

Mears Care Limited

Mears Help to Live at Home Wiltshire

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

This inspection took place on 9 and 18 December 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection.

Mears Help to Live at Home Wiltshire is a large domiciliary care agency which provides care and support to people in their own homes on a short and long term basis. The agency manages the local authority's Help to Live at Home contract.

The agency had a register manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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 2008 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

During an inspection in June 2014, significant concerns were identified in relation to people's care. We issued a warning notice and four compliance actions to ensure the provider made improvements. We undertook an inspection in August 2014, to ensure the shortfalls had been addressed. However, further widespread shortfalls in care provision, such as missed calls and inadequate care planning were noted. The warning notice, which we had issued in June 2014, had not been complied with. Due to the risk of significant harm to people's safety, we issued a Notice of Decision, which restricted the provider from accepting any new care packages unless with our prior agreement. Another inspection was undertaken in December 2014, to review the restriction and to ensure people's safety was assured. Improvements had been made but these needed to be further maintained and embedded within the service. We identified additional shortfalls in relation to the safe administration of medicines, consent and risk management. The provider sent us a detailed action plan to show how they would make improvements.

At this inspection, which took place on 9 and 18 December 2015, all shortfalls had been addressed. Improvements had been made to each area of the service. The registered manager told us they now thought Mears Help to Live at Home Wiltshire provided a safe, effective and responsive service. People and staff confirmed this. There were many positive comments about recent improvements and how the agency had "turned the service around".

People told us they felt safe and were happy with the service they received. There were no longer any concerns about missed visits. People said they were generally supported by a small team of staff who they were getting to know well. This improved consistency of people's care. Additional staff had been recruited. This meant staff had a manageable amount of visits and did not feel rushed, when travelling from one person to another. People told us the timing of their visits had improved and there was greater understanding about the agency's "outcome based" approach. This had lessened frustration about inconsistent lengths of people's visits. People told us they felt listened to and were encouraged to give their views about the service. Whilst people were aware of how to make a complaint, they did not feel they needed to, as they were now happy with the service they received.

Potential risks to people's safety had been identified and properly addressed. People had been visited to discuss the support they required. People had a plan of their care which was detailed and well written. People told us their care was regularly reviewed to ensure it remained appropriate.

Improvements had been made to the management of people's medicines. Medicines were now administered safely, in a person centred manner. Staff had undertaken recent training in the safe management of medicines and records had been improved upon.

There were positive comments about the staff and the registered manager. The registered manager provided clear leadership and had introduced systems, which were now embedded and working well. This included a range of audits to assess the safety and quality of the service. Staff told us they were well supported and had received updated training. All staff had been allocated to newly devised teams to aid communication and team building.

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.

Good



Improvements had been made to the reliability of the service. Systems were in place to monitor potential late or missed calls so action could be taken before a problem arose.

Individual risks to people's safety were appropriately identified and acted on to enhance people's safety.

People's medicines were managed in a safe and person centred way.

There were enough staff to effectively meet people's needs and more staff were being recruited, to support any new packages of care.

Comprehensive recruitment practices ensured all new staff were suitable for their role.

Is the service effective?

The service was effective.

Good



Improvements had been made to the consistency of people's support.

People received support from staff who were well trained, supported and supervised in their role.

People were happy with the support they received from staff to eat and drink.

Is the service caring?

The service was caring.

Good



People and their relatives were positive about the staff and the service they provided.

The consistency of visits had enabled relationships between people and staff to be developed. This enhanced the quality of interactions and people's confidence.

Staff promoted people's rights to privacy, dignity, choice and independence.

Is the service responsive?

The service was responsive.

Good



Improvements to the service meant it was responsive to people's needs.

Due to greater consistency and reliability, people's support enabled them to maintain their independence and follow their preferred day-to-day routines.

Information within people's care plans had been developed to ensure it was more detailed and person centred.

People received regular reviews to ensure their care remained appropriate and no changes were required.

People and their relatives knew how to raise a concern but felt much more positive with the service they now received.

Summary of findings

Is the service well-led?

The service was well led.

The registered manager provided clear leadership and was committed to the development of the service. They had worked hard with the staff team to improve the service people received.

New systems had been implemented and were working well. A range of audits were being used to assess, monitor and improve the safety and quality of the service.

People felt they were being listened to and were encouraged to give feedback about the service. Any concerns were quickly and effectively addressed to enhance provision.

Good



Mears Help to Live at Home Wiltshire

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.

This inspection was announced and took place on 9 and 18 December. The inspection was undertaken by one

inspector and two experts 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.

We spoke with 32 people who used the service, 10 relatives and 9 staff on the telephone. We spoke with 8 staff in the office, including care co-ordinators, service managers, the registered manager and a senior manager. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Is the service safe?

Our findings

The registered manager told us staff had worked hard to improve the reliability of the service. They told us “without doubt, I can now say we provide a safe service. Staff are no longer frantically covering visits at the last minute. It’s much better organised and staff are planning visits a few weeks ahead. They’re not ‘fire fighting’ as they did before. The electronic monitoring system has also ensured greater reliability, as any issues are addressed, before they become a problem”. Staff used the electronic monitoring system to log in and out when they arrived and left each person’s property. This activity electronically updated the staff member’s schedule on the agency’s computer systems. If staff did not log in when they arrived at a person’s property within a certain timeframe, an alert would be raised in the office. This was then addressed before problems occurred. One person told us about the electronic monitoring system. They said “they have a gadget they use to register on the folder when they arrive and then again when they leave so that the agency and I both know how much time has been used each visit”. The person told us they felt their visits being monitored was a “good thing”.

People told us they felt safe, as the reliability of the service had improved. They said they no longer worried that staff would not arrive to support them. One person told us “I used to have missed calls a lot of the time and it was causing me a lot of stress and worry. However, the agency has worked really hard and certainly for the last two to three months, I haven’t had any missed calls at all. It has been such a weight off my mind that it is now a reliable service”. Another person told us “they make me feel safe and stay for the allotted time”. Relatives gave us similar views. One relative told us “we have been really impressed at the turnaround that has happened of late and certainly I’m struggling to think when we would’ve had a totally missed call last”. Another relative said “I was so concerned about the problem affecting my mother that I nearly had a nervous breakdown. I have to say though over the last four months, there has been a complete change in the standard of care provided. My mother hasn’t had a missed call at all”. Another relative told us “they are generally on time. Someone always comes and we have never yet been let down”.

People were confident they would inform the registered manager or the office, if they experienced any poor practice

or were mistreated. One person told us “I certainly wouldn’t put up with being mistreated and if somebody tried to do that, they would get reported to the office straight away and I would refuse to have them back in my house”. Another person said “if I felt I was being treated badly by my carer, I would either call the office and tell them, or I would tell my daughter and she would call on my behalf”. A relative told us “my [family member] would tell me if anything was wrong. I’ve got no concerns about her safety, at all”.

The registered manager told us they knew the service had improved as the number of issues, which had been reported to safeguarding, had significantly decreased. A member of staff confirmed this. They told us “in the past it was really difficult, as we were forever being asked about our practice and why something had not been identified or addressed. Now, it’s so much better. I’m really proud of what we’ve achieved. When we go to safeguarding meetings now, it’s usually because we’ve raised them and it’s not about us. It could be something about the person’s home or allegations about family and friends. It’s not about our practice”. Staff told us they had received updated safeguarding training and were aware of their responsibilities to identify and report any suspicion or allegation of abuse.

At the last inspection in December 2014, assessments had been undertaken to identify potential risks to people’s safety. However, the information was very basic and specific risks to people due to their health care conditions had not been identified. The registered manager told us the assessments had since been reviewed. They said staff had met with people to discuss any potential risks and action had been taken, to address these. The assessments contained detailed, up to date information. This enhanced people’s safety and that of staff supporting them.

At the last inspection in December 2014, improvements had been made to the administration of medicines although some shortfalls remained. We made a requirement to ensure the provider addressed these, to ensure people’s safety. The registered manager told us further attention had been given to medicine administration and staff had worked hard to make improvements. They told us staff had received updated training in the safe administration of medicines and their competency had been assessed. Records about people’s medicines had been reviewed. There were now detailed

Is the service safe?

assessments in relation to medicines, within people's files. The assessment identified potential risks and how these were to be addressed. Information showed how people liked to be supported with their medicines, which showed a person centred approach. There were clear instructions about the medicine's prescription and guidance to support staff when administering those medicines to be taken "as required". Staff had appropriately documented when they had supported a person with their medicines. The records were regularly checked to ensure they were being consistently and appropriately maintained. This ensured any shortfalls would be quickly identified.

People told us they were happy with the support staff gave them with their medicines. One person told us "my carer helps me with my medication each day. She has to take it out of my dosset box and hands them to me with a drink so that I can take them. She then makes a note of it in my folder". A dosset box is a medication storage device, designed to simplify the administration of solid, oral dose medicines. Medicines are usually dispensed into the dosset box by a pharmacist, which reduced the risk of error. Another person said "I can take the tablets by myself but my carer usually watches me and then writes on the record, as I can be a bit forgetful about whether I've taken them or not". Another person said "my carer helps me with my tablets every day but we've never made any mistakes. She records that I've taken them".

There were enough staff to support people effectively. However, the registered manager told us recruitment was on-going, as more staff were required to manage the continued increase of people being referred to the service. Staff confirmed this. They said staffing had improved and the number of people they supported was now realistic

and achievable. Staff told us they no longer felt they needed to rush from one person to another. This meant they did not feel stressed and were generally on time to support people.

People told us consistency with the timing of their visits had improved. They said they were now informed, if for any reason, staff were running late. One person told us "the agency gives me a time range covering half an hour over which my carer can arrive for my visit, but now, if she is going to be running late outside of that half hour slot, she will usually call me and let me know so that I'm not worrying about whether she will come or not". Another person told us "the agency gives us a timeslot that covers about half an hour to 3/4 of an hour and within this, the carer can either come early or later depending on when she finishes their previous job. If she's running really late then either she will ring us or usually now the agency will, which is so much better than it was before, when nobody would bother to ring at all".

Comprehensive recruitment practices were followed to ensure all new staff were suitable for their role. There was a team responsible for recruitment. One of these staff spoke about their role with passion. They said all potential staff completed a theory test to assess their literacy skills, as well as undertaking a formal interview. They said a minimum of three references were required to demonstrate the potential staff member's previous work performance and competence. If any of the references gave limited information, they said more references, of greater detail would be sought. A Disclosure and Barring Service (DBS) check was made to ensure the prospective staff member did not have any convictions or had been barred from working with vulnerable people. The registered manager confirmed they wanted the "right staff to work with people" so recruitment practices were thorough.

Is the service effective?

Our findings

The registered manager told us to improve the efficiency of the service, all staff and people who used the service had been divided into teams, with an allocated supervisor. The development was intended to improve communication and information sharing, as it gave a people a direct point of contact, when required. The registered manager told us the system so far had been positive. They said it had given people greater confidence, had improved relationships and ensured any issues had been properly dealt with, without being passed from staff to staff.

People told us improvements had been made to the consistency of their visits. They said they were usually supported by a small team of staff and were rarely supported by staff they did not know. People told us this had made a real difference to the quality of their care. One person told us "I have two carers who do all my calls for me. They know me well now and I know them. It's really nice. I don't have to worry about whether somebody new is going to be coming. I am really happy at the minute with the service I'm getting". Other comments included "because I now have regular carers, I know who will be coming next because they tell me before they leave" and "with regular carers they know exactly what I need doing. It's so much better". Two people told us whilst they received regular staff the majority of the time, other staff supported them at times of sickness or annual leave. These people told us their service would be better, if there was greater consistency at all times.

People told us staff were competent in their role. One person told us "now that I have regular carers who I see every day, I can say they are well trained enough to do everything that I need them to do. I don't have any problems with my care at all". Another person said "my carer comes and helps me with a wash and then she puts some cream on my legs afterwards. She always makes sure that she has gloves on and throws them away when she is finished.

At the last inspection in December 2014, staff's knowledge about mental capacity was limited. Most of the staff could not recall having any training about the Mental Capacity Act 2005 (MCA). In addition, training in the MCA was not detailed in any records or on the staff training plan. The registered manager told us additional training had been devised and this area had been discussed with staff at

various intervals. Staff confirmed this and said they always asked people what they wanted them to do. They said if there were any issues related to decision making such as people being resistive to care or not wanting to eat or drink, they would raise this with their supervisor.

People confirmed staff asked them for their consent before undertaking tasks. One person told us "my carer will usually ask me how I am when she arrives and then we decide, what order we will do the jobs in. I always have an opportunity to say to her if I don't want to do something one day and then we'll do it when she comes later in the week". Another person told us "because I see the same carer three mornings during the week, it's up to me really when we do things. I usually have a bath once a week but then have a strip wash on the other mornings. Depending on how I feel, we'll decide when my carer is there, which way round it happens".

Staff told us the overall service had improved significantly since the last and subsequent inspection and they felt very well supported. They said if they wanted any advice, they could ring the office or the 'out of hours' number and would be given an appropriate and helpful response. Staff told us they regularly met with their supervisor to discuss their role and any concerns they might have. Some staff told us about observational visits, where their supervisor watched them at work, whilst supporting a person. They said these visits were useful, as they were given positive feedback about what they did well but also discussed how they could do things better in the future. Records showed supervision meetings with individual members of staff and observational visits had taken place. The frequencies of the meetings were in line with the agency's supervision policy. However, the registered manager told us they did not feel this was sufficient enough to effectively support staff with their ongoing development. Due to this, they were aiming for all meetings to take place more regularly.

Consideration had been given to the induction of those staff newly appointed to their role. Staff told us the induction programme was detailed and comprehensive, and contained a range of training and reflection. Within the programme, they said all new staff completed shifts with more experienced members of staff. They then discussed their experiences, reflected on particular issues and agreed areas of further learning. One new member of staff told us "the induction was really good, we were able to try out things like the hoist so you could learn how it felt". Another

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member of staff told us “we get them [new staff] to help each other to eat or set up a role play, where we don’t listen to what they are saying. We get them to reflect on how it made them feel so they understand more. It’s great. They are encouraged to relate this to the people they support, which helps them when they’re doing their job”.

Staff told us the opportunities for learning and development had improved. They said they had recently undertaken training in the safe administration of medicines and safeguarding people from harm. Another staff member told us enhancing staff’s competence had received focused attention. They said this included developing an area of work such as end of life care or their knowledge of a specific health care condition. One member of staff told us about their work in the enabling team and how they had to learn the skill of “enablement” rather than doing something for a person. One person told us they felt completely safe when staff supported them with the use of a ‘stand aid’. This was a piece of equipment, which helped the person with their mobility. The person told us staff had been trained to use the ‘stand aid’ and were confident in its use.

The training staff had completed and those courses scheduled were clearly identified within the agency’s electronic training matrix. The information was colour coded so those staff which were nearing the expiry date of

certain training, could be easily identified. The records showed all staff were up to date with their mandatory training. This included topics such as safeguarding, infection control and moving people safely.

People told us they were happy with the support staff gave them with meal preparation. One person said “there are certain things I don’t particularly like to eat but my carer knows that now and anyway, she will always ask what it is I fancy out the freezer, before she heats it up for me”. Staff told us they always asked people what they wanted to eat. They said they offered people a choice of whatever was available. One member of staff told us the majority of people they supported purchased microwaved meals. They said they asked them which they wanted or whether they wanted something else. Staff told us if they noticed a person was not eating, they would try to identify why. They said they would inform the office so further action could be taken. Information within care plans showed the support people required to eat and drink.

Staff were clear about their responsibilities to recognise potential ill health. They told us greater consistency with the people they supported had helped this, as they knew when people were a little ‘off colour’. Staff told us they would call the person’s family, their GP or the emergency services depending on the severity of the ill health. Records showed people were supported to gain health care intervention, as required.

Is the service caring?

Our findings

At the last inspection in December 2014, people and their relatives gave us varying views about the staff team. Some comments were positive, whilst others were not so good. At this inspection, the feedback about staff was much more positive. One person told us "my carer is lovely and she always takes the time to help me with my bathing and dressing so I don't feel rushed. I couldn't ask any more from her". Another person said "I'm quite fussy in my old age and I like things to be done in a certain way. My regular carer is very good and puts up with me a great deal better than I'd probably put up with myself! She is patient and knows that I like to dress in a certain order and she never gives me any bother about this". Another person told us "my regular carer is like a member of my family now and they all know her as well. She is just so patient and caring and it is a pleasure to have her here with me. She gives me confidence to try and do some things with her help". Another person said "we get on so well now that she will usually say to me is there anything else that she can do for me before she goes. She always makes sure she puts the kettle on to make me a cup of tea, so that I've got a hot drink for the rest of the day before she goes off". Another person said "I know my carer won't mind if I ask her to do extra things for me".

Other comments included "they are all wonderful, all nice people. We have a good laugh and they know people I know, which makes a difference", "I think in all they are tip top excellent and I have sent them all Xmas cards" and "the carers themselves are wonderful". A relative told us "they put cream on her legs and are very careful. They reassure her and take good care of her".

People told us they felt listened to. One person told us "I'm sure my carer listens to me because I like to talk with her, so we often end up putting the world to rights about anything and everything that's been going on in the news, since I have seen her last". Another person said "I'm sure she listens to me because sometimes I will say that I'm not feeling as good as I usually am and she'll then ask me if there's anything she can do to help or whether I need to go and see the doctor". Another person told us "my carer is lovely. She always listens to me even when nobody else in

my family does". The person laughed as they told us this. Another person told us "they are all good girls. They listen as well as chat and are good company. They are like my daughters or granddaughters".

People told us staff maintained their privacy and dignity. They said they no longer felt rushed, which improved the care they received. One person told us "I live with my family so when my carer comes to see me in the morning, she makes sure that the door is shut on my bedroom before she takes my bed clothes off and starts to undress me. We don't open the door again until I'm fully dressed and ready to join my family for the rest of the day". Another person said "I can get really cold after I've had a wash so my carer will put my towel on the radiator to warm it up a bit while we are washing me. It's then lovely and warm to wrap round me, so I don't get cold before I can be dressed". Another person told us "I really like the fact that the carers take the time now to think about what it is I need doing and don't rush at everything because they are so panicked about trying to fit everything in for all their clients. Now when my carer comes to me, I feel like I'm the only person that she is concerned about". One person told us "I insist on females as they wash and dress me. I am very well satisfied, as I have the same lady in the mornings and get to know the others on the rota".

Relatives were equally positive about the staff and how they maintained their family member's privacy and dignity. One relative told us "my husband is unfortunately confined to bed at the moment but his carer is very good, as she always make sure that after she has washed him, the covers are on the bed neatly. She makes sure he is completely covered before she leaves him and that he has everything within easy reach". Another relative told us "they bath [family member] or give her a strip wash. She was a little fazed by a young 20 year old lad but is now perfectly happy. They always shut the door, wash her legs and back and help her get dressed". Staff told us people were always asked during their initial assessment if they wanted a male or female member of staff. They said this was respected although very occasionally, if a staff member had gone sick at the last minute, adhering to their wishes was a challenge.

Staff had a clear understanding of the importance of promoting people's rights to privacy, dignity, choice and independence. They told us supporting people on a consistent basis had made this so much easier, as they

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knew what people liked and how they liked their care to be delivered. One member of staff told us “it’s so much better now, as we get to know the person. What’s important to one person may not necessarily be important to others”. Another member of staff told us “now we see the same

people, we don’t have to continually ask what each person wants. That wasn’t good and didn’t instil people with confidence. We can also talk to people about things which are important to them so it takes their mind off having personal care. I love my round, I see some lovely people”.

Is the service responsive?

Our findings

People told us they were happy with their care. However, three people told us they did not know who would be supporting them, as they did not receive a schedule of their visits. The registered manager told us schedules were sent to those people who had requested them although they were not sent, as a matter of course. They said this was because in the event of a member of staff going off sick, the schedule could become inaccurate very quickly. The registered manager told us keeping track of such changes could result in error, which would be frustrating to the person. The registered manager told us they would discuss schedules with staff so they could discuss these with people during their care review.

People told us staff were responsive to their needs. One person told us "I often ask my carer to do extra things for me or she will notice that perhaps I haven't got to make my bed that morning because I haven't felt like it. She will just do it without even mentioning it". Another person told us "I said at the start that I didn't like very hot baths and my carer is always very good and she runs the bath first thing when she gets here in the morning so that it has cooled down a bit before I get in it. It makes all the difference". Another person said "if it wasn't for my carer coming, I wouldn't be able to have a bath at all". Other comments included "I'm very happy now and certainly feel that all my care needs are looked after by my carers" and "my carer is able and willing to do whatever it is I need done on that day".

People told us the agency now supported them to maintain their daily routines in a positive way. One person told us "I've been attending a day centre for a long time now and up to a few months ago, I seemed to be missing the visit more often than I was going, because my carer was always either running late or not coming at all. Now thankfully, for the last couple of months, I have been every week and it makes such a difference, as I can spend time with my friends". Another person said "my daughter comes to take me out food shopping once a week and until recently we were finding that she was having to get me ready when she first arrived because carers were either not coming at all or were arriving after she had arrived. During the last couple of months things have got a lot better and I think every week that my daughter has been, I've been here ready and waiting for her to arrive. It's quite a novelty".

Other people commented the agency was flexible in meeting their needs. One person told us "I've only had to phone the office a couple of times to change the time of my visit because I had a doctor's appointment. They were very good and were able to change the time although they did tell me that they couldn't guarantee that my regular carer would be able to do the visit, at that earlier time. When I managed to speak to my carer and told her what the problem was, she spoke to the office and they juggled her clients around that day so she could still come to me. I was very grateful to them". People told us the 'office side' of the agency was working much better than previously. They said staff in the office were "friendly" and "caring" and they were beginning to get to know them well.

People had a detailed, up to date plan of their care, which they helped to devise. People had signed their care plan if able, to show it was an accurate portrayal of their needs. Each person kept a copy of their care plan and a copy was stored securely in the office. The information was written in a respectful manner and was sufficiently detailed, to enable staff to support the person effectively. Within the care plan, there were details about particular health care conditions and how these impacted on the person. Potential risks and how these were to be minimised were stated.

People told us their care was regularly reviewed to ensure it continued to meet their needs. One person said "I now have a review meeting every six months where I think a nice lad called X comes out and sits and talks to me, about how everything is going. We look at the care plan to see if any changes are needed because of changes in my circumstances". Another person told us "I had a review last week when a manager came out to sit with me. It was nice to see somebody from the office and he looked up my care plan and asked me whether I needed anything to change. I told him at the minute, I was very happy and he looked to see what the carers had written in the folder, together with explaining to me how the timings of visits work. It was really useful to meet him and he told me that I would see him again in about six months' time but if I needed him in the meantime, I only needed to call the office". Another person told us "I have my first review next week so I'm looking forward to it, as nobody has ever visited me before from the office".

People told us they knew how to make a complaint if they were not happy about the service they received. They said

Is the service responsive?

they felt listened to and were confident their concerns would be taken seriously. People told us however, they were happy with the service they received and making a complaint was the furthest from their minds. One person told us "I had a male carer about 6 months ago and it made me feel a bit on edge. My daughter rang the office and told them and now I get all females". Another person said "about a year ago, I was constantly making complaints and having to talk to the office to try and sort problems out. At that time I wasn't very happy with the response I got because basically nothing happened. However of late, the agency has worked really hard to look at all the problems they've had and it's in a much better shape today, than it was. I would certainly not hesitate to make a complaint again and I do keep all the numbers to hand in the front of the folder". Another person told us "at one stage not too long ago, I think most of the clients would have gone elsewhere had there been any choice of other agencies, as we were all fed up with having to constantly complain and

chase up where carers were. So it is really nice now that things have settled down and certainly for now we appear to be having a good standard of service. I always keep the contact details to hand for making a complaint and I certainly wouldn't hesitate to do it again, if I had concerns that weren't being addressed".

The registered manager told us they had worked hard to ensure people felt listened to and any concerns they had, were dealt with quickly and efficiently. They told us if a person or their relative did raise a concern, a member of staff would always visit them, to discuss the issues further. Apologies would be given and an investigation would take place to find out exactly what went wrong. The registered manager told us it was essential that concerns and complaints were seen in a positive light. They said any negative feedback was seen as a learning experience and a means to improve the service.

Is the service well-led?

Our findings

The registered manager told us the whole team had worked extremely hard to improve the service people received. They said improvements had primarily been due to the introduction of systems, which staff then worked with to ensure they were effective and fit for purpose. The registered manager told us they were really pleased with the improvements made. They said they were confident the agency was “where it should be, providing a safe, effective, responsive service but still open to further developments to improve even further”. The registered manager told us the transition had been hard and they appreciated that staff had “hung in there, as it had not been easy”. The registered manager told us the next planned development was to improve the office environment. They said walls were being dismantled so there would be an open plan space, a kitchen area and smaller offices. The registered manager told us this was being done with the aim to improve communication and team work.

People told us the service they received had improved significantly. One person told us “I must admit it has been a struggle at times, because whilst all the carers have been very nice in the past, I was so rushed and they really didn’t have time to stand back and just have a general chat with me. They were always so busy rushing off that it felt a bit like a whirlwind going through. It couldn’t be any more different now. It’s just like having someone here with me permanently, as I never feel rushed anymore and I feel that my carer is here for me, rather than her wondering about the next person she is going to”. Another person told us “I am just relieved that the agency have taken the time and improved the service that they were offering some months back because it was really awful when you didn’t know whether anyone would be turning up to look after you. It is such a weight off my mind now to know that somebody will appear to do all those things that I cannot do on my own”. Another person told us “if you’d asked me six months ago I would’ve said that I would have moved to any other agency rather than stay with this one because I had no confidence in either the management or the staff. It was only the fact that no other agencies cover this area that made it impossible for me to move. However, things have improved to such an extent now that I am happy to stay with the agency and I am just about getting my confidence back with both the management and the care side of the agency. The last two months have been 100% better than

the previous months and I just would like to see that it continues going forward”. Another person told us “they are always pleasant, reliable and do the job. I don’t think any improvements are necessary”.

There were other positive comments about the agency. This included “the manager made it clear to me that if I needed to talk to them at all, I only had to pick up the phone and speak to somebody in the office and they would arrange either for the manager to call me back or come and visit me. I must say it was such a change from about a year ago when nobody could even tell me who the manager was”. Similarly, a relative told us “last year I was despairing that I would have to move my mother into a care home because the standard of the care she was receiving was so poor and my health was beginning to suffer as a result. However, I have to say that they have improved out of all imagination and I am very happy at the moment with the care that my mother is getting”. Another relative told us “there has been a complete change in the whole culture of the agency and the standard of care that they have been providing”.

Staff were equally positive about the agency, their role and the care they were able to provide. One member of staff told us “I’m relatively new, but it’s the best agency I’ve worked for. It’s so organized, efficient and you’re really supported. Any issue, you only need to say and it’s sorted. I also like being given my rota early, so I know what I’m doing. It’s really good. I love my job”. Another member of staff told us “I can’t begin to tell you how much better it is. It’s totally different. The atmosphere’s better and we’re no longer stressed. We can get to people on time now and we don’t have to take the brunt of why we’re late. It’s so much better. They’ve got the systems in place now so it’s maintaining everything”.

There were many positive comments about the registered manager and her management style. One member of staff told us “she’s lovely, very relaxed, never ruffled but calm at all times. She knows her stuff but works in a very quiet, non-assuming way”. Another member of staff told us “she’s put in strong foundations and has given the agency stability. She’s very approachable and will find a solution. She’s also quite strong despite being quiet. I like that she will say no, if it’s clear we would not be able to meet a person’s needs. She’s very professional”. Another member of staff told us “management have sorted the systems out

Is the service well-led?

so everything runs more smoothly. However, a lot of the success has been with the staff, as they have stayed and worked through the difficulties. They really care about the people they support”.

The registered manager told us they had developed a range of audits, which had become an established part of the service. They said this had enabled any issues to be quickly identified, investigated and addressed before becoming a problem. The registered manager told us they had undertaken a strong recruitment drive, to ensure staff numbers were increased and therefore sufficient to support people effectively. They said new initiatives had been devised to improve the recruitment of staff. The most productive was ‘introduce a friend’. This encouraged staff to suggest suitable friends and family and if successfully appointed, they would receive a monetary reward. Another staff member told us banners were placed strategically around the county, advertising staff vacancies.

The registered manager told us increased numbers of staff and the development of specific teams, had given greater

consistency, reliability and flexibility to people’s visits. The registered manager told us systems such as recruitment had been tightened to ensure the right staff, with the right attitude were appointed. They said this was having an overall positive effect on the standard of care provided. They said practice had also improved as staff had become more accountable. There were regular checks of their practice, whilst supporting people. The registered manager told us the additional monitoring celebrated good practice but also identified particular issues, which needed to be improved. They said staff were supported or given additional training to improve their performance. However, if this was not successful, more formal protocols such as disciplinary or capability procedures, were used.

There were systems in place to encourage people to give their views about the service. This was either by telephone, within individual care review meetings or more formally by completing an annual survey. Records showed action had been taken to address any issues raised.