Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Mears Care - Stoke

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Date of Inspection: 26 September 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mears Care Limited
Registered Manager	Mr Douglas Brough
Overview of the service	Mears Care provides personal care to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This inspection was carried out by a CQC inspector. 100 people were using the service at the time of our inspection. We spoke with five people on the telephone who were using the service. We spoke with seven relatives, six members of staff, the registered manager and the regional operations manager. We reviewed records relating to the management of the service which included five care records, medication records, staffing files, training records and quality assurance information. We used the information to answer the five questions we always ask:

Is the service safe?

The provider had a system in place to monitor the quality of the service and ensure that people received safe care.

The provider had made improvements in relation to medication since our last inspection. Detailed records of medicines administered by staff included information about prescribed creams. Body maps had been included in records to ensure that creams were applied when, where and how they were prescribed. This ensured that people had their medicines administered correctly and safely in line with the prescriber's instructions.

Improvements had been made in care records to ensure that staff had the required information about the equipment and transfer techniques necessary to support people with personal care at home. This reduced the risk of people receiving unsafe or inappropriate care because appropriate records had been kept.

An effective staff recruitment and selection procedure was in place. Appropriate references and checks had been undertaken to ensure that staff were suitable to carry out their work. New staff had appropriate induction and training to ensure they had the skills and competencies to care for people safely.

Is the service effective?

People's health and care needs were assessed with them before they received the service. Regular reviews of care plans and quality reviews had been carried out to ensure people's needs continued to be met. Care information was up to date and reflected people's current needs.

People had been involved in planning their care and had signed to confirm their agreement with the care and support provided for them. All new referrals to the service, care plans and risk assessments had been checked by the manager to ensure their accuracy.

Is the service caring?

Five people using the service and seven relatives told us that they were highly satisfied with the service. People spoke highly of staff supporting them. Comments included, "I am pleased. They are great staff. If I could I would give them an award." "The carers are lovely, they do just what you want". "The staff really care, nothing is too much trouble for them." Two people made comparisons with former care services saying there had been considerable improvements.

Is the service responsive?

A copy of the complaints procedure had been included with the care information left in people's homes. The procedure stated how complaints would be managed. We found that complaints had been recorded and investigated in line with the complaints policy of the service. Complainants were always advised in writing of the outcome of complaints. We saw instances where apologies had been made and changes had been made to improve the service.

When people's health needs had changed health professionals had been contacted. Their advice had been sought, recorded and actioned.

Is the service well-led?

The service had a quality assurance system in place and records showed that identified problems and opportunities to change things for the better had been addressed promptly. The system included listening to people who used the service, their relatives and staff. There was a pro-active approach to complaints made about the service. The provider sought the views of people and consistently reviewed the service in response to the views expressed by people.

Staff told us they were clear about their roles and responsibilities. They told us they could speak to a senior member of staff at any time including the on-call manager after hours. Regular supervision had been provided for all staff. We saw examples during our visit of good open communication between office staff and support workers who all visited the office each week. A staff member said, "We have really good support. There have been changes to staff, including office staff and the staffing is now good."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We reviewed how the provider obtained consent from people for care, treatment and support. Where people lacked capacity we reviewed how the provider followed the principles of the Mental Capacity Act 2005.

Mental capacity is the ability to make an informed decision based upon understanding a given situation, the options available and the consequence of the decision. People may lose capacity to make some decisions through illness or disability. In these circumstances other people can be authorised to make decisions on their behalf, as long as they are in the person's best interests.

We looked at the care records of five people who used the service. They had all been involved in an assessment of their needs. Care and support plans had been established from the assessments. We saw each person had signed their care records confirming that they had agreed to the care and support they were to receive. Consent had also been obtained for staff to support them in managing their medication. We were told that if people were able to give consent but unable to sign a note would be made in records that plans had been discussed with them and they had given verbal consent. Some people had chosen to involve relatives in the consent process. This meant people had been involved in assessments and had given consent to their care and support.

The registered manager told us that each person using the service had capacity to give consent to care and support. The manager told us that if people needed to make complex decisions relatives would be involved to ensure that decisions were made in the person's best interests. The provider would follow the principles of the Mental Capacity Act 2005(MCA).

We saw that training in the MCA had been undertaken by staff when receiving training in safeguarding vulnerable adults and also in dementia care. Staff we spoke with confirmed this and told us that MCA training had been covered in their induction training,

safeguarding and dementia training. They were aware of how decisions were made in relation to care and support. Training records showed that all staff had received this training.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Over 100 people were provided with this service in their own homes. We looked at the care records of five people. Each person's needs had been assessed prior to using the service and they had been involved in creating their plans of care and support. People had given written consent to their support plans indicating their consent to the care and support they were to receive.

Records contained detailed information about people's needs including their health care needs. Risk assessments were in place relating to moving and handling, nutrition, continence and medication. We saw family and social histories for each person clearly stating their preferences about the way they wished to be supported. Improvements had been made since our last inspection about the way prescribed creams had been applied. This included how and where they were to be applied, with body maps for further clarity. We saw information to protect people's dignity. Examples included, 'Assist X to the toilet, stand behind the toilet door until ready to protect dignity'. Another support plan contained the information, 'Assist X to prepare for bed. X will go do bed when they are ready'.

We saw that care plans had been reviewed with each person 14 days after the service had commenced. There had been a review of care after six months and a review of care and support information, including risk assessments after 12 months. Following our last inspection the manager had established a system for auditing care plans. A file audit sheet was in place in each file we examined with a check list of the documents and reviews in place. Any shortfalls had been actioned. This ensured people received the care and support they had been assessed to receive and that they had consented to.

People told us that staff had been generally on time when visiting them and indicated continuity of care from the staff visiting them. The people we spoke with told us they had not had any missed calls. We saw letter in a care record about a missed call. The letter from the manager contained an apology and the opening statement, 'What went wrong and how I intend to ensure we do not repeat our mistake'.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at a sample of three staff records and spoke with three staff members to ensure that correct checks had been made before they had commenced working for the service.

We saw that there was an effective recruitment and selection process in place. Staff had completed an application form listing their work history and experience. Any gaps in employment had been explored by the provider. Two references had been obtained including one from the person's last employer. We saw evidence that people working for the service were of good character and were mentally and physically fit to carry out their duties. We saw that proof of identity had been obtained prior to people being offered employment. The provider had sought evidence of people's suitability for employment.

Checks with the Disclosure and Barring Service had been completed for each person. This included enhanced criminal records checks to see if they had criminal convictions or had been barred from working with vulnerable adults. Checks had been carried out to protect people who used the service from unsuitable staff.

A staff member we spoke with confirmed they had provided relevant information to carry out checks of their suitability and had provided information relating to a gap in employment when they were raising their family. They had been asked to provide evidence of courses attended and voluntary work they had completed. Staff told us they had undertaken induction training over four days with the provider's training officer. Training had included moving and handling, infection control, medication, safeguarding and confidentiality. A staff member told us that following induction they had attended training relating to the Mental Capacity Act 2005 and a full day training course for dementia care. A member of staff told us they had subsequently completed a national qualification in Health and Social Care to level three. This ensured that induction and training had been provided to ensure staff had the skills and competencies to care for people.

Each staff member had shadowed experienced staff for up to two weeks before working alone. A staff member told us they had felt confident to work with people following induction and training. A member of staff said, "We have 100% support from managers and colleagues. Managers are so approachable we can say if we have any concerns."

Staff were supported in their role.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service had a system for reviewing care and support plans and risk assessments. When people commenced using the service support plans and risk assessments had been completed with them and they signed the care information. Initial care plans were audited by the managers and a review carried out after the service had been in place for 14 days to assess people satisfaction with the service and ask if any improvements could be made. A review was carried out after six months and an annual review of care plans and risk assessments had been completed with people in their homes after 12 months. We saw that the manager had carried out audits of care information documented in the care records. This meant the views of people had been regularly sought and there had been regular reviews of care information.

We saw that the manager monitored missed or late calls, accidents, incidents and the daily care and medication records completed by staff in people's homes and returned to the office each month. Spread-sheets recorded this information and was followed up by the manager. Although there had been some missed calls we saw a written apology for one in a person's record. When we spoke with 12 people and their relatives on the telephone, they said they had not had any missed calls. People told us that staff were generally on time. If they were not, people had a call saying the carer would be late.

We saw evidence of spot checks being carried out whilst staff were working. This ensured staff were competent, following care plans and providing satisfactory standards of care. A member of staff told us they had received two spot checks in the previous nine months and they had received verbal feedback of their competency from the senior member of staff. Staff told us they had supervision every three or four months with a manager. This meant the provider had checks in place to ensure people were safe and the quality of the service was maintained.

We saw the results of recent annual quality questionnaires that had been sent to people and relatives. There were high levels of satisfaction with the care and support that they had received. Staff had completed questionnaires about their level of satisfaction with the service. Staff told us they had supervision with managers every few months and they could

raise any areas of concern in supervision or at any time. This meant the views of people who used the service and staff had been sought to monitor quality and make improvements.

The registered manager had provided service information to the provider's regional operations manager each month. Information included the number of service hours, recruitment, staffing, complaints staff training and safeguarding. Accidents and incidents had also been reported and were immediately available on-line to the regional manager and provider. All staff had recently had training in accident and incident reporting. This meant the provider closely monitored the service and ensured that people were safe.

People we spoke with confirmed that had received a copy of the complaints procedure. We saw that complaints had been monitored by the manager who handled and responded to all complaints. Several complaints had been received by the service since our last inspection. Records contained written responses that had been sent to all complainants following investigation of the complaint. A safeguarding alert had been made following one complaint that was was still open at the time of our inspection. We saw that written apologies had been made where appropriate and lessons had been learned from complaints.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

On our last inspection on 24 October 2013 care plans in people's homes had included details of interventions needed for equipment and transfer techniques. This information had not been included in people's support plans in the office. This placed people at risk of unsafe or inappropriate care because appropriate records had not been kept. We asked the provider to tell us how they would make improvements.

On this inspection we looked at a sample of five care records. The records contained detailed information identifying the equipment and techniques to be used when supporting people with personal care. This meant the shortfalls identified on our last inspection had been addressed.

We found that following an initial assessment and the commencement of a care package, an additional call each week had been added to support the person to have a shower. Although this service had commenced there was no record of the additional support in the care plan. This was rectified by the manager following our inspection visit. The provider may wish to note that all interventions to support people at home should be recorded in the person's care and support records.

On our last inspection on 24 October 2013 we found that medication records and support plans did not contain required information relating to prescribed creams. There were no clear instructions for staff about where, when and how prescribed creams should be applied. There were no body maps or written instructions. We asked the provider to tell us how they would make improvements.

On this visit we found that detailed information had been provided for each person containing a list of medication prescribed including creams. The information had been compiled for people who needed support with medication and also for people that did not need the support. We saw that prescribed creams had been identified on body maps stating when, where and how the creams should be applied. Some people had several creams that had been administered at varying times. The information was detailed and clear. A staff member told us the information had improved clarity and safety in applying creams. This meant the shortfalls identified in relation to prescribed creams on our last

inspection had been addressed.

The provider had a records and information management policy that included record keeping, security, storage of records, confidentiality and the disclosure of information.

We found that important records about the care and support provided to people had been treated as confidential. Records had been kept secure in the office area in locked metal cabinets that only staff had access to. Records we saw contained accurate information about the care and support provided to each person using the service. This meant that records had been secured securely and people were protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them.

We saw that staffing records and records relating to the operation of the service had been stored in locked metal cabinets in the manager's office. Only the manager had access to this information. The information had been stored securely.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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