

Mears Care Limited

# Mears Care - Stowmarket

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Mears Care - Stowmarket is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection there were 120 people who used the service.

At the last inspection of 19 September 2016, the service was rated Good. At this inspection we found the service remained Good overall and Caring had improved to Outstanding. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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, relative and staff described the registered manager as supportive and approachable.

People using the service and their relatives told us about the 'outstanding care' the service staff provided. Words used to describe the care were outstanding and it could not be better. Members of staff were described as caring and competent. People using the service and their relatives complimented the staff on their positive attitude, turning up on time through all weathers, never missing a visit and being consistent, anticipating and responding to a deterioration in the person's health.

Staff were empathic and treated people with understanding. People's privacy and dignity were respected. Staff encouraged people to maintain and develop their independent living skills.

People continued to be safe because the staff had received training and were aware of procedures to safeguard people from abuse and manage risks to their health. Each person had a detailed support plan and staff were aware of people's individual needs. People usually received support from the same staff.

There were robust recruitment procedures in place. People received their medicines as prescribed and information about their medicines had been recorded and medicine audits were carried out by senior staff. There were infection control procedures in place to guide the staff in how to minimise the risks of cross infection. The manager met with senior staff at the service and their manager regularly to review the service and determine if any lessons could be learnt from events.

Staff received training and supervision to enable them to provide the support to people with regard to their assessed needs. People gave consent to the support they received. People were given support to manage their nutrition and accessed healthcare services when required.

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 continued to receive support which met their individual needs and preferences. Each person had an assessment of their needs and support plan which was updated regularly as required. Staff having recognised some people were lonely had worked to support them attend clubs set up by and supported by the service staff. People knew how to raise a complaint and were confident any concerns raised would be addressed and resolved. The service had worked with other professionals to support people at the end of their lives.

There was an open and positive culture was maintained by the service. The registered manager led and supported the staff team to focus upon person-centred support. Quality checks and audits remained in place so that issues were identified and resolutions for improvements put in place. The service operated an on-call system to support the staff providing support and also to cover any care visits that the usual member of staff was unable to attend.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding

People felt they matter as they were treated with kindness, respect and compassion

People were encouraged to express their views and these acted upon by the staff

The privacy and dignity of people were respected by the staff while the staff encouraged people to maintain their independence

The service staff had recognised peoples needs and supported them to develop clubs and arrange trips together for their well-being

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Mears Care - Stowmarket

## 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 announced comprehensive inspection was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available. We also wanted people to give permission for us to visit them in their own home.

The inspection site visit activity started on 7 June 2018. On the first day we visited the office location, we spoke with the registered manager, the training manager, a care co-ordinator and five members of staff. We visited five people in their own homes, and also spoke with two relatives. We also spoke with the staff at the service's office. On 11 June 2018 we returned to the service office to inspect records, including six people's care records, records relating to the management of the service, training records, medicine audits and the recruitment records of three care workers. During the week commencing 18 June 2018 we spoke with 10 people and three relatives by telephone.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

# Is the service safe?

## Our findings

At our last inspection of 19 September 2016 the key question safe was rated good. At this inspection we found safe remained good.

People continued to be protected from the risk of abuse because staff knew people well and how to keep them safe. People told us they felt safe. One person told us, "I have a key safe so the staff can get in but nobody else." Staff had been trained in the safeguarding of people. One member of staff told us, "I know how to inform the local authority about any harm or abuse." We saw evidence to show that the management team had made safeguarding referrals.

People continued to be kept safe as risks to their health were identified. We saw that risk assessments were written with regard to the specific needs of each individual. This included reviewing risks of mobility and any illness with which the person was diagnosed. There were clear instructions of how the staff were to support each person to reduce the risks. A relative told us, "They have worked with us to solve each problem as it has occurred and that makes us feel safe."

Support to each person was provided by knowledgeable staff to meet their needs and keep them safe. People told us that a care visit had never been missed. One person said, "They have half an hour either way of my time and they have never been late." One person told us, "They were having problems one day and informed me they would be late and the manager came to care for me." The staffing levels continued to be sufficient so that there were enough staff to meet people's needs safely. Members of staff confirmed with us that employment checks were made prior to them commencing work at the service. Records identified that staff continued to be employed safely and checks were undertaken on the suitability of prospective staff to work with the people who used the service.

People continued to be safely supported with their prescribed medicines. People told us that they were content with how the staff supported them with their medicines. People's care plans had detailed information about the support they required to take their medicines. All of the staff we spoke with were knowledgeable about the difference between prompting people with their medicines and administering medicines. Senior staff carried out regular audits of medicines. This was to check that people's medicines were being administered safely and to take any action if any errors were identified. The staff had received training in medicines administration from the training manager and their competency was checked yearly through refresher training and also by management spot checks. A spot check is when, unbeknown to the staff member, a senior member of staff assessed care practice and provided written feedback to them.

The staff received training in infection control and there were systems in place to reduce the risks of cross infection. Staff were issued with personal protection equipment (PPE), such as disposable gloves and this was checked upon as part of the spot check.

The registered manager met with senior members of staff and their manager on a regular basis to determine how the service was performing and to learn lessons of how the service could be developed and improved.

This included designating staff to work in small geographical areas whenever possible. Also to ensure the system used for planning visits to people clearly identified when the person required two members of staff to support them. This was to help the coordinator to arrange for staff to travel together or arrive at the person's home at the same time.

# Is the service effective?

## Our findings

At our last inspection of 19 September 2016, the key question effective was rated good. At this inspection we found effective remained good.

People's care needs continued to be assessed and recorded in their support plan. One person told us, "The staff talk with me and follow the plan, they are very good and I am pleased with them." The registered manager or a senior member of staff carried out the assessment to determine if the service staff could meet the person's needs. Other professional's advice was sought such as a physiotherapist when deemed necessary. This was in order for the person and staff to be advised of the support required so that the person's needs were met in an effective way.

The training manager organised training for the staff that was relevant to the needs of the people. There was an induction programme in place for new staff, which included time with senior staff and to meet the people they were going to support. Staff were then provided with regular training, supervision and a yearly appraisal. A member of staff told us, "Cannot fault the training it is well organised and the trainer answered all the questions raised so I felt confident."

The service's staff continued to support people with their choices and to have enough to eat and drink. The support plans showed an assessment where diet had been considered and people were provided with the support that was assessed as required. Any concerns about food not being eaten were noted and discussed with the person and reported to the senior staff. We learnt that one person's support plan was quite flexible as sometimes they were supported by a relative and by the staff when their relative was away. The relative informed us the staff always asked them what they wanted to eat and it was always well prepared.

People continued to be supported to maintain good health and were supported to access health professionals. People's records showed that when there had been concerns about people's wellbeing, health professionals had been contacted for advice. We saw that information had been recorded into the people's support plans.

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's capacity to make decisions about their care and treatment was assessed and where appropriate best interest decisions had been made on people's behalf. Consent to care and treatment had been recorded in people's support plans. We saw that time had been taken to speak with the person receiving the support, and their relatives if they wished, to sign the support plan as a true and accurate record.

## Is the service caring?

### Our findings

At our last inspection of 19 September 2016, the key question caring was rated good. At this inspection we found caring has improved to outstanding.

Throughout our conversations with the people using the service and relatives we heard about a service that provided highly personalised, empathic and compassionate care.

People provided us with consistently exceptional feedback about the care they received and the kindness of the staff. People talked about staff as being vital to them and without them would not be able to continue to live in their own home. One person told us, "Amazing people, I cannot fault them." Another person said, "The staff are always cheerful and nothing is too much bother, really cheers you up when they come."

The people we spoke with were complimentary about the staff. People told us they felt comfortable with all of the staff and had developed good relationships with each staff member. One person told us, "They look after me very well, always check I have enough food and drink before they leave and am I warm enough?" Another person said, "I like the staff because they listen to me and help me to sort things out in my own mind."

People told us the choices they made were respected. One person said, "I wanted to go to this social club they have formed and I do not get out much. They went the extra mile, so to speak, and arranged the transport for me there and back each time." Another person commented, "I was becoming very lonely and a bit upset." The person explained to us that the staff had set up a club called meet and mingle which operated around three times per month. They told us, "The staff help me and gave me confidence to go and it is great. I love playing all the games." Another person spoke with us about how the staff respected them. They said, "The staff always call me by my proper name." Another person said, "They never forget my birthday, always have a piece of cake."

Care plans evidenced that people were involved in making decisions about how they were supported. Information was written in ways that helped people to understand the support that was provided to them. The plans had been regularly reviewed and information had been recorded that people had given their consent to the support agreed.

Relatives also provided similarly positive feedback. They talked to us at length about the positive impact the service had on their family member's health and emotional wellbeing and also their own health. One relative, whose family member was living with dementia, described to us the positive impact the care staff had. They told us, "The staff are kind and professional nearly always the same staff which is very important and through the relationship they have built up [my relative] is accepting of them and now actually enjoys their visits." The relative also explained that they lived some distance away and was reassured by the reliable service which was a weight off their mind that their relative would be visited every day. They informed us this service had never missed a visit even when the weather was bad. They informed us that the service were exceptionally good at keeping in touch with them which provided them with reassurance.

Another relative told us, "I don't know what I would do without the Mears staff." They explained how they had built up a positive relationship with the care staff. They were impressed with the staff because as the needs of their relative had increased the staff had discussed the care needs with them and always provided the care needed. They also explained that the staff had arranged with them extra visits to spend one to one time with their relative. They said, "We need someone there just in case." They told us, "I am the full-time carer for [my relative] and it is peace of mind they always come on time and I can go out to enjoy my hobby."

A third relative described to us the personalised nature of the care their family member received. They told us, "I and [my relative] know a great deal about care and the staff are terrific." They informed us how the staff had stayed over the allocated time on occasions to support when needed. The staff had discussed with them the lay out of the room furniture and while respecting the people's choice in their home they had agreed upon a change around of the furniture and the care was easier for everyone. The relative also informed us they were frequently away and the care was flexible to take account of that with the frequency and time of the care visits.

Staff commented on the close bonds and positive relationships they had developed with people. One staff member commented, "I have not done care before but really enjoy making a difference for people." A relative informed us that the staff member, by getting to know their relative well and visiting regularly, was the first person to notice they had become unwell. The staff member had discussed their concerns with their manager and swift action was taken to involve the local doctor and the person made a full recovery.

Staff described how, as well as providing care for people, the service was equally caring towards them. They told us working at the service was extremely positive. All staff told us about a shared feeling of belonging and supporting each other. A member of staff informed us that they viewed the service as 'a can do service'. Staff had raised with the registered manager their concerns that a number of people did not see anyone other than the staff and were lonely. One response was to fund raise and work with the people using the service to do a day trip to Felixstowe. This was an event that people could enjoy including the opportunity to make new friends.

Throughout our inspection we found many examples where staff went that bit extra to ensure people's needs were met in a way which was personal and meaningful to them. The staff supported a person and were concerned about their personal circumstances and the items they used necessary for everyday living were a hazard to them. The staff worked with the person and arranged for the removal of these items and replacement all on the same day.

Staff were especially skilled at ensuring respect, privacy and dignity were central to the care they provided. Equality and diversity policies and procedures were in place to inform staff how to treat people with respect regardless of gender, sexuality, race, age, disability or religion. The service worked with people to help them to maintain their independence and daily living skills. One person informed us that they needed support with some things but were keen to maintain cooking and baking for themselves.

People told us the staff protected their dignity especially when providing personal care and support. One person described how staff supported them with personal care respectfully and helped to maintain their dignity. They told us, "They never rush me and are there with me and that gives me confidence." Another person told us, "The staff are gentle and kind, nothing is too much trouble." A third person commented, "They cannot do enough for you, very happy to have them in my home."

The service had received many compliments about the care provided and the caring approach of the staff team. Words used to describe the care included, 'outstanding' and 'brilliant'. Staff were described as 'very

hard working' and 'great company' and 'a wonderful sense of humour'.

The service had received particularly positive feedback from people about the care provided during the last consultation carried out in the spring time and analysed in June 2018. The vast majority of people rated the service as excellent for the care they received. This was confirmed by the people we spoke with that they saw a strength of the service was that the same staff came to provide the support and were on time and once there were caring and understanding.

# Is the service responsive?

## Our findings

At our last inspection of 19 September 2016, the key question responsive was rated good. At this inspection we found responsive remained good.

Before people started to use the service their support needs were assessed by a senior member of staff. The service had a small team of staff that had been trained and developed skills in the assessment of people's needs for support to be delivered to them in their own home. People considering using the service, their family and other professionals if required were asked questions to determine if the staff could meet the person needs. One person told us, "We started off well but they did not leave it at that, a few weeks later they came back to see if I was happy."

The service continued to keep people's support records up to date. We saw that staff had recorded information in the daily notes regarding each visit. This included the time the member of staff arrived and left. One person told us, "They do a final check before they leave and ask me is there anything we have missed?"

A member of staff told us, "I read the care plan after saying hello, to check if anything has changed." They explained this was good practice as a relative or professional may have visited and written information in the care plan. We saw that the care plans focussed upon the needs of each person and took into account their choices and preferences. Care plan reviews were planned in advance and we saw that audits of the care plans were regularly carried out. This meant the care plans were regularly reviewed for the purpose to check that the support provided was recorded and responsive to the person's needs.

There was a complaints policy and procedure. These details and how to make a complaint were provided to people when they first began to use the service. There was also information about how to raise a complaint in each of the people's support plans we saw. One person told us, "Never had to complain, I see one of the senior staff regularly and I can always ring them or the manager. I have their number as well." The registered manager explained to us how a complaint would be logged and the action taken to resolve a complaint.

There were no open complaints at the time of the inspection and the staff considered this was because they were in contact with people each day and resolved any issues as they arose. We saw a number of compliments about how people had been supported from a number of resources. A relative told us, "[My relative] is very happy with the service, we both have no complaints at all."

Staff told us how they had worked with people and their families when people became very unwell as part of team to support the person to remain in their own home. This had been achieved with the person's permission and with the support of other professionals overseeing the care and support provided.

## Is the service well-led?

### Our findings

At our last inspection of 19 September 2016, the key question well-led was rated good. At this inspection we found well-led remained good.

All of the people we spoke with told us that the service was well managed and that the registered manager and senior staff were knowledgeable about providing care. One person told us, "They do what they say, friendly staff on time and we have a meeting every so often to check all is fine." A relative informed us, I have found the staff including the manager that I usually speak with helpful and knowledgeable about our situation." A member of staff told us, "The manager looks after us through supervision and always wants to know how we are and checks what hours we can work."

The registered manager continued to arrange the delivery of supervision and support to the staff and provided opportunities for them to develop their skills through on-going training. We saw that training was provided and staff were encouraged to seek additional relevant training for their development and to support people with their needs. This meant the registered manager was managing staff and developing them to provide consistent staffing and support to the people using the service. The registered manager also worked very closely with the training manager to ensure that the training was available and up to date for the staff.

The manager had an open door policy and was a visible presence. They provided some care themselves and also carried out spot checks on occasions to show leadership to all of the staff. A relative explained to us that they wanted to discuss some issues and the manager came to see them which was far easier than talking over a telephone.

The service continued to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and support plans as well as seeking feedback from people and professionals. The registered manager was also supported from regular visits and results of audits organised by their manager. The service continued to operate an on-call system so that the people using the service and staff could gain support in any unforeseen circumstances.