Care Quality Commission

Mears Care Limited

Mears Care London West

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Mears Care London West is a domiciliary care agency providing personal care and support to people living in their own homes within the London Borough of Hillingdon. Most people had their care funded and organised by the local authority. At the time of the inspection there were approximately 144 people receiving support from the agency.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The provider had a complaints procedure that was offered to all people. However, they did not always follow their own complaint procedure in that complainants did not always receive a full and comprehensive response after their complaints had been fully investigated. The provider's quality assurance mechanisms had also not identified this shortfall, so this could be rectified.

People using the service and their relatives gave us mixed views about not being told if care workers were running late. Some people's experience was that the service did not communicate effectively with them, while other understood that the service offered a two-hour window around the appointment time.

Despite some concerns regarding lateness, people reported they felt safe with the care workers who supported them. There was a safeguarding policy and clear procedures in place. Care workers were aware of how to raise a safeguarding concern. They knew how to keep people safe and received training in safeguarding adults. Care workers were recruited safely and underwent all the necessary checks. medicines were also managed safety.

There was information available throughout people's support plans which enabled staff to provide person centred care. People and their representatives had been involved in the care planning process.

Risks to people's health and well-being were identified and managed by staff. Each person had a risk assessment and risk management plans that identified, managed and mitigated those risks found.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had developed caring relationships with people, which respected their dignity and privacy and promoted their independence. People's care and support met their needs and reflected their personal preferences. People were supported to eat their meals according to their preferences.

The provider worked in partnership with key organisations such as healthcare professionals to plan and deliver an effective service for the people who were receiving care.

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

Rating at last inspection
The last rating for this service was good (published 27 March 2017).

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

Enforcement
We have identified a breach in relation to the handling of complaints. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? Is the service responsive? Details are in our responsive findings below. The service was not always responsive.	**Requires Improvement**
Is the service well-led? Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Mears Care London West

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and an inspection manager. Telephone interviews were undertaken by one 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.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They also provided short term care and support alongside the treatment provided by the health authority to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously. The number of people who used the service changed regularly because the agency was one of the main providers used by the local authority. They also provide outreach support for people who live in their own homes but need support to remain independent.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was due to the nature of the service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2019 and ended on 31 July 2019. We visited the office location on both days.

What we did before the inspection:
The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the previous inspection report and notifications received from the provider.

During the inspection:
We spoke with 11 people and one relative about their experience of the care provided. During the inspection we spoke with the registered manager, deputy manager, one visiting officer and one coordinator. We spoke with three care workers for feedback on the service.

We reviewed the care plans and medicine plans for five people. We looked at the recruitment records for four care workers and the training for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed. We requested feedback from the local authority.

After the inspection:
We continued to seek clarification from the provider to validate evidence found and we spoke with two members of staff.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely
● People received the support they needed with their medicines. During the inspection we reviewed the medicines administration record (MAR) charts for five people and found the provider was acting in accordance with their policy.
● Staff undertook medicine training and they confirmed they completed training as part of their induction alongside yearly refresher training. One staff member told us they "Felt the medicine training was excellent."
● The visiting officers completed monthly audits of MAR charts to check if care staff where administering medicines in line with their support plans. If issues were identified as part of the audits care workers were offered extra training or support to improve their practice.

Systems and processes to safeguard people from the risk of abuse
● As part of our inspection we reviewed all safeguarding notifications and we found the provider was working within their policy. The registered manager had submitted safeguarding notifications to the CQC and had notified the relevant local authority where there were concerns for people's safety.
● Staff completed training in safeguarding and annual refresher training. The staff we spoke with demonstrated a good understanding of how to keep people safe and told us they could contact the office if they needed advice and support.

Assessing risk, safety monitoring and management
● Prior to people starting to use the service visiting officers visited the person to carry out a risk assessment. The provider used a format that covered a range of risks including those associated with medicines, health conditions and the environment where people lived in and equipment used. Risks were assessed and given a severity rating and appropriate risk management plans were developed to mitigate the risks.
●All people had risk assessments regarding preventing pressure ulcers, falls and moving and handling and there were appropriate risk management plans. The risk assessments addressing people health needs were individualised and specific. We saw a risk assessment for a person with diabetes that was detailed and clear and which contained information about the signs and symptoms of complications that staff should be alert to.
● Risk assessments were reviewed if a person's needs changed. This helped show us they were appropriate to the person's current needs.

Staffing and recruitment
● The provider had appropriate recruitment checks in place. The registered manager led on recruitment for the service. They worked in partnership with the local job centre and local recruitment agencies.

● In staff files we saw evidence that the registered manager had completed Disclosure Barring Service (DBS) to check to see whether there was evidence of applicants having criminal convictions or not, or whether they were on any list that barred them from working with people who needed care.
● We asked people if their care workers usually arrived at the time agreed as part of their care plan. The provider's terms and conditions included a window of one hour before and after the agreed time to carry out the visit. Most people told us care workers arrived around the agreed time however some people were not always contacted by the service if the care worker was running late. One person told us, "When they're late it adds to my stress, another person told us "Once or twice they were late in the beginning, so I had to call the office due to my medication being time critical – they have got better since." The registered manager told us that people were given a two-hour time window for a visit and sometimes people requested different times to accommodate appointments or changes in their daily routines. The registered manager told us they always try and call people to let them know if care workers are running late.
● During the inspection we reviewed the electronic call monitoring system records (ECMS) for two care workers and three people who used the service. This showed all the visits they completed during this period and the times care workers arrived in people's home. We saw most visits were carried out within the agreed time period.
● We saw all the visits were displayed on a computer screen which was monitored by office staff. If someone was late the system would flag it and the coordinator would contact the care worker to find out the reason why they were running late.

Preventing and controlling infection
● Care workers stressed the importance of wearing personal protective equipment (PPE). One care worker told us "It is important that we take action to ensure we don't spread infection. " Care workers told us that they could pick up PPE supplies in local outreach buildings at any time.
● Care workers had received training in safe practices to control the risk of infection.

Learning lessons when things go wrong
● The registered manager monitored events that occurred at the service and was involved in many pilots to improve practice. Any concerns found were discussed with the staff team and used as learning opportunity for staff and care workers.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet
● Care workers supported people to maintain a diet of their choice and care plans guided staff as to the support people needed in relation to eating and drinking, as well as any dietary needs and preferences. One person told us that "They always ask me what I would like, and they get me something to eat, another person told us "They're absolutely fine when preparing my breakfast".
● In one person's file we read they were at 'risk of self-neglect, carers to prepare a sandwich and leave in the fridge with a note. If food is not eaten, carers to report to social care.' We checked this person's daily notes for the 01 June 2019 and we read that care workers were preparing a sandwich, but they were not recording if the sandwich had been eaten. We spoke to the registered manager about this and they contacted the care workers to remind them about the importance of checking if the person had eaten the sandwich.
● On the following day we checked this person's previous daily notes to see if care workers had recorded if the person had eaten the sandwich. There was no information recorded. We spoke to the registered manager about this again, they assured us that going forward care workers would record the information correctly. After the inspection the registered manager confirmed that care workers were now recording information correctly, and they had introduced a food chart for care workers to complete and we saw evidence of a this.

Staff support: induction, training, skills and experience
● People and their relatives had mixed feelings regarding if care workers had the skills and knowledge required to support them. One relative said, "Some are trained, and some could do with more training". Another person told us, "I think that there could be a little more training for patients with memory problems." Care workers completed a range of training as part of their induction which included Dementia training. Alongside this care workers received refresher training every year and the registered manager told us that care workers could receive more training if required.
● Care workers received training that equipped them for their role. New care workers received an induction which they told us was helpful. One care worker said, "My induction was good".
● After care workers completed their induction they were "buddied up" with a more experienced care worker. The aim of the buddy was to ensure that if new care workers needed help or support they would have someone to contact. Care workers also completed a number of shadow shifts dependent on their skills and experience.
● Care workers were supported in their role by a team of office-based staff who carried out home visits and assessed care workers skills. Care workers could also contact office staff for any advice or support. This support was also available out of office hours.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● We found that the provider was working within the principles of the MCA. The MCA had been incorporated into policies at the service.
● A mental capacity assessment was completed as part of people's initial needs' assessment. This identified if the person was able to understand, retain and make decisions based on the information about their care which was provided. In one person's care plan they were deemed to have fluctuating capacity. We spoke to a visiting officer about this and we saw evidence that they had made a referral to social services in line with their policy.
●People told us care workers asked for their consent before providing any care or treatment and there was signed consent forms in people's files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Most people who were referred to the agency had already completed needs' assessments by the local authority. This was well completed and detailed.
●The agency then used this to carry out their own needs' assessment of the person to identify the appropriate support required. This assessment was very detailed and covered several areas, including risk assessments and the living arrangements for the person. The assessments were completed by a visiting officer meeting the person and their relatives and involving them.
● People's assessments contained a range of other information to enable effective care to be delivered to the person such as the names and contact details of health and social care professionals involved with the person, the person's religion and emergency contact details.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us care workers tried to support them to see their GP or district nurse if needed. One person told us, "They're very good if I've got a doctor or a hospital appointment". We saw evidence of a care worker supporting a person to visit their local GP as they were unable to get a home appointment.
● Visiting officers showed us evidence of referrals made to other health care professionals when people's needs changed.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us the care workers providing their support treated them with kindness and respect. One person told us "They're so kind and caring.
● The provider tried to ensure that the same team of people were assigned to work with each person. People told us that this was important to them. Comments included, "I get the same lady every day " and "I know who's coming and we have a good chat and a laugh."
● The provider supported people from diverse backgrounds. This diversity was also reflected in the services workforce, which in some instances helped the service meet people's needs. We saw evidence of a visiting officer completing an assessment in a person's own language.
● The diverse nature of the workforce meant the service was sometimes able to match people who shared the same first language (other than English) which meant people were receiving care by a person who spoke their own language.

Supporting people to express their views and be involved in making decisions about their care
● People told us that they were involved in making decisions about their care. One person told us, "I was involved, yes. I first had six weeks of care from hospital and then I had an initial assessment of general needs after that."
● Visiting officers and care workers encouraged people to make decisions about the level of support they wanted. This enabled them to maintain some control and independence in their lives.
●Visiting officers completed regular checks on care workers to ensure they were delivering care and support in accordance with people's choices.

Respecting and promoting people's privacy, dignity and independence
● People were encouraged to manage some of their care and support needs when they were able. This helped them to maintain some control and independence in some aspects of their life. One care worker told us, "I have a client who is capable of putting clothes on so I support them to do this. "
● People told us staff respected their privacy and dignity. One person said, " My privacy and dignity are maintained; the curtains are closed when they care for me. "Another person told us "Yes, they respect my privacy. They always close the door."
● Care workers understood key principles in relation to maintaining confidentiality and protecting people's personal information.
● Care workers told us they would support people to maintain their independence by encouraging and supporting them to be involved in their care routines. One person told us, "If my morning carer has the time,

she takes me around the building. I know it's not her job, but she encourages independence and for that I'm grateful."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
● The registered manager could not demonstrate that the service was responding to people's complaints according to their complaints process. One person told us. "I've had an issue since last August. When I spoke to the manager, I was promised faithfully that it would be sorted in one week and now it's been three months." We looked at the agency's complaints records and reviewed six complaints received this year. All six had a similar theme around care workers being late and complainants or people using the service not being informed that their care workers would be late.
●We saw that the complaints were acknowledged, investigated and an investigation report was completed for each complaint. There were also records of monitoring visits staff had completed to check on complainants. However, we saw no response letters to the complainants within the complaints folder to explain the outcomes of their complaints, whether these had been substantiated or not, any remedial action the agency was planning to take to prevent reoccurrence of similar concerns that people had raised and what people needed to do if they were dissatisfied with the way their complaints had been handled.
●We asked the registered manager about this and they explained that this was for Hillingdon local authority to do, but when we discussed this issue with social care professionals from Hillingdon they confirmed that they had discussed this with the agency previously to tell them it was the provider's responsibility to send the outcome letters to complainants.
●The agency then told us there were response letters to all the complainants but despite several opportunities, the agency could not provide appropriate response letters to the complainants in four of the six cases. As a result, we concluded that people's complaints were not always responded to by the agency according to its complaints policy, which states that all complainants will get a response letter within 20 days of their complaints, to inform them of the outcomes.

The fact that complaints were not responded to appropriately by the provider was a breach of Regulation 16 of the health and Social Care Act 2008) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Care plans did not have detailed information about people's cultural and religious needs and there was therefore a risk that these needs would not be met in a responsive way. However, one person told us that the agency was trying to help them attend their local church. The registered manager told us they were updating care plans to start to record people's cultural and religious needs. During the inspection we spoke with staff and they provided us with examples of how people's cultural needs where been met. For example, office staff were able to speak to people in their preferred language.
● The provider had recently introduced digitalised care plans and communication logs. This is a new system

which is currently been rolled out, office staff told us, they were making improvements as the they received feedback from people and their relatives. One person told us, "If an ambulance had to come, [person] wouldn't know how to tell them what's wrong. It's important that the information should be close to hand". The registered manager told us that they are reviewing this system in line with feedback received from people who used the service.

● People or their relatives were involved in developing their care plans and where possible they had signed the care records to show they had been involved.

● Care plans were reviewed four weeks after a care package started, then six monthly and then yearly. The policy on the review of people's needs stated that people would receive an unscheduled review of their care if their needs changed, such as after a discharge from hospital. The registered manager confirmed this was happening.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The provider met the accessible information standard. Where people were unable to read written information, appropriate arrangements were in place to enable them to understand the information provided.

●For example, in one-person file we read 'I am unable to communicate in English. Care workers to use words and hand gestures to ensure correct care is provided.' In another person's file we saw evidence that the person needed communication in large print and this had been accommodated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The provider was trying to support people who were at risk of social isolation and were developing new schemes to support this. For example, the service had introduced a new scheme called 'Tea for Two' with the aim of increasing social interaction and reduce isolation for people who were lonely. People who used the service could contact the office and request someone to come and have a cup of tea with them. This showed us that the provider was trying to support people who were lonely and vulnerable.

● Another person told us how office staff had arranged transport for her to attend a Christmas lunch. If they had not done this the person would have spent Christmas alone.

● We saw another example of office staff organising affordable weekly transport for a person to visit a friend in a nearby care home.

End of life care and support

●The registered manager told us that the service had identified end of life care as an area for further development. As a result, one staff member was developing a more comprehensive training programme that would be offered to staff who wished to support people who developed end of life are needs. We saw details of this training programme during our inspection.

● The registered manager told us that the agency would care for and support people who were at the end of their lives. At the time of the inspection there was one person being supported with end of life care needs. The registered manager spoke with kindness and compassion regarding how the service had supported people who were at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people for people

● Whilst the provider generally had comprehensive quality assurance systems, there was not enough oversight to check that the provider's arrangements to deal with complaints were being followed according to their procedures and policy. This was despite the matter having been raised by social care professionals from the London Borough of Hillingdon. Therefore, there was no assurance that people who complained about the provider were getting a satisfactory response to their complaints. We discussed this with managers within Mears Care and they told us they would make the necessary improvements.
●The checks carried out by the provider had not identified that where a person's dietary intake needed to be monitored and recorded, this was carried out. We reminded the registered manager twice that the dietary intake of the person was not being monitored before they took action and gave assurance that they would ensure the monitoring and recording of people's dietary intake where this was indicated.
● The provider had recently introduced digital communication plans as a way to improve communication. People and family members could log in remotely to view what support people received by viewing care plans and daily logs. This was one way that the provider was trying to address communication.
●Notifications of incidents and events that occurred at the service were sent to the Care Quality Commission (CQC) as required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

●The provider conducted an annual survey for people using the service. People had mixed opinions about the value of the survey. One person told us "The surveys they send are a waste of space." Nothing ever changes". During the inspection people told us a key area for improvement was improving communication. One person told us, " The communication with the office could be improved. When someone is late or not

turning up, it's not communicated, and you have to initiate the conversation and often you can be left hanging."
● The survey recognised that communication was an area that needed to be improved and we saw evidence within the services internal action plan that a key action was to improve communication in the business.
● Care workers told us they had team meetings where their views were sought on any proposed changes, as well as suggestions requested for any improvements to the service. These meetings were held in locations that were convenient for care workers to attend. Records showed that these meetings were held regularly.
● Care workers told us the registered manager wrote to them if they received compliments, which encouraged them within their role. They said they were able to give feedback about the service and felt any concerns would be addressed by the management team.
● The provider sent out quarterly newsletter to keep people updated on changes and developments within the service.

Continuous learning and improving care
● The provider told us they were committed to improving the care people received. During our inspection we saw different examples of this. For example, they had recently introduced a new electronic care management system to help monitor the delivery of care.
●This system created automatic alerts if staff had not logged into a call within a set time limit. The system also monitored the length of time care workers where delivering care. This was then monitored by office staff.
●The provider was planning to introduce electronic medicine administration charts (MAR) chart as part of their ongoing improvements.
● The provider had recently been awarded the Customer Service Excellence award for good customer service. This helped show us that the provider was committed to improving care for people.

Working in partnership with others
● The registered manager told us the service had a good working relationship with health professionals such as health care professionals and housing providers
●The provider worked in partnership with the local authority and we could see evidence of improvements to the service based on the feedback they received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered manager could not demonstrate that the service was responding to people's complaints according to their complaints process.