

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 

Overall summary

The inspection took place on 10 February 2015 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 in. The last inspection took place on 19 December 2013 and there were no breaches of legal requirements.

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 Borough of Hounslow, who require care in their own homes. It caters for people with a variety of needs including older people, people with a physical or learning

disability and people with mental health needs. At the time of our inspection 87 people were receiving a service from this location. Some people received 24 hour support, whilst others had set visits to meet specific needs. 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.

Summary of findings

People who used the service told us they were happy with the care they received.

The staff we spoke with were happy and felt well supported. Some staff had worked for Mears Care Hounslow for many years. They spoke highly of the provider and enjoyed their work.

The provider had systems and procedures to help protect people from harm. The risks to them and within their environment had been assessed. People were given the support they needed to take their medicines. There were enough staff employed to meet people's needs in a safe and caring way. The recruitment procedures made sure the staff were suitable to work with vulnerable people.

People were cared for by staff who were well trained and had the information they needed to care for them. The staff spoke positively about the training they received. People had consented to their care and treatment and

the provider was aware of their responsibilities under the Mental Capacity Act 2005. People's health care and nutritional needs had been assessed. Their care was planned and delivered to meet these needs.

People felt supported by their care workers. They said they were kind, polite and considerate. They told us they were treated with respect and they had positive relationships with the staff.

People received care which met their individual needs and reflected their choices and lifestyle. Their needs were regularly assessed and the provider responded to changes in their needs. People knew how to make complaints and the provider responded to these appropriately.

People using the service and staff felt it was well managed. They liked the manager and felt the provider offered support, guidance and responded to concerns. There were systems to monitor the quality of the service and to plan for developing it in the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider had systems and procedures to help protect people from harm. The risks to them and within their environment had been assessed.

People were given the support they needed to take their medicines.

There were enough staff employed to meet people's needs in a safe and caring way. The recruitment procedures made sure the staff were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective. People were cared for by staff who were well trained and had the information they needed to care for them. The staff spoke positively about the training they received.

People had consented to their care and treatment and the provider was aware of their responsibilities under the Mental Capacity Act 2005.

People's health care and nutritional needs had been assessed. Their care was planned and delivered to meet these needs.

Good



Is the service caring?

The service was caring. People felt supported by their care workers. They said they were kind, polite and considerate.

People told us they were treated with respect and they had positive relationships with the staff.

Good



Is the service responsive?

The service was responsive. People received care which met their individual needs and reflected their choices and lifestyle. Their needs were regularly assessed and the provider responded to changes in their needs.

People knew how to make complaints and the provider responded to these appropriately.

Good



Is the service well-led?

The service was well-led. People using the service and staff felt it was well managed. They liked the manager and felt the provider offered support, guidance and responded to concerns.

There were systems to monitor the quality of the service and to plan for developing it in the future.

Good



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 took place on 10 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and 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 who assisted with this inspection had worked with older people in a variety of different roles, including working with people who were living with dementia.

Before the inspection we looked at all the information we held on the provider. This included notifications of significant events and the last inspection report. The manager told us about the service by completing a

provider information return, which is a document we asked them to complete telling us about the service. At the time of the inspection 87 people were receiving a service. The provider employed 34 care workers, two care co-ordinators, a visiting officer and the registered manager at this location. Other staff, including quality monitoring officers, worked at this and other locations. During the inspection visit we met four members of staff, including the registered manager, a visiting officer, a care co-ordinator and a quality monitoring officer. We looked at care records for five people who used the service, the recruitment and training records for five members of staff, records of complaints, accidents and incidents and quality monitoring checks. The care records for people included medication administration charts, care plans, risk assessments and daily logs.

We wrote to 21 people who used the service, 23 members of staff and 21 relatives and friends asking them to complete surveys about their experiences of the service. Five people who used the service, one of their friends and relatives and three members of staff returned the surveys to us. We spoke with 18 people who used the service, three of their relatives and nine members of staff on the telephone after the inspection visit to ask them about their experiences. We also spoke with the contracts manager who worked for the London Borough of Hounslow who oversaw the work commissioned by the borough.

Is the service safe?

Our findings

People using the service told us they felt safe there. One person said, "They have kept me safe and happy for a long time now!" They said the staff cared for them in a safe way, helping them to move using the correct equipment and supporting them so they did not hurt themselves. One person said, "I suffer from panic attacks, my care worker calms me down and makes me feel safe." People told us the staff allowed them to be independent where they were able, and monitored their well-being. They told us the provider had created a risk assessment, with their input, considering all the risks to their health and wellbeing.

The provider had agreed to multiagency London wide policies and procedures on abuse and had made the staff aware of these. They also had their own policies and procedures. We saw evidence that the staff had received annual training regarding safeguarding adults. They were also given information about what to do if they suspected abuse. The staff we spoke with were able to tell us what they would do. One member of staff said, "I would tell my manager, or a senior manager if I needed to". The staff were able to recognise different types of abuse and told us about their understanding of these. For example, one staff member told us, "people could be abused financially, physically or neglect, we need to look out for the signs of this and listen to what they tell us, if we are worried we need to do something to make sure we are helping protect that person."

The manager told us that risk assessments were developed before people started using the service. We saw examples of these in the records we examined. They were comprehensive and considered risks in the environment and with regards to people's mobility, mental and physical health. The risk assessments had been created with the person who used the service, or their family and we saw they had signed their agreement to these. They had been reviewed and updated every three to six months. There was information for staff on what to do in an emergency or if someone's needs changed. We saw the staff had responded appropriately when someone had become unwell and they had notified the provider, who had reassessed the person's needs. Risk assessments had been reassessed following a change in circumstance, for example when someone returned home after a stay in hospital.

The manager told us they limited the amount of people who they offered a service to so that they always had enough staff. The local authority contracts manager confirmed this stating that they knew how many people they could safely provide care for and did not take on additional contracts. There were enough staff employed to meet the needs of people who they were caring for. We spoke to some of the senior staff who were responsible for organising the rotas. They told us they always had flexibility to make sure people had the care they needed. They said the staff were very dedicated and willing to cover sickness and other absences. They told us that if staff were absent at short notice, they arranged cover and informed the person using the service of this change and if there was any change in the time of their call. People using the service confirmed this and said that the provider let them know if anything changed. They told us care staff were usually on time and they always had the care they needed. We looked at call logs and saw that the staff usually arrived on time and stayed for the agreed length of time. The staff told us they had enough time to travel between people's homes. They said that if they reported a problem with travel time this was rectified by the provider.

There was an appropriate procedure or recruiting staff to make sure they were suitable. The provider had a human resources department who interviewed and carried out initial checks on staff suitability. We looked at a sample of five staff recruitment files. We saw each member of staff had completed an application form, detailing their employment history. Checks on their criminal record and references from previous employers had been received before the person had started work. The staff we spoke with said that checks had been made before they started work.

People told us the staff gave them the support they needed to take their medicines. One person said, "the girls make sure I remember to take my medicines". All staff were trained to administer medicines. We saw evidence of this in the staff files we looked at. Each staff member's competency to administer medicines was assessed every three months. Records of these assessments were seen. The staff told us they felt confident supporting people with their medicines and had the information and training they needed. We saw staff completed administration charts for medicines. These were collated by senior staff each month.

Is the service safe?

The provider had taken action where staff had not recorded administration details. We saw evidence of this in staff supervision meeting minutes and in the provider's audit of medicines.

Is the service effective?

Our findings

People using the service told us the staff were appropriately skilled and could meet their needs. They said that managers had trained and observed staff giving medicines and using lifting equipment in their homes. They felt confident that the provider gave staff the training they needed. One person said, "They know their jobs and the Governor's always on hand – the Agency come round often."

The staff told us they were well supported by the provider. One member of staff told us that when they had joined Mears Care they had been told by the provider that the "safety and happiness of the person using the service was paramount." The staff were enthusiastic about the training they had received. One member of staff told us, "I've been with this Agency for 14 years and I really look forward to the training. There is a computer in the Office which states when we need updating or have access to new training – especially about medications. I'm proud to work for this Agency, and yes we do get paid during the training periods." Another member of staff said, "If I don't know something – I tell the Agency who provide me with information and training if necessary – the people at the Agency are very approachable – they always say-Don't muddle through – we can help you!"

The manager told us that the staff completed four days induction training before they started work. This training included health and safety, moving and handling, medicines management and safeguarding. The manager told us the training focussed on making sure staff were aware they offered choices, gained consent and found out how the person liked to be cared for. All the staff then shadowed experienced members of staff supporting people who used the service. Their competencies to carry out the job were assessed by the provider, for example, in using equipment, administering medicines and carrying out personal care tasks.

We looked at the records of staff training and induction. The staff had a wide range of training and this was updated each year. Their knowledge and skills were discussed at individual supervision meetings and during on site observations. The manager told us knew staff undertook a

26 week package of training and support. This included at least one interaction with managers a week, either through training, supervision, visiting the office for a discussion or observations.

The staff told us they had good support. They received individual supervision and appraisals every three months. In addition to this managers visited them in the work place to observe them and assess their competencies. We saw evidence of regular checks in all the staff files we looked at. Staff were able to discuss their work and training needs in supervision meetings. General issues, such as changes in procedure were discussed at regular team meetings. We saw copies of the minutes of these had been shared with all staff. The manager told us that staff were issued with a handbook and regular updates of information through the organisation's internet, emails, text alerts and face to face discussions. The staff confirmed this and told us they had the information and support they needed. One member of staff said, "we are so well supported, they are always available if we need to talk about anything and they update us when things change."

People told us they were consulted about their care and had given their consent. Where people were not able to do this their relatives told us the provider had discussed the care plan with the person, the next of kin and any other relevant people. Together they had decided what care was needed in the person's best interest.

We saw people had signed consent to their care plans, assessments and risk assessments. The provider also contacted them on a regular basis to ask them about the service they received. Records of these checks indicated people were asked if they consented to their care plans. Logs of the visits made by staff showed that people had been asked for consent at each visit. Assessments of staff competencies, including medicines administration, showed that the staff had asked people for consent for the care they provided.

The manager told us no one was being deprived of their liberties at the time of the inspection. The staff had all been trained to understand the Mental Capacity Act 2005. They were able to tell us about their responsibilities under this. One member of staff told us "people need to be offered care which they consent to and which is delivered in the best interests."

Is the service effective?

People told us the staff gave them the support they needed by preparing meals for them. They said the care workers made sure they had enough to eat and drink at each visit. We saw people's nutritional needs had been assessed, including any risks of malnutrition, swallowing difficulties and any special diets or equipment needed. Where someone had a specific need this was included in their care plan. Staff were aware of people's needs in regards to nutrition. One person said, "everyone is different and we have to make sure we meet their needs." One care worker said "We have to know the important basics about the client, part of our training is given by a dietician."

People felt their health needs were being met. One person said, "I've had my male carer for two years now – he keeps me well, helping with food and medication." The assessments we saw included a detailed assessment of people's physical and mental health. The logs written by staff included observations on people's health. The staff told us they knew what to do if someone became unwell. Information about the person's GP and other important health care professionals was recorded in their files.

Is the service caring?

Our findings

People using the service told us the staff were kind and caring. They said they were polite and considerate, making sure they offered choices and listening to the person. They told us the staff respected their privacy and dignity. People said they had good relationships with the staff, who were friendly and provided comfort and support when needed. Some of the things people told us were, “they are such nice girls – they are all very nice”, “(my care worker) is kind polite and respectful” and “my care worker is excellent.” All the people we spoke with told us they would recommend the provider to another person. One person said, “I really look forward to my care worker coming, I am very fond of her.” Another person told us, “I absolutely would recommend this Agency – if everyone had as good a carer as me the world would be a better place!” And another person said, “It’s like having a darling extra daughter – she is a little sweetheart. Yes I would recommend this Agency I really look forward to the carers coming!”

People told us they were asked by the provider how they would like to be cared for. They told us this happened wherever possible. We saw evidence that they had been asked about this in their initial assessments and care plans. The visiting manager had recorded how the person felt about receiving care and this was reflected in the plan. One member of senior staff told us, “I always tell the care workers – leave people feeling happy and you have got your job right.”

The staff spoke with genuine fondness about the people who they were caring for. They told us they had good relationship with people and wanted to care for them in a respectful and friendly way. People using the service and the staff showed a great amount of affection and respect towards each other. The care workers were all very family orientated when they spoke with us. One member of staff said “we support people with like they are part of the family.” One person using the service told us their care worker was like, “a real member of this family!”

The manager told us they tried to match staff and people so they met specific needs, such as a language or cultural needs. They also told us they tried to make sure the personalities of the staff matched those of the people they were caring for. We looked at the provider’s own quality monitoring feedback for the service and saw that people said they were happy with their care worker and felt they had positive relationships with them.

The manager told us that they were looking at supporting people who may feel isolated or lonely. They had organised a tea party for people who used the service and who lived alone. This had been successful and we saw that people who had attended had commented positively about the experience in their feedback. The manager told us they were looking at other projects and ways of supporting people who may feel isolated.

Is the service responsive?

Our findings

People using the service told us they had their individual needs met. They were aware they had a care plan and that this outlined how the staff should support them. They felt care was personalised and met their specific needs. One relative told us, “Dad has a carer who attends to his personal needs and also takes him out when the weather is fine – my Dad is happy with him and makes him feel like a special friend – even though his speech is mostly gone.” Another person said, “All lovely girls – they help with medication and some cooking – yes they do some shopping for me.”

People told us the care workers usually arrived on time and they were informed if there was a problem or they were running late. The staff had a good awareness that it was important to arrive on time and make sure people using the service were aware of what was going on if there was a problem.

People’s needs were assessed before they started using the service and a care plan had been created. Assessments included information about their culture, social history, religion and hobbies, as well as details about their health and personal care needs. The managers checked the care package was working as planned after 14 days and then at regular intervals, every three months or more often if needed. We saw evidence that people had been consulted and involved in creating their care plans. These reflected their individual needs and personalities. For example, one care plan we viewed focussed on supporting the person to use the community and find ways to keep fit.

There were emergency procedures and the staff told us they knew what they would do in an emergency. People using the service had been provided with a file of information, including telephone numbers to contact if they had any concerns or in an emergency.

The staff made records of the care provided and the person’s wellbeing each time they visited. We saw copies of these and they showed care had been delivered in a personalised way which met people’s needs.

People told us the provider listened to them and responded when they had questions or requests for change. For example, one person told us they had asked the provider to change the time their care workers visited because they liked to watch a specific television programme. They told us the provider had organised this to suit their wishes and needs.

People told us that senior staff visited them every three months to check they were receiving the service they wanted and needed. They examined care plans and discussed these with the person, their relatives and the care worker to make sure adjustments were made if necessary. People told us they had an opportunity to ask questions regarding their care.

People using the service knew how to make a complaint. They said that they felt they would be listened to. Some people told us they had raised concerns. They felt the provider had responded appropriately to these and they were happy with the outcome.

We saw a copy of the complaints procedure, which was available in different languages and formats. People had been given a copy of this. The provider recorded all complaints. We saw that these had been appropriately dealt with and responded to. The manager analysed complaints and there was evidence that learning from these had been incorporated into developing the service. For example, where people had identified late calls, rotas had been changed to minimise the risk of these reoccurring.

Is the service well-led?

Our findings

People using the service felt it was well run and managed. They said the staff appeared happy and well supported. They were able to contact the provider if something went wrong and they had received an appropriate response.

The staff told us they felt supported and said there was a positive culture. They liked the manager and said she communicated well with them, listening to their opinions and offering advice and support. The staff told us they felt valued by the manager and the provider. They said there were opportunities for personal development and promotion. They told us the provider had a strong emphasis on encouraging training. One member of staff told us, "They support us very well – and care about us as well as the clients – our Manager is really supportive and approachable – we have no hesitation going to her if there are any difficulties!"

The manager told us about plans for developing the service. She had analysed the way the service had run, including complaints, accidents and incidents. She had also looked at the feedback from the provider's quality monitoring and had created a plan to improve areas of the service. These included reviewing the staff induction programme, improving end of life training for staff and recruiting more staff so that they can provide a service to more people.

The provider carried out regular checks on the quality of the service. They contacted people who used the service at

least every three months and asked for their feedback. We saw evidence of this contact, both visits by a senior member of staff and telephone calls. Managers also carried out on site observations of staff and assessments of their practice. The staff received regular supervision and appraisal of their work. We saw evidence of these checks.

The provider employed a quality monitoring officer to carry out checks and audits. Feedback from these checks was analysed monthly and annually. We saw the report of this analysis for 2014 and for January 2015. Positive comments had been fed back to staff. The manager had responded to concerns and had used these to look at developing the future of the service. The feedback from the provider's own quality monitoring was mostly positive in all areas. People using the service were happy with the care they received and with the contact they had with managers and the office. For January 2015 12% of people said the service was excellent, 58% said it was very good and 30% said it was good. People had said the care they received over the Christmas period and holidays had been "exceptional".

The manager told us she worked with the local authority to identify the needs of people in the borough and how the provider could meet these. She told us they had recruited staff to meet identified needs and focus on areas where support was required, for example caring for people who had dementia. She told us they were also working with other professionals to identify people who were at risk of isolation and loneliness. Mears Care Hounslow was developing strategies to support these people.