

Mears Care Limited

# Mears Care - King's Lynn

## Inspection report

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Kings Lynn  
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Date of inspection visit:  
14 September 2016

Date of publication:  
19 October 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 14 September 2016. Mears Care - King's Lynn provides support and personal care to people living in their own homes in west Norfolk. The provider informed us prior to the inspection there were 309 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

At our last inspection on 3 April 2014 we asked the provider to take action to ensure people's risk assessments and care plans included information to reduce the risk of people receiving care that was inappropriate or unsafe. During this inspection, we found that the provider had taken appropriate action and improvements had been made.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People may not receive their care appointment at the time or for the duration they expected. People could not be assured they would receive the support they required to take their medicines safely.

People were provided with the care and support they required by staff who were trained and supported to do so. People provided consent to their care when needed but they may not receive the support required by the Mental Capacity Act 2005 if they were unable to make a decision for themselves.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and

motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not entirely safe.

People did not always receive their visits as planned due to staffing pressures.

People may receive support with their medicines incorrectly where staff have not been assessed to be competent.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were usually supported in a way that protected them from risks whilst maintaining their independence.

### Is the service effective?

**Good** ●

The service was effective.

People's right to give consent and make decisions for themselves were encouraged.

People were supported by a staff team who were trained and supported to meet their varying needs.

People were supported to maintain their health and have sufficient to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning their care and support and this was usually delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

### **Is the service well-led?**

**Good** ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were encouraged and supported to carry out their duties.

# Mears Care - King's Lynn

## 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 took place on 14 September 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some commissioners (who fund the care for some people) of the service and some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with nineteen people who used the service and seven relatives. We also spoke with seven care workers, two care coordinators, a visiting officer (who undertook assessments and reviews of people's care,) trainer, quality assurance officer, operations manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for seven people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

We received mixed comments about whether there were sufficient staff employed to meet people's needs safely. The majority of people, who usually had regular care workers visiting them, told us they received their visits as planned and care workers stayed for the full duration of the call. One person told us, "They are usually the same ones (care workers.) There is no reputation of lateness as far as I am aware. They stay the allocated time, they don't come at the last possible minute and leave at the first opportunity." A relative said, "They arrive on time and stay (for the length of the call.) I see all the jobs are done." One person told us how their care had improved as a result of having a regular care workers visit them. They said, "I am very happy now I am having the same carers. Punctuality has improved, they come the same time each day."

Other people who did not always have regular care workers visit them told us of occasions when care workers had arrived late and not stayed for the full length of their call. This meant people may not receive all the care they required, or their care and support could be provided in a rushed manner. One person told us, "I don't like to say too much as they (care workers) have it hard too. They should be here for half an hour but are only here for 10 to 15 minutes as they have to be at the next place on time." Another person said, "They are sometimes a bit late and some don't stay full length of time. I'm supposed to have half an hour but I don't always have it." A further person said, "They are always saying they are short of staff. They come at different times and are not regular carers." This person also said, "Some (care workers) are rushing out the door and gone within 15 minutes rather than half an hour." One person told us they had reported this to office staff and a care coordinator confirmed they had been made aware of care workers leaving early.

We were also told about an occasion when a care worker had not turned up for a person's call so they had contacted the out of hours service. They told us, "I am not the only one it happened to. If they cut me short what happens to people who can't speak up." A relative told us there were occasions when they had to act as a second person to assist their relation because, "They have been unable to get a double up (second care worker) to help at the weekends, so I help."

Care workers told us they were able to carry out the visits they were scheduled to, although they had different experiences depending on which geographical area they worked in. Some said there were enough staff available in their area to cover calls and some others said there was a shortage of staff at present, however new staff had been recruited and were due to start shortly once they had completed the recruitment process. One care worker told us, "We do usually have enough staff, they are active in recruiting new staff." Care coordinators told us they were continually recruiting new staff to ensure they had the staff compliment to meet their work demands. Care coordinators also said that if needed they would go out to attend a care call to ensure this was completed as planned.

Some care workers told us there were occasions in some areas of the region where there was not enough travel time allowed. They told us how they would make changes to their rotas, with the agreement of the people they were visiting, to make these more practical. One care worker said, "We take it on our own shoulders." Care coordinators told us they were aware that care workers did this and this helped them manage their calls more effectively. The operations manager said there needed to be a way to ensure any

changes to care workers rotas were done in collaboration with the care coordinators so they knew what changes were made and they knew where care workers were. This was also required to ensure the accuracy of rotas sent to people listing the times of their calls and who would be undertaking them.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out. The provider informed us on their PIR that they had a robust recruitment and retention program for all staff that ensured essential recruitment checks were completed prior to employment.

There was a system in place for newly appointed care workers to be assessed regarding their competency in providing support to people with their medicines, but longer serving staff had not been assessed relating to their competency in this area. This meant the provider could not be certain longer serving staff were following the correct procedures when supporting people with their medicines. We saw one person's care plan stated they had been assessed as being able to take their own medicines and was therefore self-medicating. However when we looked at the person's daily notes we saw the person had received some assistance from three care workers on different occasions to take one of their medicines, but they had not informed any office staff they had done so. Following the visit the registered manager confirmed they had met with the care workers involved and clarified with them the person managed their own medicines. The registered manager also told us they had arranged for these care workers to complete the medicines training again.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently.

People who required support to take their medicines told us they were provided with this. One person said care workers, "Give me my tablets, they always remember so I can rely on them for that." Another person told us care workers, "Make sure I take them (medicines) properly they stand and watch me take it. They write down to say I have taken it."

Care workers told us they felt "skilled and confident" in supporting people with taking their medicines. They also told us there was always someone available from Mears Care for advice if they needed this. Care workers we spoke with were clear under what circumstances they could administer people with medicines.

People who used the service told us that overall they felt safe using the service, although some people did describe how they felt safer on some occasions than others. Some people told us they felt safer with the regular care workers who visited them. They told us this was because they knew each other and had built up trust. One person said, "On the whole yes (I feel safe) but it could be better at times. It is good when I get the same carer, while some days I don't know who is coming in and what time they will come. That unsettles me." A relative told us their relation, "Feels safe with the regular lady, as they have but up a good relationship, but they can feel less secure with others (they don't know)."

Other people told us they felt safe using the service and that they were treated well by the staff who visited them. One person told us, "I feel safe with having carers in my home, they are all honest there is no problems there." Another person said, "They get on with the job they have come to do, that is making sure I am safe."

People could be assured that staff knew how to respond to any incidents of abuse. The provider informed us on their PIR that keeping people who used the service safe from harm was a prime aim in all aspects of their service delivery. Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. They told us they would report any concerns they suspected or identified during a visit to a care coordinator or the registered manager. They also said they would write a report of their concerns. One care worker told us about an occasion where they had reported an abusive situation and appropriate action had been taken to ensure the person's immediate and future safety. Care workers also spoke of acting and advising people who used the service to be safe. This included pointing out possible risks about security and calling for the emergency services to assist when they were worried that a person was unsafe.

The registered manager talked about how important safeguarding was and how they ensured that all staff were aware of recognising and acting on situations where a person may be at risk of abuse. This included ensuring staff attended safeguarding training and reporting any concerns to the local authority, who are responsible for managing safeguarding issues. The registered manager kept a file of all concerns they had either reported or been made aware of. These included details of how the concerns had been responded to, any action taken whilst they were investigated and what the outcome of the safeguarding investigation was. There was also a section to record any lessons that could be learnt from the investigation irrespective of the outcome.

Most people told us how their care and support had been assessed to ensure they received this safely. The provider informed us on their PIR that care workers were encouraged to support people to lead a full and meaning full life while ensuring where possible they remained safe. One person said, "I have to be hoisted, I feel confident in them hoisting me, they reassure me so I feel safe." Some other people told us how the support they were provided with enabled them to have a bath. One of these people said, "What I can't do they help me with. They help me in and out of the bath. I feel safe and confident with them, I trust them."

Relatives spoke of how their relations were supported to be as safe as possible in their daily living. One relative said how a care worker encouraged their relation to use their walking aid. They said the care worker placed this in a position their relation could easily reach and, "Tells them off (in a caring way) if they don't use it." Another relative told us care workers, "Get regular training on how to use the hoist safely. They tell me they do this annually. They are aware of the lifting regulations and won't use the equipment if it hasn't been checked and has a date on."

One person described not receiving support in a way that made them feel safe. They told us they felt anxious when they were being hoisted as, "Some (care workers) say leave the brakes on and some say leave them off." The person told us their care plan did not describe which was correct, which we confirmed to be the case when we looked at the person's care plan.

People confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. One person told us, "They made sure the equipment I needed was in place." Another person said, "They assessed my home when I came out of hospital."

## Is the service effective?

### Our findings

People were cared for and supported by care workers who had the skills and knowledge to meet their needs. A person told us, "I would say they have had the training needed. They are marvellous I can't fault them." Another person said they were sure care workers had the training they needed because, "I never feel like exclaiming they don't know what they are doing."

The trainer described the training provided which included an induction based on the care certificate standards. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. The induction consisted of a five day block of 'face to face taught' training followed by a period of 'shadowing' an experienced care worker. The provider informed us on their PIR that, "All new staff receive a period of mentoring thus ensuring that the service user does not receive direct care from any care worker who is not confident and competent."

One care worker who had recently completed the induction told us they had found the shadowing part of this to be the most beneficial. We found the care worker also had a good understanding of the topics covered in the five day training block. More experienced care workers said they felt new workers were well prepared for the work once they had completed the induction.

Care workers told us the training they received was, "Relevant and suitable" and was updated annually. Care workers said they could request any additional training they felt they needed and arrangements could be made for staff to repeat training if they wished, or it was felt this would be beneficial for them. The trainer confirmed staff could request any additional training they felt they needed.

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent before they were provided with any acts of care. A person told us, "I say whether I want to do something or if I do not." A relative told us how they saw their relation was always asked for their consent prior to being provided with any care.

Care workers told us people who used the service consented for their care by signing their care plan. They said they then always asked people for their verbal agreement to provide the care at the time and would only do so if the person did consent. A visiting officer told us they sought people's consent to involve a relative in the assessment or review of their care although this was not documented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us there was not anyone who used the service who lacked the capacity to make

decisions and consent to their care for themselves. However we found that people may not receive the support they require to have their rights to make decisions for themselves protected. This was because staff were not aware of their responsibilities to follow the MCA and assess someone's capacity to make a specific decision.

Staff told us they would inform one of the coordinators if they felt anyone lacked capacity to make a decision. The registered manager told us they and other staff from the service would not undertake any assessment of a person's capacity to make any specific decision as they had not received the training for them to be able to do this. The registered manager said if the occasion arose where a person may not be able to make a decision for themselves they would request a social worker or healthcare professional assessed the person's capacity to make the decision. The registered manager told us if the person was then assessed as not having capacity they would contribute to making a decision in the person's best interest. Following the visit we spoke with the director of quality and governance for Mears Care who told us staff at the service should be able to carry out a capacity assessment if the need arose. They said they would make sure staff received the support they needed to be able to do so.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. People spoke of having calls planned at meal times where care workers prepared snacks or heated meals for them and refreshed or replaced drinks. One person said, "They come and get my lunch ready and clean up. They leave me with a drink as well." Another person told us care workers, "Cook my meals. I have whatever I fancy that day. They also told us, "I have enough to eat and they make me a drink when they go."

Care workers told us they supported people to eat well and provided any encouragement needed. They spoke of ways they encouraged and supported people which included paying attention as to how the meal was presented to make it appealing, and providing practical assistance when people needed this. One care worker told us they were meeting with a healthcare professional the next day from the speech and language therapy team (Known as SALT who provide advice on swallowing and choking issues) for guidance in supporting a person with eating and swallowing difficulties due to a healthcare condition. The registered manager told us they, "Kept an eye" on all people who used the service to ensure they were having sufficient to eat and drink. They told us care workers checked to make sure there was food available for people to have between calls. They told us when a care worker had been concerned at the lack of nutritional food one person had at home, they had taken them a brochure of nutritious ready meals they could order and have when they wanted.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us that care workers, "Understand my health and how it affects me." A relative told us how care workers encouraged their relation to do some exercises they had been given to help with their mobility. Another relative told us care workers understood how their relation was effected by living with dementia. They said care workers, "Know how to relate to [name] and they understand dementia."

People told us care workers would ask them how they were feeling and showed consideration if they were not feeling well. One person said, "They ask me how I am and check I am alright." Another person said, "They ask how I am feeling, and say how my legs are looking."

Care workers said they monitored people's wellbeing by carrying out observations and listening to what people said about how they were feeling. Care workers told us they were provided with training about any healthcare conditions people had so that they understood how this may affect the person, and how they could best support them. Care workers said when needed they contacted healthcare professionals for

advice or to pass on any concerns they had about a person, as well as keeping relatives informed. They also said there had been occasions when they had been sufficiently concerned about a person's wellbeing they had called the emergency services.

The registered manager told us they had a "Brilliant rapport" with healthcare professionals across the area they provided services to people. This included regular contact with individual professionals and teams, as well as attending multi-disciplinary meetings.

## Is the service caring?

### Our findings

People described being treated in a kind and sensitive way by the care workers who visited them. One person told us, "I think these people are genuinely interested in me." Another person said care workers, "Always make me feel happy." A third person said, "I sing their praises, they are so good I can't find fault with them." People also described how they looked forward to visits from care workers and said they would miss them if they did not have them.

Care workers told us they found their work rewarding and enjoyed helping people. They spoke of the satisfaction they felt when they had made a difference to someone's day. One care worker said, "I can't see myself doing anything different." Other care workers spoke of being, "Caring carers" and "dedicated." The provider informed us on their PIR that, "Providing a caring service starts with employing individuals who have the right values and choose to enter the care profession because they have a desire to care and support people." The registered manager said, "You can't do care work if you don't care."

The registered manager told us care workers demonstrated caring values. They told us about one person who had been able to go on holiday recently because two care workers had been willing to travel to the holiday venue to provide the person with their care and support. The registered manager said the person would not have been able to go on holiday if the care workers had not been prepared to do this. They added that the care workers concerned had in fact been, "Pleased to be able to do this to enable the person to have this opportunity." The registered manager showed us a letter from a relative that arrived during our visit. The relative had written praising the caring way their relation was looked after and praised one care worker in particular. The registered manager told us they were proud of these staff and expected they would be having more than one care worker receiving the "Carer of the month" award this month.

People were able to have conversations with care workers who knew about their interests and earlier lives. Care workers said they found the background information included in people's care plans helpful to start conversations with them. One care worker said, "It opens doors when we know what they like to talk about." Care workers said what people chose to include in the background information section of their care plan informed them about people's diversity as well as a way of people expressing privacy. Another care worker said, "They can say if they want anything to be private."

People were involved in planning their care and support and making decisions about this. One person told us, "I have years of experience instructing what I want, and I continue to do so." Another person said, "When I started (using the service) we had a meeting so I could say what I wanted." A third person told us, "I tell them what I want and they do what I want."

Care workers told us the staff who carried out assessments involved people in these. They said this was done by agreeing a time to visit them and making it a relaxed atmosphere where they could talk openly about the care they wanted. Care workers said they also provided people with opportunities to tell them about how they wanted their care to be provided which they may not have thought of when they had their initial assessment, or if they wanted to change something they had previously wanted.

A visiting officer told us part of their role was to complete people's initial assessment. They told us they carried out a review of the assessment with the person who used the service after 14 days to ensure they had gathered the person's requirements as they wished. The registered manager said, "We work together with the person to get the best outcome and enable them to stay in their own home."

The registered manager told us there was no one who used the service at present that had the support of an advocate, however they would support anyone who wished to make contact with one. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt care workers treated them and their home with respect. One person told us how care workers were, "Utterly respectful" and another said, "They are respectful in my home, they never leave a mess." A relative told us care workers provided personal care in a way that promoted their relation's dignity, and how their relation was comfortable in accepting the care they provided.

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. These included enabling people to do what they were able to for themselves. They told us this included making choices, such as what they wanted to wear, as well as carrying out tasks they were able to independently. Care workers gave examples of people attending to the parts of their personal care they were able to. The registered manager stated they stressed the importance of respecting people's right for confidentiality providing this did not place anyone at risk of harm.

## Is the service responsive?

### Our findings

During our inspection on 3 April 2014 we found there was a breach of Regulation 9 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the risk assessment and individual plan did not always include all of the information required to reduce the risk of people receiving care that was inappropriate or unsafe. We told the provider they needed to make improvements in relation to this. During this inspection we found the provider had made the required improvements.

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. One person told us, "I said what care I wanted initially." Another person said, "I have got a care plan which we agreed." People told us their care plans were kept under review and updated when there was any change in their needs or circumstances. One person said, "They know what I need, my care plan is kept under review. My condition changes and I gradually need more and more help."

People's care plans contained information about their needs and how these should be met. A visiting officer told us they prepared people's care plans following an initial assessment of their needs. They also organised people's care reviews at least every six months, and more frequently if needed if there was a change in their needs or circumstances. The provider informed us on their PIR that, "The visiting officer will complete several visits if required until the time that the service user feels happy with the support in place."

The quality assurance officer said part of their role included ensuring care plans were prepared to the required standard before they were sent out. The operations manager said the provider had completed a consultation of the care planning system. They told us that following feedback this was too lengthy, they were about to implement a new system which they described as, "More condensed."

Most people told us they were provided with the care they required to meet their needs. One person told us, "They most certainly meet my needs, otherwise I wouldn't have them." When we asked care coordinators questions about the care of people they demonstrated a good knowledge of the people who were in their area. They told us they tried to match people with care workers who they thought would get on well together, and said they would change care workers if this was not happening. There were some people who had told us care workers did not always stay the full length of time. The registered manager told us they would address this issue.

Care workers we spoke with told us they were able to meet people's needs with the planned care in the allocated time. They said if there was any time left they would always ask the person if there was anything else they could do or sit and have a chat with them. Care workers told us they were given details over the telephone of anyone new using the service so they knew what care and support they would need as well as reading the care plan. The registered manager told us they looked to do all they could to meet people's needs.

People were told how they could raise a concern or make a complaint. Some people could recall having been told how they could make a complaint and some other people could not remember if they had been. However people were able to say how they would raise any concerns and some people told us about occasions when they had.

Care workers said people were told about the complaints procedure when they started to use the service and information about this was included with their care plans. Care workers told us they would try to resolve any problems before these were passed onto care coordinators and that people's most common dissatisfaction was about timings of calls.

We reviewed the complaints file which contained records of complaints received and the responses that had been made. Where a complaint had been substantiated an appropriate response, such as an apology, had been made. The majority of complaints made were as care workers had told us and involved missed and late calls.

One person had told us they had raised a concern about some care workers not staying the full time of their planned call. We identified that this had been raised with a member of office staff, however they had not recognised this as a complaint and dealt with the matter in a more informal manner. The registered manager told us they had been unaware of this concern and said they would have expected to have been informed of this. The registered manager made arrangements to visit the person to discuss their concerns and said they would remind all staff how to respond to any complaint.

## Is the service well-led?

### Our findings

We received mixed comments from people about their experiences of contacting staff based at the office. For example one person told us office staff were, "Very helpful when I want to change appointments" but another person said office staff, "Will say they will phone me back but they don't always do so." The registered manager said they aimed to return all call back requests and if any were missed this was an occasional oversight or due to other circumstances, such as the person not being available when the call was returned.

The registered manager described ways they tried to involve and communicate with people who used the service. There was a monthly newsletter and people who used the service were encouraged to be involved in nominating a care worker for the 'carer of the month' award. The care manager said they had tried to hold meetings but these had not been well attended. They showed us a poster advertising a new initiative of an afternoon tea they were about to start. These would take place at venues across their region and would include a guest speaker.

Some people spoke positively about the phone clocking in system used by care workers to show the time they arrived and left their appointments. One person said care workers, "Turn up on time and leave on time, they have a clocking system." However some people said this was not used by all care workers. One person said, "I want to know why some (care workers) use the phone (to clock in with) and some do not."

The registered manager explained how they had changed to using a phone clocking in system which had resulted in considerable problems resulting in some care workers being unable to use this. One care worker told us, "The logging in system is a pain." The operations manager told us attempts to rectify these had been unsuccessful and a completely new system was due to be introduced within the next few weeks.

People were provided with a rota in advance informing them of their planned calls the following week, and which care workers would be attending these. Some people found this to be helpful but others said the information was not always accurate. This may be as a result of care workers making changes to their rotas without informing the care coordinators, which the operations manager said was not to continue. Some people had told us there had been occasions when they experienced late calls, and that calls had not been for the full planned duration. The registered manager told us there were occasions when they did have the odd late call which was more likely to happen over a weekend. They said, "Staffing incidents will happen, but we manage these as soon as we become aware."

Staff spoke positively about working for the service which they described as supportive. One care worker said, "I wouldn't have been (working) here so long if I didn't feel valued." The registered manager said all staff were given a handbook to refer to which covered various aspects of the service and information about their employment. They also told us about an initiative they followed where they focussed on one area of work, such as safeguarding or management of medicines, and provided staff with prompt cards, which highlighted key areas of that task.

The provider informed us on their PIR, "Both branch staff and care workers are encouraged to be open and honest in all aspects of their work and staff are encouraged to add to agendas for meetings." Care workers told us there were team meetings held in each of the geographical areas. We spoke with care workers from different geographical areas who told us they felt their meetings were supportive and included opportunities to receive information about the service and have discussions about various issues. The registered manager told us all staff could add items onto the agenda for discussion. There was a new system of looking to see if there had been any 'near misses' which would help identify if there were any practices or systems they could improve to prevent any mistakes from occurring.

Care workers told us they knew how to raise any concerns within the service and were aware of the provider's whistleblowing procedure. They said they usually went to their care coordinator for any advice or support but they could also approach the registered manager who had an 'open door' policy.

The service was managed in a way that set high standards but also had an awareness that problems and issues would arise. During our visit we noted that the registered manager responded pro-actively and promptly to any issues that were brought to their attention, either by ourselves or through their reporting and informing systems. A recent staff survey had been analysed and showed positive views amongst staff about the service, including having a strong customer focus, and how this was run. The registered manager told us they felt well supported in their role by the operations manager.

Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. We saw care workers collect supplies during their visit to the office. One care worker told us, "I feel welcomed when I come here (to the office,) mind you I feel more welcomed when I bring some cakes!" Care workers told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. There was a two tier on call service which consisted of a duty manager being available outside of office hours and either the registered manager or a care coordinator being available for further advice and support if needed.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place for records made in people's homes to be collected and returned to the office. These were then audited to ensure people had received their care as planned or if not the reason for this as clearly documented. The quality assurance officer, who was new in post, told us this was an area they were looking to make more structured and timely.