Mears Care Limited

Mears Care - Hounslow

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 Limited is the domiciliary care division of Mears Group PLC. Mears Care – Hounslow is a location from where services are provided to people living in the London Boroughs of Hounslow and Ealing, who require care in their own homes. The service caters for people with a variety of needs including older people, people with a physical or learning disability, people with mental health needs and children. At the time of the inspection there were 146 people using the service with the provider offering approximately 1,700 hours of care each week. The majority of people had their care funded, or part funded, by the London Boroughs of Hounslow or Ealing.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At the last inspection on 10 February 2015 we rated the service Good.

This inspection took place on 7 March 2017 and we found the service remained Good.

People using the service and their representatives were happy with the care they received. Their needs were being met and they had opportunities to be involved in planning and reviewing their care. They told us their choices were respected and the service was responsive to their needs, making changes to the times of visits or type of care if this was requested. People told us the care workers were kind, considerate and they had good relationships with them.

People were kept safe, because the provider had systems to help protect them. These included up to date risk assessments which outlined how the care workers should help to protect people when caring for them. The care workers usually arrived on time and stayed for the agreed length of time. People had the same regular care workers and felt they were in safe hands.

The staff received comprehensive inductions, training and support. They liked working for the provider and they felt they had the information and support they needed to care for people. They had been recruited in an appropriate way and the provider regularly checked how they were working by observing them in the work place, meeting with them to discuss their work and asking for feedback from the people who used the service.

The service was appropriately managed. The registered manager had systems for monitoring the quality of the service. This included asking for the opinions of people using the service, their representatives, staff and other stakeholders. Complaints were appropriately investigated and responded to. There was evidence the registered manager analysed complaints, incidents, accidents and feedback and improved the service as a

result of this analysis.

The provider worked closely with the local authority and other agencies to promote good community support for vulnerable people. For example, they paid particular attention to the needs of people who did not have family or others looking after them. This included providing staff for emotional support and company, supporting social activities and providing hampers and time for people who were on their own during the Christmas period.

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.

People felt safe. There were procedures designed to protect them from abuse.

Risks people were exposed to had been assessed and the staff followed plans to help minimise these risks.

There were enough suitably recruited staff to keep people safe.

People received their medicines as prescribed and in a safe way.

Is the service effective?

Good

The service remains Good.

People were cared for by staff who were suitably trained and supported.

People had consented to their care and the provider had acted within the principles of the Mental Capacity Act 2005 where people were unable to consent.

The provider worked with other healthcare professionals to make sure people's health care needs were being met.

Where people were supported to eat and drink they were happy with this support.

Is the service caring?

Good

The service remains Good.

People were cared for by kind, polite and caring staff.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service remains Good.

People were cared for and supported in a way which met their needs and reflected their preferences.

The care workers usually arrived on time and stayed for the correct amount of time.

People felt confident raising concerns and told us these would be acted on.

Is the service well-led?

Good

The service remains Good.

People felt the agency was well run and met their needs.

The staff felt supported by the registered manager.

There were appropriate systems for monitoring the quality of the service and making improvements.

Mears Care - Hounslow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection and took place on 7 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection visit on the 7 March 2017 was carried out by one inspector. In addition we made phone calls to people who used the service and their representatives to ask them about their experiences. Some of these phone calls were conducted by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had experience of caring for older relatives who used care services.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 17 people who used the service and six relatives of other people who used the service by telephone. We had feedback from two professionals who worked for the local authorities responsible for requesting and purchasing care packages. We received feedback from one care worker by email.

During the inspection visit we spoke with five care workers, one care coordinator, one field care supervisor and the registered manager. We looked at the care records for 11 people who used the service, recruitment, training and support records for six members of staff, records of complaints, the provider's own audits and records used for monitoring and running the service.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with the agency and the care workers who supported them. Some of their comments included, ''I feel comfortable with my carers and feel safe with them'', ''They [carer workers] are very good and quite safe'', ''I do think they are safe, I am happy with carers, they help me'', ''I feel very safe, they [care workers] console me'', ''I definitely feel safe with [my care worker]'', ''I have not got any concerns about safety, none at all'' and ''The carers seem ok.'' One person told us that new care workers did not always show their identification badges when they arrived at their home. We discussed this with the registered manager. They showed us evidence that they had already discussed this with care workers through the branch newsletter and in meetings. The registered manager told us that they would remind the care workers that they needed to wear their identity badges at all times when working.

There were appropriate procedures for dealing with allegations of abuse and whistle blowing. The staff had received training regarding this and discussed these procedures during team meetings and individual supervision meetings. The staff we spoke with were able to tell us about different types of abuse and the action they would take if they had any concerns. There was evidence the provider had worked with the local safeguarding authority to investigate and respond to allegations of abuse.

The risks to people had been appropriately assessed. Senior staff, along with the person and their representatives completed an assessment of the environment, any equipment used and risks relating to safe moving, physical and mental wellbeing, skin condition and nutrition before people started using the service. The assessments were clearly recorded along with the actions the staff should take to help keep people safe. These assessments were regularly reviewed and updated and we saw evidence of this.

People received their medicines as prescribed and in a safe way. Some of the comments people using the service and their representatives made were, ''I think they support me with my medicines well'', ''I am quite happy with the support I get with my medication'', ''The carers check I have taken [my medicines]'', ''They are good, [my relative] will take the medication from the carers, even though sometimes [my relative] won't take it for the family'' and ''The carers makes sure [my relative] has [their] medication, three times and day. They do this very well.''

There were suitable procedures for the safe handling of medicines. The staff received training in this during their induction and then again at regular intervals. We saw evidence that all staff had been observed administering medicines and their competency checked against a set of standards. These observations took place regularly. Where people were able to they had signed consent to the staff administering their medicines. There was information about their medicines and any risks associated with these or their ability to take these. The staff completed records of administration. These were audited each month by senior staff. The provider had a policy that where problems were identified these would be acted upon, for example, the staff would receive additional training or supervision. The medicine administration records we viewed had all been completed accurately and showed that people had received their medicines in a safe way.

The provider had contingency plans for dealing with a number of emergencies. These included supplying people who used the service and the staff with contact details for out of hours support and a number of emergency services. The staff told us they received a good response if they had to use the out of hours telephone services, with supportive staff guiding them and acting on what they said. The provider also had contingency plans for extreme weather and travel problems. There were systems for communicating key information to the staff in various emergency situations.

There were enough staff to support people and to keep them safe. The registered manager told us they did not take on care packages if they did not have enough staff to support people. The way in which care was organised included using staff based in geographical locations so that travel time between care visits was reduced. The staff told us they usually had enough time for all their care visits and travel between these. They said that they did not feel rushed or pressured to take on additional work. However, some members of staff said that when there had been a high turnover of staff in 2016 and during periods of staff annual leave and sickness they had sometimes been given too many care visits to undertake in the time allocated. They said that they felt this problem was now resolved. They also told us they had communicated their concerns to the registered manager at the time who had responded immediately and reviewed the allocation of work.

The staff were recruited in an appropriate way to ensure they were suitable to work with vulnerable people. The provider had a department for recruiting new staff. We saw evidence that checks on staff member's identity, eligibility to work in the United Kingdom, criminal record checks and references from previous employers were undertaken. The staff told us they attended a formal interview and undertook basic English and maths tests. We saw evidence of these within staff files. Therefore the provider had taken steps to check the suitability of the staff they employed.

Good

Is the service effective?

Our findings

People were cared for by staff who were suitably trained, experienced and supervised. The staff took part in a five day training course as part of their induction. They were also asked to complete workbooks which demonstrated their skills and knowledge. Following initial training they took part in regular training updates. The registered manager checked their knowledge through discussions in team meetings, individual meetings and observations of their work. The staff told us the training they received was very useful and helped them in their roles. One member of staff said, ''I had a week's training covering everything from moving and handling, to dementia. I have had a refresher training every year and if you need training you can request it.'' Another member of staff told us, ''The training is really good. The trainers are experienced at caring for people themselves and it is really good to discuss real life situations. I have found the refresher training particularly useful as you can think about your own experiences when learning.''

The staff were appropriately supported and supervised. They told us they shadowed experienced staff when they first started working at the service. We saw evidence that their competency and skills were assessed as part of their induction into the work. In addition the provider carried out regular checks where they observed the staff in the work place. These were recorded. The staff also met with their manager for formal discussions and appraisals. The staff told us they had the information they needed to care for people. They said they had a handbook with information and access to the provider's computerised information. They also received information about people they would be caring for in advance. They told us they had enough time to read care plans and make sure they knew about individual needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. We checked that the provider was working within the principles of the Act.

There was evidence that people had been consulted about their care and had consented to this. We saw that they had been involved in creating care plans and risk assessments. They had signed these giving their consent where they were able. There was also evidence they had consented to the staff administering medicines. People had signed records of financial transactions when the staff had shopped for them. Where people did not have the capacity to consent this had been recorded. There was evidence of discussion with their next of kin, or other representatives, to make sure care was planned in their best interests. The staff had received training about the Mental Capacity Act 2005 and were able to tell us about their understanding of this.

Some people were supported by staff who prepared or cooked meals for them. Their comments included ''Sometimes [the care workers] make me a sandwich and give me a choice of what is available – I am happy with this'', ''I tell them what I want. They do well and are clean and hygienic in the kitchen'', ''The carers give me a choice and make it. They do well, I am satisfied with their help'', ''The carers make a cup of tea and breakfast. They are clean and tidy'' and ''Some of the meals are very nice, some are not so good.'' People's nutritional needs were recorded as part of their care plan, along with any specific dietary requirements.

There was information about people's health needs recorded in care plans and risk assessments. This included contact details for healthcare professionals who people saw. Plans were regularly reviewed and changes in health were recorded. The staff recorded any concerns about people's health and they told us they contacted the office if they had any concerns. The staff were able to describe action they had taken when someone had become unwell and this was appropriate. There was evidence that the provider liaised with other healthcare professionals when needed and responded appropriately to accidents and illness.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they had good relationships with the care workers. They said that they were kind, polite and caring. Some of their comments included, ''I do think they are kind and caring'', ''I have always found the carers to be very good'', ''My carer is a very good man'', ''I like them they are very nice'', ''They are kind and were particularly supportive when [a relative] died'', ''The carers go over and above the call of duty for me'', ''The carers chat and make me happy'', ''They are angles, it's so nice to know there are people like that in the world'', ''The carers are caring and quite friendly, when they come in. They ask if there is anything more they can do before they leave'', ''They are quite nice, polite and do everything they should. They do their job they talk to [my relative]. [My relative] likes them'', ''[My relative's] current regular carer is good, she is aware of her needs and they have good conversations'' and ''The carers are like my friends, we respect one another.''

People using the service and their relatives told us that the care workers respected their privacy and dignity. Some of their comments included, ''They definitely treat me with respect and dignity'', ''[My care worker] washes my back in the shower and stands there patiently allowing me to take my time'', ''[The care workers] help me with my shower and personal care, treat me with dignity and respect my privacy. I feel comfortable with them'', ''The carers treat us well they have become like friends'', ''They are very patient and respect [my relative's] dignity even when he is unhappy. They are amazing'', ''I have asked for just female carers and this is what I get'', ''I like my bed made in a certain way and the carers do it just the way I like'', ''If [my relative] wants to stay in bed or get up she tells the carers and they always help her to do what she wants'', ''They have one carer who speaks [my relative's] language and they are the regular carer. The other carers try their best to communicate and ring me if they need me to translate. It works well'' and ''They absolutely respect my privacy and my wishes.''

People's individual preferences and wishes were recorded in their care plans along with information about their personal history and things that were important to them. The registered manager told us they tried to match care workers with people based on a number of different areas, such as ability to communicate in the person's first language and shared interests. The care plans included information about things that were important to the person, for example that staff should remove their shoes when entering the person's house. The registered manager told us that they made sure all staff were aware of any specific requirements such as this.

People were supported to maintain their independence where possible. Care plans included specific information about what the person could and wanted to do for themselves. People confirmed the staff supported them to be as independent as they wished. The provider's own quality monitoring and reviews of care specifically asked people about this. All the examples we looked at showed that people felt positive about this and that they were encouraged and supported to maintain skills and do things for themselves, with several people stating that the care workers support allowed them to have an independence they would otherwise lose because they would have to move into residential care.

Good

Is the service responsive?

Our findings

People told us that they were being supported in a way which reflected their preferences and met their needs. They said the agency was flexible and made changes when they had requested. For example one person said, ''They used to come at 6pm, I told them this was too early so they have changed the time and it is much better now.'' Another person told us, ''I was not happy [with a particular care worker], the agency changed the worker and did not make a fuss.''

People told us the care workers usually arrived on time, stayed for the right amount of time and did everything they were supposed to. We had mixed feedback about how well informed people were if the care workers were going to be late or there was a change of care worker. Some of their comments included, ''They are never late and they stay for the right amount of time'', ''My current carer is always on time'', ''They are usually on time, they stay for right time do everything they are supposed to do'', ''They are only late if the traffic is bad but they always stay for the right amount of time'', ''They are mostly on time, but because of the traffic they can be 15 minutes late, the office lets me know'', ''At weekends I can get different people, on a few occasions I have had to ring on a Saturday or Sunday to see where they are. One Saturday I was waiting for an hour for them to turn up and I did not know what was happening'', ''Sometimes the carers are early and sometime late. Sometimes they ring to tell me. They do what they are supposed to do and stay right amount of time'', ''They can be 20 or 30 minutes late, sometimes they ring, sometimes they don't to say they are going to be late'', ''They have rota, it is usually correct. If there is a change they will phone me or carers the will let me know'', ''Sometimes they don't always say if they are going to be late'', ''When they have a day off and send a different carer they do not inform me and it can cause problems and I worry [if my relative] is safe because they don't know her'', ''The office usually lets me know any changes'', ''I ring up if the carers are really late, I ring up they never ring to let me know if they are going to be late'' and ''Sometimes they ring to let me know if someone different is coming but not all the time.''

We spoke with the registered manager about communication with people regarding changes. They said, that they were already aware this was sometimes a problem and were trying to make improvements. We saw evidence that they had recognised this in their own quality monitoring and had spoken with the staff about making sure information was communicated to people using the service.

People told us they had been involved in creating their own care plan and this was regularly reviewed. They told us they had copies of this at their how. One person said, ''They gave me a care plan, I had a review a few weeks ago.'' Another person told us, ''The manager came to see us and had a talk to me, my sister and dad about the care plan.'' A third person commented, ''Yes I have a care plan. One lady always comes to review it. She checks what is going on and keeps me informed.'' The care plans included detailed information about people's needs. These included information about what they could do for themselves and their preferences. We saw that these were regularly reviewed. People were involved in these reviews. One person told us, ''They always listen to what I have to say.'' The care workers recorded the care they had given at each visit. We looked at a sample of these and saw that the care given reflected the care plans. The registered manager audited care records regularly to make sure people were receiving the care they should.

People knew how to make a complaint and felt confident these would be responded to appropriately. Some of the comments from people who used the service and their relatives included, ''I would ring the office if I needed'', ''I do not have any problems but I would contact the manager if I needed to'', ''I have raised a concern with the office and things have got better'', ''I know I can phone the office or social services if I was not happy'' and ''I rang the agency [regarding a specific concern], it has not been resolved yet but I think they listened to me.''

The provider had a record of all complaints and concerns. We saw evidence that these had been investigated and action was taken as a result of these. The registered manager had written to complainants to explain what action they had taken to investigate and respond to concerns.

Good

Is the service well-led?

Our findings

People using the service and their relatives told us they felt the service was good and met their needs. Some people told us that they felt communication with the agency office was not always as good as they would like. Some of their comments included, ''I think it is much better than it was before'', ''It is a good service'', ''I wish I was better informed'', ''It would be better if they informed us when new carers are coming'', ''The only problem is they don't always tell you about changes'', ''I am very happy with the carers I have'', ''The care is good'', ''The carers help me and I am happy'', ''I think they provide a good standard of care and are reliable'', ''I am happy with everything altogether'', ''[My relative] is happy and she likes the carers'', ''Anything we ask the carers do for us'' and ''The lady in the office checks what is going on and she always keeps us informed.''

The professionals who told us about the agency said that they felt it was a good service. One of them said, ''When we call the agency, phones are picked up in a timely manner by friendly and helpful staff and issues are dealt with within specific timeframes.''

The staff told us they liked their job and working for the agency. Some of their comments included, ''I am very pleased with this job'', ''The vulnerable people really need us and that is what I like doing, I care for them with my heart'', ''My manager always says 'do not forget the importance of a smile' so I try to make sure I am always smiling for my service users'', ''My regular service users are like friends'' and ''I am very happy.''

There was a registered manager in post. 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. The staff told us they felt supported by the registered manager and office staff. Some of their comments included, ''The office is always very helpful'', ''[The manager] is focussed on me and I really appreciate that, she is willing to listen and to help'', ''I can call or email the manager with any concerns. When I ask for something they try their utmost best to help me out'', ''The manager is very experienced and she supervises and encourages me'' and ''[The manager] has given me new challenges and experiences. I feel I have had opportunities to learn from her.''

The agency worked alongside the local authorities and other organisations to provide additional support for people who were particularly vulnerable. For example, they provided additional care and support to people who lived on their own and did not have close family around Christmas time. This included delivering hampers of food. The staff supported a number of social activities, such as a trip to the seaside and a coffee morning. The registered manager told us the staff knew they should tell senior staff about anyone they felt was lonely or would benefit from additional support. The agency supported people by providing information and access to local resource centres and other support groups. They also allocated time for additional visits to provide company when this was an identified need. The registered manager and senior staff undertook some of these visits to people.

There were appropriate systems for monitoring the quality of the service. These included asking people

using the service and staff to complete surveys about their experiences. We saw that the provider had collated these and there was an action plan outlining areas for improvements. The provider reviewed each person's care regularly and there was evidence the person was involved in these reviews. There were additional visits and telephone calls from the provider's quality assurance team to each person where they were asked about their views. These were recorded and concerns were flagged up with the registered manager. We looked at a sample of these and saw that feedback was mostly positive, with people commenting positively about the support they received to maintain independence and about the individual care workers who supported them. The provider also carried out checks on staff, assessing their competency against specific criteria. These checks were recorded. The staff took part in regular team and individual meetings. The registered manager audited all accidents, incidents, complaints and concerns and kept a record of these audits. Plans for service improvement included reference to any themes identified through audits and quality monitoring.