

Mears Extra Care Limited

Bristol ECHS

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bristol ECHS is a service that provides personal care to people living in an extra care housing scheme. People live in their own flats within the complex and staff are based on site to deliver their commissioned care packages. The service also provides personal care to people in their own homes within a small radius of the office. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Throughout the report we refer to the extra care housing scheme as extra care housing scheme and those people receiving care in their homes outside of the complex are described as receiving 'domiciliary care'. This is how staff distinguished between the two aspects of the service.

The service provides support to 37 people in the extra care housing scheme with 34 people receiving personal care. Within the domiciliary care service 48 people were receiving a service with 46 people receiving 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

People were happy and positive about the care and support received. People were confident to raise any concerns with staff and the registered manager. Risk assessments and audits were reviewed regularly to ensure potential risk of harm was minimised.

Staffing levels were enough to meet people's needs and protected them from harm. Staff recruitment procedures were robust and pre-employment checks were undertaken to ensure suitable staff were employed to support vulnerable people. Staff had received training to meet the needs of people using the service. They had also received regular supervision and an appraisal of their work performance. People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences.

The staff were kind and caring. People were treated with dignity and respect. Staff knew people well and how to communicate with them. Staff went above and beyond their contractual obligations to support people in their care. Staff regularly fundraised for different activities for people using the service.

The service was responsive to people's health and social needs. People's care records were reflective of people's individual care needs and preferences and were reviewed on a regular basis. Care plans were adapted to support the changing needs of people. The service provided a person centred holistic approach. People knew about the service's complaints procedures and knew how to make a complaint. People were

supported and helped to maintain their health and to access health services when they needed them.

People received a service that was well led. The management promoted a positive culture that was open and transparent. The registered manager demonstrated good visible leadership and understood their responsibilities. Quality assurance practices were robust and used to make improvements. Staff were motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

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.

Rating at last inspection

Under the previous provider, the last rating for the service was outstanding (published on 18 July 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led	Good ●

Bristol ECHS

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one Inspector, one Assistant Inspector and an Expert by Experience who is a person that has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Alongside this the service provides domiciliary care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the extra care housing scheme and four members of staff including the registered manager and care staff. The Assistant Inspector spoke to ten members of staff that worked across both services and the Expert by Experience spoke to ten family members and two people who used the service.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff records in relation to recruitment and the management of staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe with the staff and told us the extra care housing scheme offered a safe environment for them. One person told us, "Yes I do feel safe. I have been here a long time". Another person told us, "They are doing a good job and keep her safe and cared for, I don't have to worry as they are very reliable and have never let us down."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedures. The registered manager carried out regular competency checks. Information regarding safeguarding and reporting concerns were available.
- The registered manager was clear on their responsibilities to report concerns. Where concerns had been identified they had informed the local authority to make sure people were protected and informed CQC of incidents that had taken place.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed. Individual risk assessments were reviewed and updated regularly.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency. One person told us "they have everything under control and a plan in place for pretty much any eventuality."

Staffing and recruitment

- There were recruitment procedures in place, and we saw evidence of recruitment checks taking place before staff were appointed. This included the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us there were enough staff on duty. One relative said, "There are enough staff to cover his visits and look after him."
- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. The registered manager was aware that more staff were needed during the morning and regularly had six staff members working in the mornings and two members of staff at night.

Using medicines safely

- Staff who managed and administered medicines were appropriately trained.
- Monthly medicine audits were detailed and effective in ensuring medicines were handled safely and

lessons were learned from incidents. The registered manager provided refresher medicine management training to a member of staff that had recently made a medicines error.

- Where people required assistance applying topical creams, records provided information on where and when these should be applied.

Preventing and controlling infection

- Systems were in place to reduce the risk of infection.
- Infection control processes were being followed according to government guidance. Staff were following policy. Hand sanitising stations were present in communal areas, and at the entrance of the extra care housing scheme.
- Staff told us personal protective equipment, such as gloves and disposable aprons were readily available.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the service.
- The provider and registered manager complied with any requests made by the local authority or CQC regarding enquiries or investigations.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff worked with other agencies to provide consistent, effective and timely care.

- The registered manager told us, "we have very good relationships with GP's and district nurses." We observed the registered manager liaising with the GP surgery regarding people's health condition and results.
- People's protected characteristics and diversity were considered and acted upon; staff took into account characteristics such as disability and religion when planning people's care.
- Prior to people receiving care their needs were assessed. The initial assessment with people was carried out to understand their needs and provide a person centred approach.

Staff support: induction, training, skills and experience

- Staff received regular supervision and annual appraisals of their performance.
- Staff were up to date with mandatory training. Examples included, safeguarding, moving and handling, stoma care training, medicines, infection control and health and safety. Refresher sessions were booked in for the coming year.
- Staff received induction and mandatory training that enabled them to support people in a way that met their needs effectively.
- Each member of staff had an up to date training matrix. The training matrix identified when mandatory training required updating and when this took place.
- The registered manager had an 'open door' policy and staff told us they could ask for advice whenever they needed to. Staff told us they felt supported by the management team. "I feel able to go to her yes, if I have any problems, I have no worries about going to the manager, she is very helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink throughout the day. They were supported to enjoy a variety of food and drinks that were nutritious and met their individual needs.
- People's weight was monitored on a weekly or monthly schedule depending on their nutritional assessment. Staff were aware of the people who were at risk of malnutrition.
- We carried out an observation at lunch time. We observed people eat in the dining room. There was a relaxed and positive atmosphere. A staff member supported a person to make a choice from the menu.
- We received mixed feedback about meals from people. Comments included, "The food could be better,"

"The food is lovely."

Adapting service, design, decoration to meet people's needs

- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.
- People had access to a hair salon and a memory room for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager supported people in accessing healthcare services. They contacted the GP surgery to make appointments for people and to follow up on test results.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was meeting the requirements of the Mental Capacity Act (2005).
- Care plans considered people's capacity relating to a specific need. The care plans stated what type of decisions people could make. Best Interest Decisions were recorded. One staff member told us, "We know them quite well, but we always give them a choice. The care plan tells us if they can make a decision about their food and their care."

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 our last inspection under the previous provider we rated this key question outstanding. At this inspection the rating for this key question has changed to good.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that when staff spoke with people, they knelt to the person's eye level, or sat beside them so they could see them clearly. There was a positive atmosphere throughout the extra care housing scheme.
- People told us staff were really caring. Comments included, "They are incredibly caring and very intuitive to moods and needs" and one person told us "I couldn't say anything but praise about the standard of care it is just great."
- There was a strong ethos of person centred care. The registered manager told us about a person who needed additional support following a change in their health care needs. The care workers attended hospital appointments with them to provide emotional support. The care plan was adapted to consider emotional support alongside physical support needed.
- Staff encouraged and engaged with people in different activities. There was a visual board in the communal area that stated all the activities taking place during the week. We observed a knitting group, crocheting blankets. Staff supported people to crochet and people told us how they enjoyed learning a new skill.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices about their day to day routines and activities. This was in line with their preferences.
- People had the opportunity to take part in resident's meetings. These meetings gave people the opportunity to communicate with one another and to make suggestions. The registered manager understood the importance of involving people in making decisions for themselves wherever possible.
- Regular reviews were carried out with people to check that people's views were sought regarding the care they received.

Respecting and promoting people's privacy, dignity and independence

- Relatives felt people were respected and their privacy and dignity were maintained. One relative said, "She is shown the dignity she deserves, and it is lovely to see."
- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive way to offer assistance.
- People were supported and encouraged to maintain relationships important to them and keep in touch

with their families. Some people had formed close relationships with other people who lived at the extra care housing scheme. They meet regularly each morning in the atrium for coffee.

- People's personal information was stored securely which helped to maintain their privacy.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question outstanding. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained personalised information about people's care and treatment needs. This included information for staff on how to provide people with safe and effective care. Staff told us they read people's records and were kept well informed about their needs.
- Staff knew people well and could tell us about people's needs including their individual likes and dislikes. Staff adapted support to cater for the changing needs of clients.
- People's care plans provided good detail about people's likes, dislikes and their preferences. For example, explaining how staff should deliver care and the person's preferred daily routines.
- Staff told us how they communicated with people and their relatives to obtain important information in relation to people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff demonstrated a good understanding of how each person communicated and how to present information to help them to understand it.
- People's records included information about how they communicated and guidance for staff on how to communicate effectively with the individual.

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

- Activities and entertainment included for example, knitting, gardening, arts and crafts and tea dances. Staff and the registered manager fundraised for decorations and activities people wanted to undertake. Fundraising has taken place to purchase the decorations for the Queen's Jubilee tea party occurring next month.
- The registered manager developed good relationships with the local community. She was successful in obtaining a grant to redesign and landscape the garden in partnership with a local community group. The group and people work together to redesign and maintain the garden on a weekly basis.

- There was a visual activity noticeboard on the wall detailing the activities on offer for the week. The registered manager stated that a local church group visited the extra care housing scheme twice a month. The activities programme was decided by people living at the scheme.
- On the ground floor, there was a communal area where people could socialise and meet for coffee. We observed this was an area used throughout the day by people to engage socially.

Improving care quality in response to complaints or concerns

- People told us they had not had any cause to complain but would talk to staff if they did. People we spoke with told us, "No I have no complaints" and "I am happy and have no complaints". Since the past year no complaints had been raised. Records demonstrated this.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive staff culture. They had previously worked as the deputy manager at the domiciliary care agency. Staff said they worked well as a team. One staff member told us, "To be fair our manager is really good and understanding - even if she's not having the best day, she'll make that time for you, or even if she's really busy."
- Staff were person centred and positive about making changes to improve the care and support people received. One staff member told us, "It's just because I've been here such a long time, we always ask them, they might not want the same thing for breakfast, we work very closely with them, we can see when they're not themselves."
- Staff, people and relatives spoke positively about the registered manager. One relative told us, "The manager is very approachable, and the office door is always open for me to pop in and have a chat". We observed a person coming to the office requiring support with a phone call. The registered manager assisted the person and made the phone call.

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 in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.
- The registered manager understood the regulatory requirements and reported information appropriately. Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let people know. Safeguarding incidents had been recorded, reported and shared with the relevant professionals including CQC.
- The management team completed various audits to check people's safety and welfare. This included medication, health and safety, infection control and maintenance. They implemented action plans to

address identified concerns and monitored the progress of actions taken.

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

- The provider had a system in place to formally gather feedback annually about the quality of care from people who used the service. Surveys captured people, relative and professional feedback. Action plans were devised in response to this feedback to drive improvement.
- Monthly staff meetings were held. Staff we spoke with told us they felt they were listened to. Copies of the meeting minutes were shared with staff. One staff member told us, "I have childcare so there's been times when I can't go, and they always made sure we have a type up of the minutes and we sign to say we've read them."
- Staff received recognition for their hard work. Staff were nominated for carer of the month and gift vouchers were provided as recognition for their hard work.

Continuous learning and improving care; Working in partnership with others

- The extra care scheme demonstrated they worked well with other agencies where needed, for example with the GP surgery. They ensured they collaborated with other stakeholders to ensure the best possible outcomes for people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care, staff learning and support arrangements and organisational changes.
- Regular unannounced spot checks were carried out on staff to ensure they were working to the standards and values of the service and were following correct policies and procedures.
- The management team and staff team had a strong commitment to learning and a strong ethos of continual improvement to ensure people received the highest quality of service.