care staff and four members of care staff. We looked at eight people's care records and nine people's medicines administration records. We also looked at records in relation to the management of the service and the management of staff.

Good

Is the service safe?

Our findings

People told us that they were safe because of the way they were treated and they had got to know the regular staff who looked after them. One person said, "Because I have had the same carers I have got to know them and I feel safe. And they make me feel safe when I am in the wheelchair." Another person said, "The [care] staff always make sure I have my lifeline on. They use the key safe to let themselves in and out and they know the (code) number (of the key safe)." People also told us that members of care staff wore their identity name badge when they visited.

Staff were trained and knowledgeable in recognising and reporting any incidents of harm to people. They were able to describe what types of harm people may experience and the action they would take in reporting harmful incidents to their manager and also to the local authority. The registered manager had submitted notifications that told us that appropriate action and reporting had taken place to reduce the risk of people's harm recurring.

People said that they felt there was enough staff as they usually arrived on time and stayed the time that was allocated for the visit. One person said, "Sometimes the [care] staff are a quarter hour late but it is never more than that." Other people said that care staff were punctual and stayed the time that they should. Members of care staff had spot checks carried out on them and they were found to have arrived at the person's home at the time when they should have done.

Members of care staff told us that there was not enough staff but they covered for staff absences and people did not have any missed calls. One member of care staff said, "When [care] staff go off sick, we do have to cover." A care co-ordinator said, "If it is the case we [staff] in the office have to go out (to look after people) then we will." A senior member of care staff said, "Everyone pulls together and I went out (to care for people) this (last) weekend."

Staffing numbers were matched against the local authority's assessment of people's needs. A care co-ordinator told us that the local authority's requests were met as there was a sufficient number of care staff available to look after people. They said, "When the requests for care packages come through from the local authority I match the carers (experience and numbers) with the person's needs." The registered manager and the agency's office manager advised us that the recruitment of staff was on-going. They told us this was through advertising, job fairs and by word-of-mouth.

People were protected from the risk of unsuitable staff because of the recruitment systems in place. Members of staff described their experiences of applying for their job and the checks that were taken before they were allowed to work for the service. A member of staff said, "I had to have references and I had to have my CRB (Criminal Record Bureau, which has since been replaced by the Disclosure and Barring Service) and I filled in an application form." Another member of care staff told us that they, too, had the checks in place before they were allowed to care for people. They told us that they attended a face-to-face interview and the checks were in place before they were allowed to visit people in their home. They were also assessed on their literacy and numeracy skills.

Health and safety risk assessments were in place and staff were aware of how to manage people's risks. A relative told us how staff made sure their family member's home was kept secure. They said, "[family member] has a key safe and the staff punch in the code and get the door key." A member of care staff told us how they made sure people's homes were kept secure. They said, "I always check that the person's front and back door are locked and that the windows are closed (if the person wants this). We make sure the key safe code is not showing and reset before I leave. They also told us how they made sure people were kept safe from the risk of falls. They said, "We make sure people have their life lines on. And we make sure they (people) have their walking frame."

People told us that they were satisfied with how they were supported to take their prescribed medicines. One person said, "They [care staff] help me with the application of my creams that the doctor prescribed." Another person said, "I get my medicines every day. They [care staff] make sure I take them with a cup of tea or a drink of water. They put my medicines in a little pot then they put this on the table for me to take." They told us that the staff checked that they had taken their prescribed medicines and completed the medicines administration record (MAR) following this. MAR sheets demonstrated that people were supported to take their medicines as prescribed.

Good

Is the service safe?

Members of care staff told us that they had attended training and were assessed to be competent in supporting people with their medicines. The training and spot check records confirmed that this was the case.

Requires improvement

Is the service effective?

Our findings

People living with dementia were supported with their personal care and to take their prescribed medicines, which included medicines to ease anxiety. Some people stayed in bed all of the time, which can be considered a form of restriction of their liberty, unless this care is supported by assessments and decision making procedures. People's care records showed that the provider had not carried out assessments of people's capacity to make decisions about their care and, therefore, there was no best interest decision making processes carried out. The registered manager advised us that arrangements were in place for staff to attend training in the application of the Mental Capacity Act 2005 (MCA) and this would be before the end of September 2015. They told us that the aim of attending the training was to improve the confidence of senior staff in carrying out assessments of people's mental capacity to make decisions about their care. They also told us that they were aware of the process to follow should nay person require a Deprivation of Liberty Safeguards application to be made, via the local supervisory body.

Members of staff had attended MCA training as part of their induction training and were aware of respecting people's decisions in relation to their care. A senior member of care staff gave an example of what action they had taken when a person had declined to take their medicines as prescribed. They said, "I had to keep explaining what the different coloured tablets were for. I got the reassurance from their [family member] to say the same. I couldn't leave until [person] had taken it (medicines)." A member of care staff said, "If the person doesn't want to have their personal care, I would wait five minutes and go back again. Most of the time it works and if it doesn't, I would report it back to the office (staff)."

People told us that they had confidence in the staff who they had known for some time. One person said, "My regular carer knows what I want and need." Another person said, "As far as I can see the [care] staff who come are trained." A relative said that they had no concerns in relation to the ability of care staff to meet their family members needs.

Members of care staff said that they had the training and support to do their job. They told us that they had attended training in medicines, health and safety and safe moving and handling techniques. The training records confirmed this was the case. Staff told us that they has one-to-one supervision sessions during which they were asked about their health and welfare and any other work-related matters. They also told us that they felt supported as the office and managerial staff were approachable and listened to any concerns that they had.

People said that the care staff ensured that they had enough to eat and drink and were offered choices of food and drink. A relative said, "The [care] staff come in and make [family member] beans on toast or sandwiches, because that is what [family member] likes to eat." One person said, "[Care] staff always put my frozen meal to cook in the microwave. They always ask me what I want and for sandwiches too." A member of care staff said, "I go and get [person] a choice of a couple of meals and I get [person] to pick (select their choice)." Another member of care staff said, "I always make sure people have enough to eat and drink and I prompt people to have a drink." People's special dietary needs were recorded in their care plans and these included, for example, low fibre and vegetarian diets.

People told us about the health benefits gained from the care they received. A person told us that this had enabled them to improve their speech and confidence following an inpatient hospital stay. They said, "I'm getting more independent. The [care] staff give me confidence." Another person said, "The care helps me a lot. I find it a bit awkward (and painful) doing it myself (due to their medical condition)." People told us that they were independent in making and attending their appointments with the GP and hospitals.

Members of care staff were aware of the actions they would take if a person became unwell. A member of care staff told us that they called emergency health services when they found a person was unwell and needed admission to hospital. Another member of care staff said, "I quite often go to (look after) the same people. You build up a relationship and you get to know them and they get to know you. When you go in (to the person's home) and they are poorly, I would know. I ask them if they want the doctor and I let the office staff know as well." We were also given an example by another member of care staff when they supported a person to be treated by a district nurse.

Good

Is the service caring?

Our findings

People said that staff treated them well. One person said, "I would give top marks to all of my carers. They do anything I want. They're very understanding and patient." Another person said, "They [care staff] usually ask me if there is anything else I need before they go and I can ask them as well."

People told us that their requests in how they wanted to be supported with their personal care were respected. One person said, "I have a female carer [care staff] as I don't want a male carer [care staff]." Another person told us that they had "insisted" on having female member of care staff They said, "This was definitely respected."

People told us that they were satisfied with how staff respected their privacy. One person said, "They [care staff] knock (on my door) and call out to say who they are and then they come in." Another person said, "They [care staff] close the bathroom door when I am having a shower."

Members of care staff were aware of protecting and maintaining people's privacy and independence with their personal care. They described how they ensured that a person's dignity was preserved whilst they were assisting them to have a wash by covering them up.

People were assessed to be independent with taking their prescribed medicines and also with preparing and cooking their meals. People told us that they were supported to maintain their independence with these tasks.

Members of care staff described how they looked after people and the reasons for doing so. One member of staff said, "You go in (to person's home) with a cheerful face. You stay the full time and have a conversation with them." Another member of care staff said, "I always think if you look after someone, you should be polite and talk to them and give them) the care that they need."

People said that they were asked about what they wanted to do on a day-to-day basis. They also said that they were aware of the times of when there care visits were due and the reasons for these. One person said, "I have a time sheet that tells me what's happening." They told us that the time sheet informed them in respect of the names of the care staff who were due to provide them with their planned care.

The registered manager advised us that advocates/ advocacy services were not currently used. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People said that they were satisfied with how the care met their health and social care needs. One person said, "I sometimes have to stop and get my breath." They told us that staff were aware of this and that they let them take their time to feel more comfortable with their breathing. Another person said, "I have a good laugh with the [care] staff. It sets me up for the day." We were told by another person that the visits had helped reduce their feelings of social isolation. They said, "I look forward to having a chat. It breaks up my day." One member of staff said, "The care benefits people a lot as some would not bother to (have a) wash. The care helps people stay at home." Another member of staff said, "The care is to keep people living in their own homes and without the care, they may not be able to stay at home."

People's main carers were given the support to enable them to continue with looking after their family member. The agency offered and provided a sitting service that allowed the main carer to have a break from their caring responsibilities. This, in turn, helped to enable people to stay living at home.

Care plans contained people's risks in relation to their health and safety risks, which included risks of falls and risks of the use of electrical equipment. People's care needs were assessed and records of these were kept under review. Where people were assessed to be in need of an increased level of care, the care plans detailed this change. In addition there was information about people's life histories although these were brief in detail.

People's needs were assessed by the local authority and this information was obtained before the person started receiving care at home. Care plans were developed from the local authority's assessments and the reviews of these were carried out with the person and/ or their representative. One person said, "I have had a review of my care plan and I was able to comment on it. Everything was satisfactory." Another person told us that they had had a review of their care plan and was due to have another care plan review during September 2015.

People knew how to raise a concern or make complaint and they had contact details and names of people they could speak with if they were unhappy about something. One person told us that following their complaint, the provider had taken satisfactory action. This was so that the time of their morning call visit was when they wanted it. They said, "Sometimes I was getting a late call but they [care staff] have now been earlier." They said that the improved spacing of visits had allowed them to have their breakfast when they wanted to eat it in the morning, rather than late morning. They told us that they were now able to eat their lunch as they now were able to eat their breakfast at an earlier time.

Members of care staff were aware of the complaints procedure and how to support people with this. One member of care staff said, "I would explain the complaint procedure to them [person] and write a report, if they couldn't, and bring it to the office."

Good

Is the service well-led?

Our findings

The registered manager was supported by a team of office staff and care staff. All of the staff described the registered manager to be supportive, caring and approachable. A local contracts monitoring officer told us that they had no concerns about the management of the agency.

Staff were aware of the whistle blowing policy to protect people from harm and said that they had no reservations in blowing the whistle. A member of care staff said, "It's when you know a carer [care staff] is doing wrong. That's when you report it to your manager." A senior member of care staff said, "(Whistle blowing) is if the carer [care staff] is acting inappropriately. I would report it to my manager and if it doesn't get sorted out, I would take it further to the duty social worker."

Staff members told us that they attended team meetings and were enabled to contribute to the meeting agenda. A member of care staff gave an example where a person's level of care needs had increased based on their suggestions. They told us that the increase in the duration of the call visits enabled staff to meet the person's changed level of needs. Members of staff also told us that the staff meetings had enabled them to be updated with new information. One member of care staff said, "Staff meetings are good. We get to know about new things coming on board, about working conditions and the managers support us with this."

Staff surveys were carried out and the results of these were collated and analysed. The results demonstrated that staff felt supported and trained to do their job. The agency's office manager told us that where there had been less than positive responses, action was being taken to address these. This included consideration of staff retention schemes and recruitment of new staff.

People were enabled to make their comments and views known through surveys. The survey for 2015 was in progress and action had already been taken in response to people's less than positive comments. This included office based staff being reminded to return people's telephone calls and letting people know of any changes to their scheduled care plan.

Staff were managed to meet the expectations of their roles and responsibilities. A senior care member of care staff told us that action was being taken to monitor members of care staff level of sickness and the actions that were taken had improved the situation. They said, "(Staff) sickness is being reviewed and disciplinary procedures are in place. Which seems to be working as it has cut it (staff sickness level) down quite a bit." The agency's office manager confirmed this was the case. In addition, during their spot checks, senior staff reminded care staff about the importance of being punctual in arriving at people's homes at the expected time.

Spot checks were carried out on staff and these were part of the agency's quality monitoring system. Senior care staff observed care staff at work and a report of their performance was shared with them. A member of care staff said, "I had one (spot check) last week. They (senior care staff) turn up and you don't know anything about it. It's just to make sure you are giving the care. It's also to make sure you are wearing (disposable) gloves (to reduce risk of cross infection) and also the medicines are being given properly and that you are wearing the correct uniform."

The provider had a complaints procedure in place and this showed that there was a low number of complaints received. There was no recurring trends or themes for the provider to take action to improve the quality of people's care.

Audits were carried out on MARs and evidence indicated that these were completed as they should. Audits were also carried out on people's care plans. However, the audits failed to detect that there were no best interest decision assessments in place for people living with dementia.