Mears Homecare Limited

Mears Homecare Limited - Leeds DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection carried out on 8 and 27 September 2016. At our last inspection on 8 January 2014, we found each of the regulations we looked at were met.

Mears Homecare Limited Leeds DCA provides care and support to people in Leeds and Richmond. The agency's office is situated in East Leeds. They offer a range of services to meet the needs of individuals who live in their own homes and need support or care.

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

We found the administration of medicines was not always safe. Although daily notes showed people were receiving their medicines and people were satisfied they received appropriate assistance from staff with their medicines, we found some gaps in the recording on Medication Administration records (MARs) and audits on MARs returned to the service were not carried out.
The registered manager agreed this would be addressed.

Staff were able to confidently describe how they would identify a person was being harmed and felt confident the management team would take appropriate action. They were aware of the registered provider's whistleblowing policy. Safeguarding notifications had been submitted by the registered manager to CQC and the local safeguarding authority.

Recruitment processes were effective which meant people were protected from individuals identified as not suitable to working with vulnerable adults. Risks to people had been identified, assessed and reviewed.

People received calls/visits at expected times and when this was not possible they were kept informed of any delays. People were supported by regular staff members who were familiar with them and their needs. Positive feedback was given from people and relatives regarding the staff who provided their care and support. Staff knew how to protect people's privacy and dignity and people confirmed this happened.

Staff received effective support through supervision sessions and ongoing training. Staff meetings were held and staff confirmed they were able to express their views.

Staff had received training in the Mental Capacity Act (2005) (MCA) and knew how this applied to their work. Staff told us about the importance of offering people choice and people confirmed this happened.

Appropriate guidance was in place to ensure people received enough to eat and drink. Staff were able to

recognise and report when people's healthcare needs changed. When this happened, referrals were made to healthcare services to ensure people received the necessary assistance.

Complaints were welcomed and were investigated and responded to appropriately. People's care plans contained sufficient and relevant information to provide consistent, care and support.

Quality management systems in place ensured appropriate checks were being made to improve service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always safely managed due to gaps in recording.

Recruitment procedures were found to be safe. Staff knew how to identify and report concerns about abuse.

People received a service from regular staff who arrived on time and if they were going to be late they were informed in advance.

Is the service effective?

Good

The service was effective.

Staff received appropriate support during their induction and through supervision sessions, appraisals and training.

Staff understood the Mental Capacity Act (2005) and how this affected their work.

People received support to ensure they received enough to eat and drink.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the care they received from staff of the service.

Staff were able to describe how they protected people's privacy and dignity and people and relatives confirmed this happened.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. People were involved in reviewing their care needs and were able to express their views about their care and support to

be delivered.

Staff were knowledgeable about people's needs, their interest and preferences which enabled them to provide a personalised service. People confirmed they were given choices by staff.

Complaints were effectively managed and we saw evidence of investigations and responses. People who had complained were satisfied with the outcome.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff spoke positively about the registered manager and told us they were well supported.

There were quality management systems in place which help to ensure continuous improvement of the service. However audits on MARs returned to the service were not carried out.

Satisfaction surveys, telephone contacts and spot checks made to people's home helped to ensure the service was well-led.

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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.

Our inspection took place on 08 and 27 September 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office.

The inspection team consisted of one adult social inspector who visited the premises and made telephone calls to people who received this service and their relatives. We also spoke with staff members.

At the time of our inspection there were 20 people using the service who received personal care. During the inspection we looked at records relating to the running of the service and provision of care. We looked in detail at five people's care plans and records relating to their medicines. We also spoke with the registered manager and the administrative worker. We spoke on the telephone with four members of staff, three people who used the service and two people's relatives.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications sent to the CQC by and about the service. In addition we contacted Healthwatch and local authorities who commission services from the provider to ask whether they had any feedback to share with us. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

Requires Improvement

Is the service safe?

Our findings

We looked at the management of medicines and found this was not always safe. We looked at medication administration records (MAR's) for five people and found gaps in recording which meant people may not have received their medicine. However, when we sampled daily notes we found evidence which showed these medicines had been administered, but not recorded on the MAR. We raised this with the registered manager during the inspection. They showed us correspondence sent to staff alerting them to these omissions. They told us they were in the process of reviewing MAR's to ensure mistakes were not repeated.

Staff members we spoke with told us they had received training and competency checks around safe administration of medications. Records we saw confirmed this.

We spoke with people who used the service who required help from staff to administer their medicines. People were satisfied they received appropriate assistance from staff with their medicines. One family member told us "My mum needs her tablets at certain times and they always ensure she is given them on time."

We asked people who used the service if they felt safe. A person told us "I get my medication on time and I do feel safe when they [care workers] are in my house." A family member said, "My relative does feel safe. The carers look after my father I have no problems about safety."

We looked in detail at five people's care plans and saw risk was assessed across a number of areas such as moving and handling, challenging behaviours and social choices. Risk assessments were recorded which then prompted the person completing the record to complete a care plan to show how to deliver care and support in ways which minimised the associated risks. We saw the guidance for staff was detailed and individual to each person. In addition we saw there were risk assessments in place to cover the person's home environment including fire safety.

People using the service were further protected because the provider had a safeguarding policy in place and ensured staff received training in safeguarding. Staff were able to access the policy at any time and the staff handbook also contained information about protection of people from abuse. Staff we spoke with were able to tell us about their responsibilities to report any concerns and said they believed the registered manager would act appropriately on what they were told. One member of staff said, "We always ensure people are safe before we leave."

There was a system in place for the recording and management of accidents and incidents. We looked at the records and saw incidents were categorised to assist in analysis and full records of actions taken were also included. We were able to see regular updates added to this system and concluded there was a good culture of reporting and investigating incidents that occurred.

We looked at the recruitment records of four members of staff. We saw these contained records of interviews. In addition the provider had undertaken background checks including employment references

and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about people who may be barred from working with vulnerable people, and making checks with them helps employers make safer recruitment decisions.

People we spoke with during the inspection said staff mostly turned up on time and stayed for as long as they were expecting them to. The 2016 survey by the provider which sought people's feedback about the service also stated the punctuality of care workers and having the same care workers in a team supporting each person was an area where the service was doing well. One person told us, "They come on time and if they are going to be late they let me know. I am very happy with them."

Good

Is the service effective?

Our findings

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.

Staff told us they received training in the MCA, and we saw evidence this was the case. The registered manager and staff we spoke with told us people were assumed to have capacity to make decisions unless they were told otherwise. We saw evidence of consent to care forms which were appropriately completed in people's care and support plans.

We asked staff what they did to ensure people were in agreement with any care and support they provided on a day to day basis. They told us they always talked and reassured people while they assisted them and never insisted they accepted assistance against their wishes.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions was present within their care plans to help staff be aware of people's healthcare needs. The registered manager confirmed if staff noted a change in people's needs or were concerned about someone's health they would refer them to other healthcare professionals if appropriate.

We saw records which showed all care staff received five days comprehensive induction training in a number of areas including safeguarding, moving and handling and various procedures relating to the needs of people who used the service before they start work. In addition all staff had a period of shadowing more experienced staff, during which time their competence to provide care and support was assessed.

We looked at the training matrix and found staff were up-to-date with their training programme and refresher training had been booked. Staff spoken with said "We definitely get the training we need." We saw there was an electronic system in place to alert the registered manager to staff who were required to attend a refresher course. When training or competency checks were out of date we saw the system prevented the registered manager from allocating staff to calls, meaning staff did not provide care and support unless their training was up to date.

Staff told us they received support through a programme of supervision meetings and an annual appraisal. One member of staff told us "I have supervision every three months and a yearly appraisal. I can raise anything and I know it will get completed." Another staff said, "We discuss everything and they are quick to act on things." Supervision records we looked at showed a standardised agenda was followed which included, support needed, learning and development.

The staff we spoke with had a good knowledge of people's dietary preferences and the level of support people required to eat a healthy diet. We saw one person's support plan requested that staff encouraged

them to get involved in preparing their meal and to support them to eat.

Good

Is the service caring?

Our findings

Feedback from discussions with people and their relatives about the staff told us they were caring and encouraged people to be as independent as possible. We were told staff involved people and their relatives in the planning and organisation of their care and support.

We found staff at all levels were knowledgeable about people who used the service, their individual characteristics and specific support needs. Comments we received included; "All the staff know me and are very good and look after me." "The carers are very attentive and look after me well," "I like her very much [staff member] she is very kind makes sure I'm well dressed and eat well." All staff spoke about people with fondness and respect.

Staff told us about how they ensured people's dignity and human rights were respected and promoted. One member of staff said, "We make sure people know we are doing personal care. We close doors and curtains and cover people up." Another member of staff told us, "We encourage people to do things for themselves. It's about knowing the person and what they can do." Staff were confident people received good care. One staff member said, "I treat them how I'd like to be treated."

People told us they were supported at a pace which they wanted to receive their care and support. One person said, "I never get rushed." A relative we spoke with told us, "If they do anything it's at [name of person] pace."

Staff respected people's privacy and dignity. People told us they were thoughtful and sensitive when supporting them with personal care. One person said, "They always knock on the door before they come in my room." Care records we looked at showed people's independence had been considered as part of the care planning process. Staff spoke of how they encouraged people to do what they could for themselves to maintain their independence and dignity.

Staff and the management team spoke warmly about people who used the service and it was clear they had developed good relationships with people.
We saw evidence of compliments received by the registered provider, one of which stated, 'Special thanks for all your support; I will always be grateful for your care and help.'

Good

Is the service responsive?

Our findings

The relatives we spoke with told us they were provided with sufficient information about Mears Homecare Limited and the range of services they offered during the initial assessment visit. One person said, "Before the service started everything was explained to us. We were given a copy of the service user guide."

The registered manager told us when a person was initially referred to the agency they were always visited by them before a service started. During this visit a full assessment of their needs was carried out. We were told the process took into account any cultural, religious, physical or complex needs the person had. The registered manager confirmed they would not take on a care package unless they were certain they could meet the person's needs.

We looked at five care plans which were generated on a system which prompted staff to complete risk assessments, care plans and guidance for staff in response to information entered about people's care and support needs. This meant care plans were bespoke to each person and contained comprehensive information to enable staff to understand what each person's needs were and how these would be met. The registered manager told us a copy of the care plan was kept both in the home of the person who used the service and the agency's main office.

People had copies of their care plans at home, meaning they could check what was written in them, and feedback from people confirmed they and their relatives were involved in planning their care and support. A member of staff told us, "People are involved in making changes to their care plans." We saw copies of care plans stored in the office, which senior staff could access from the office.

Care plans contained information about people's likes, dislikes and preferences for care, meaning staff had access to information to enable them to provide personalised care. Documents were completed in the first person, meaning content was written using phrases such as, 'How I would like my care to be provided' and 'Times I would like my care to be provided.' This showed the provider recognised the important of person-centred care.

Mears Homecare Limited has a policy on maintaining confidentiality which confirmed the sharing of information would be restricted to staff employed by them and other relevant professional agencies if required. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

We saw evidence care plans were kept under regular review, with the frequency dependent on the level of complexity in their care. All care plans were reviewed monthly with people and their relatives by the case coordinator. Reviews checked whether care plans reflected people's current needs and preferences, checked whether any equipment used was functioning properly and were also used to assess staff competencies when these were due. Detailed records of reviews were kept and we saw changes were made to care plans when necessary. People we spoke with told us they felt they were kept involved in the reviews of their care plans.

We looked at the system used by the registered provider to recognise and respond to complaints and found this was effective. An up-to-date complaints policy was in place and where complaints had been received, we saw these had been recorded, investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post on the day of our inspection. We received consistently positive feedback about their leadership, with comments including, "She is supportive and approachable."

We saw there was a quality assurance monitoring system in place that continually monitored and identified shortfalls in service provision. We saw the registered manager audited people's support plans and risk assessments, the daily reports completed by staff and the accident and incident log on a regular basis so that action could be taken quickly to address any areas of concern. We saw the registered manager also audited the staff files and checked the staff training records on a routine basis to make sure they provided accurate and up to date information.

However we found some gaps in the recording on (MARs) and audits on MARs returned to the service were not carried out. The registered manager agreed this would have been picked up in the audit.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. For example all care workers have been issued with a cell track phone, which utilizes a GPS system and makes contact between them and the office very easy when visits are missed, the dashboard system highlights these in red, which allows the branch staff to act upon this as quickly as possible.

Staff told us they were kept in touch with urgent matters by phone or email, and we saw the supervision process was also used as a communication tool to ensure staff were up to date. For example, we saw staff were told about changes to policies and procedures as part of the supervision process. They told us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training.

Staff we spoke with confirmed they had been spot checked to ensure they provided safe and effective care for people. We saw evidence of these checks having taken place in staff files. This meant the registered manager was able to recognise positive practice and take appropriate action where improvements were necessary.

We found evidence of team meeting which had taken place in April and July 2016. These covered areas including training needs, administering medicines and care plans. Staff told us these were two way discussions where their thoughts and opinions were listened to.

The registered manager told us they had good support from the provider. They told us the regional manager visited the service regularly. The registered manager attended regular managers meetings. We saw meeting minutes which showed a range of issues were discussed and action plans produced as needed.

People who used the service and their relatives told us they were contacted by the service on a regular basis

and were kept fully informed of any events that might impact on service delivery. They also told us they were asked to complete questionnaires about the quality of the service provided and were fully involved in people's care and support. We saw evidence of the annual satisfaction survey which had been carried out in June 2016. We saw 22 people responded to the survey and found any concerns raised were responded to appropriately.