Mears Homecare Limited

Mears Homecare Limited - Chiswick

Inspection report

114b Power Road
London
W4 5PY

Tel: 03332004077

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inadequate**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 7 and 8 February 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The service was registered with the Care Quality Commission on 9 February 2016 and had not been inspected before.

Mears Homecare Limited – Chiswick is a domiciliary care agency which provides personal care for people in their own homes. At the time of our inspection, approximately 300 people were receiving care, all of whom were funded by the local authority.

People who received a service included people living with physical frailty or memory loss due to the progression of age and people living with a learning disability. The frequency of visits varied from one to four visits per day depending on people's individual needs.
There was a registered manager in post 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.

The risks to people's wellbeing and safety had been assessed, and there were plans in place for some of the risks identified, however, these lacked details and clear instructions for staff to follow.

The service did not employ enough staff to meet people's needs safely and had received a large number of complaints and safeguarding concerns mainly relating to missed visits and lateness. However they were undertaking a large recruitment drive to reduce this issue. They also used a reliable agency who provided regular care workers to the service.

There were systems in place for the management of people's medicines and the visiting officers undertook audits in people's homes, however these were not regular, and where errors were identified, there was no written evidence of any action taken.

Feedback from people and their relatives was mixed. Some people said that care workers were often late and did not always inform them of this. Some people reported missed visits and were dissatisfied with the service. Some people said they had different care workers visiting which made it difficult for them to build a rapport and get to know them. However, all of them said their regular care workers were reliable and caring and that they trusted them.

We made a recommendation in relation to the recording and reporting of accidents and incidents.

There were no records of any accidents and incidents. We were told that care workers did not complete

reports if they had not witnessed an accident or incident.

Risk assessments and support plans were not always updated after a review, and when they were updated, the information was sometimes incorrect and did not reflect the person's needs.

Although care and support plans were written from the person's perspective, they lacked person-centred details and it was difficult to get a 'picture' of the person and their individual needs by reading these.

We made a recommendation in relation to person-centred care planning

People's health and nutritional needs had been assessed, recorded and were being monitored. However, records did not always provide enough information for care workers.

There were procedures for safeguarding adults and care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's condition.

People's care plans did not contain information about Lasting Power of Attorney (LPA) and it was unclear, where people lacked capacity, how decisions were made on their behalf.

Care workers had received basic training in depth training in the Mental Capacity Act (MCA) 2005, and showed some understanding of its principles. Records showed that people, where able, had consented to their care and support and had their capacity assessed by the local authority prior to receiving a service from Mears Homecare - Chiswick.

People's needs were assessed by the local authority prior to receiving a service and support plans were developed from the assessment. People using the service whom we spoke with said that they were happy with the care workers.

The provider carried out checks on new staff to make sure they were suitable to work in the service.

Care workers received regular training but were not regularly supervised and appraised, however records showed that this was improving.

Staff meetings were irregular but we saw that the provider was making improvements in this area.

Care workers received induction training and shadowed experienced colleagues before delivering care and support to people.

There was a complaints procedure in place which the provider followed. We saw evidence that the provider took every complaint seriously and carried out the necessary investigations in a timely manner.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the risk assessment, staffing, mental capacity assessment, supervision of staff, records and monitoring the quality of the service provided. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

The risks to people's wellbeing and safety had been assessed, and there were plans in place for some of the risks identified, however, these lacked details and clear instructions for care workers to follow.

The service did not employ enough staff to meet people's needs safely and had received a large number of complaints and safeguarding concerns mainly relating to missed visits and lateness.

There were no records of any accidents and incidents. We were told that care workers did not complete reports if they had not witnessed an accident or incident.

There were procedures for safeguarding adults and staff were aware of these and had received training.

We made a recommendation in relation to the recording and reporting of accidents and incidents.

Is the service effective?

Inadequate

The service was not always effective.

People's care plans did not contain information about Lasting Power of Attorney (LPA) and it was unclear, where people lacked capacity, how decisions were made on their behalf.

Care staff received regular training but were not regularly supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. However, records did not always provide enough information for care workers.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was mostly positive about care workers but there was mixed feedback regarding the office staff.

People and relatives said care workers were kind, caring and respectful. Where people received care from regular care workers, they had developed a trusting relationship with them.

People and their relatives were involved in decisions about their care and support.

Although care and support plans were written from the person's perspective, they lacked person-centred details and it was difficult to get a 'picture' of the person and their individual needs by reading these.

We made a recommendation in relation to person-centred care planning.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a complaints policy in place and people knew how to make a complaint. Complaints were addressed and responded to in a timely manner.

The service conducted satisfaction surveys of people and their relatives. These provided information about the quality of the service provided and areas for improvement.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Risk assessments and support plans were not always updated after a review, and when they were updated, the information was sometimes incorrect and did not reflect the person's needs.

Medicines audits were irregular, and where errors were identified, there was no written evidence of any action taken.

Records relating to the care of people using the service did not provide an accurate and complete picture of their support needs and guidance for care workers was sometimes confusing.

The provider continued to take on care packages from the local authority although they were experiencing staffing issues.

Mears Homecare Limited - Chiswick

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 7 and 8 January 2017. The first day of our visit was unannounced and we told the provider we would be returning the next day to complete our inspection.

The inspection was carried out by a single inspector and an expert-by-experience undertook telephone interviews with people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for older people.

Prior to the inspection we reviewed the information we held about the service and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at records, including 12 people's care plans, seven staff records, medicine administration records and records relating to the management of the service. We spoke with 15 people who used the service, the registered manager, the manager, the project manager, two care coordinators and a visiting officer.

We also received feedback by email from four care workers and spoke by telephone to a further two care workers employed at the service.

Requires Improvement

Is the service safe?

Our findings

The provider had completed general risk assessments for people using the service but detailed risk assessments for specific issues were not in place. We looked at the care records for 12 people and saw that each person had a general risk assessment document which covered day to day living. Possible risks were identified and basic guidelines for care workers on how to reduce these risks had been provided, however in some cases, there was very little detail about what caused the risk and why certain measures were in place. For example, we saw that a person was on a pureed diet, and guidance for staff included 'Staff to ensure [person] sips drinks'. However, we could not see any evidence that the person had been assessed by a healthcare professional, and if these instructions had been issued by them. This meant that care workers were not aware of the reason for this guidance in relation to problems with swallowing and any issues they should monitor in case the person's support needs changed. This resulted in an increased risk that people's needs may not be met in a safe and appropriate way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers supported some people with either prompting or administering their prescribed medicines. However, we were unclear about one person for whom medicines were prompted although their risk assessment stated that the person needed to have their medicines administered. We queried this with the registered manager who confirmed that the person only needed prompting and this was an error that would be corrected immediately. This meant that some information was inaccurate and this could cause confusion for care workers when delivering care and support for people who used the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no records of accidents and incidents. We raised this with the registered manager who told us that accidents did not happen when the care workers visited, and if they found somebody on the floor during a visit, they did not record this as an accident/incident because they had not witnessed it. They added that care workers, however, did record these in daily care logs and we saw evidence of this. The registered manager told us they had a template incident/accident form which they were going to start using with immediate effect.

We recommend that the provider seeks relevant guidance with regards to the recording and reporting of accidents and incidents.

The provider had a medicines management policy in place. The project manager told us they were implementing from this week a closer monitoring system of the MAR charts which involved the visiting officers checking the MAR charts on a weekly basis, and recording and reporting any errors found. Records confirmed that these were now in place. We saw training records showing that all staff had received training in the administration of medicines and they received regular refresher training. The registered manager told

us that staff's competencies were assessed one month after the training. We saw evidence of this in the staff files we viewed.

The number of care workers required to attend each visit was identified from the information provided by the local authority and during the assessment carried out before the care package started. We saw the provider had received an increase in the number of complaints and safeguarding concerns raised as the provider was unable to employ enough care workers. We looked at records of missed visits and saw that there had been eight missed visits in December, seven in January and 10 before the end of February. We discussed this with the registered manager. They told us that they were undertaking a large recruitment drive but they were struggling with this for various reasons, such as ensuring that they recruited good carers, and received DBS checks, which sometimes took so long that they lost potentially good care workers in the process. The registered manager told us that they had a contract with the local authority which meant that they could not refuse a care package, even when it was difficult to allocate care workers to the package. They often had to rely on agency staff to cover visits and ensure that people received the care they needed. The registered manager told us that they were having difficulties obtaining details of the agency staff they used. They called the manager of the agency during the inspection at our request and we also spoke with them. They assured us that all their staff were trained and that they carried out all employment checks including DBS checks before they were able to work. They told us they would send all the relevant paperwork to the registered manager without delay.

There were three care coordinators who worked full time to ensure that all the visits were allocated to care workers. One care coordinator told us that they often worked over their hours and even weekends to ensure that they covered all calls. Another told us, "It has been really stressful as we were short staffed. We have an extra coordinator and a project manager to help. It's getting better as we are getting more support now. The workload was unbearable but stuff had to be done so I was constantly working. I can see good things happening now." Two of the current care coordinators told us they were leaving and acknowledged that this was going to put pressure on the branch and their colleagues. The project manager told us that they already had people ready to step into their roles and were hopeful that there would only be limited disruption.

Most people and their relatives told us they felt safe with the care workers who visited their home. Comments included, "I am quite happy with them here", "I had a couple I didn't like. They changed them for me. The person I have now, I trust him", "I forget my medication but the lady reminds me", "Occasionally people get sick and I get someone I don't know but everybody's reasonably on the ball", "They're pretty trustworthy, pretty good in that respect. I have quite a lot of valuables and I give them £80-£100 each week for shopping and always get receipts. No problem there." People we spoke with told us they knew how to contact the office if they had any concerns, and had the contact numbers in the book given to them by the service. This included the out of hours contact number.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. Where concerns had been raised by people using the service or their relatives, the registered manager had worked closely with the local safeguarding team to carry out the necessary investigations and management plans had been developed and implemented in response to any concerns identified to support people's safety and wellbeing. For example, the package of care for one person who used the service included two care workers visiting them three times a day. A safeguarding concern had been raised because there were times when only one care worker visited, which meant that either a family member or the live in carer had to assist the person using the service. We saw that the registered manager had provided regular care workers and increased the travelling time to ensure that both carers arrived at the same time to deliver care as agreed.

Care workers told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Care workers we spoke with were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "I would call the office straight away or 999 if it was serious."

Inadequate

Is the service effective?

Our findings

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.

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. We checked whether the service was working within the principles of the MCA.

The provider had a MCA policy in place, however they did not always meet the requirements of the Act. The provider did not carry out any mental capacity assessments and where a person had been identified as lacking mental capacity to make decisions as part of the local authority's referral, no action was taken to ensure the person's rights were protected. Records did not identify if anyone was being deprived of their liberty.

People's care plans did not contain information if a Lasting Power of Attorney (LPA) was in place and it was unclear, where people lacked capacity, how decisions were made on their behalf. A Lasting Power of Attorney in health and care matters legally enables a relative or representative to make decisions in the person's best interest as well as sign documents such as the support plan on the person's behalf.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers were not regularly supported through one to one supervision with their line manager. One staff file indicated that their last supervision meeting had taken place in April 2015 and another in December 2015. None had received an appraisal. One care worker told us, "No supervision at all. We used to. My last appraisal was over three years ago." Another said, "I started working with Mears in late 2015, I have had one meeting with the manager." When asked if they had received an appraisal, they added, "Yes, I have had an annual appraisal but I did not find it useful in the slightest as the person conducting it had absolutely no information about me." We discussed this with the registered manager who told us that they were aware of this and had started to implement regular supervision meetings with staff, and had put together a schedule to ensure that all staff would be supervised and appraised as soon as possible.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence in the care records that people were consulted and consent was obtained. In most cases, people had signed the records themselves, indicating their consent to the care being provided. Where they were unable to sign, a record was made that they had given verbal consent. Staff told us that they were

informed of the principles of the MCA and had received training in this. They were able to tell demonstrate a partial understanding. One care worker told us, "People need to be able to say what they need and what they want. If they can't make decisions for themselves, someone needs to be authorised to make decisions on their behalf. Family members need to be authorised. I would report immediately to the office if someone's capacity declined. They would arrange for social services to reassess them, and their package would be changed."

Almost everyone we spoke with complained about the care workers being late or not turning up for visits, however they did not blame individual care workers. Their comments included, "They are supposed to come at 6 or 7 at night to make sure I have my medication and a meal while my wife is away. On the first day, they didn't show up. They are totally unresponsive. Then they come at 4 or 5 o'clock. They are useless, most unreliable. Some of them are wonderful but it's the times they arrive", "They come late and different carers all the time", "Not had any problems with the time. They are always within 5 or 10 minutes. They are absolutely reliable and I feel safe, yes", "They very rarely come at 10. Yesterday it was around 12. On the Monday before, there was no-one at all. Some of the girls get so many people to do. On Friday, the carer had seven to see plus me and they gave her another seven. And she can't do it. She told me she gets home at midnight. And there's no travelling time or anything", "Mears always say someone is coming in quarter of an hour. An hour came and went and they say they'll ring you back and they never do – never. I have to ring them if they don't turn up" and "There are two people that normally come. The other who comes on Wednesday came instead on Monday. Someone didn't turn up on Friday and I rang them. I'm housebound, I need food. I screamed at them: 'I've got no food for a whole week' and they sent someone who had no idea of the area. I don't even think he was a carer. They're not good. They've lost a lot of carers."

The registered manager told us that care workers were expected to call the office if they were running late, then the care coordinator would immediately inform the person using the service. They told us that there had been issues about lateness but this had improved since they had introduced an electronic call monitoring system that enabled the care coordinators to monitor in real time if care workers had arrived and logged on. In addition, the registered manager told us that they had allocated care workers to people in the same geographical area to minimise travelling time. We viewed the records for all the visits carried out in December, January and up to the day of our inspection and saw that despite the new system, there was no improvement. The percentage of late visits was calculated monthly by the provider and we saw that 2% of all visits had been late and this had risen to 2.1% in January and February.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that care workers were efficient and communicated appropriately with them. One person said, "I'd say Mears were more efficient. The carer signs on and signs off. But the office staff are just as bad as usual. [Care worker] comes and says 'I'm going on holiday. The office will get in touch with you' and they never do. 'We'll phone you back', and they just leave you up in the air. They don't know when she is on holiday. When [care worker] was off, I had to ring them. Nobody had turned up."

From the records we looked at, we saw that some improvements were being made at the time of our inspection and staff were receiving more effective support from their manager. For example, we saw that a fairly new member of staff's file contained a probationary report and supervision records. The registered manager told us that they had identified the staff member's strengths and weaknesses and had discussed these during their supervision meeting. Together they had found ways of addressing the weaknesses and had reviewed these four months later. This confirmed that the registered manager was taking positive steps to improve and support staff and improve their performance where required.

New care workers went through a five day induction period which included undertaking training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives care workers an introduction to their roles and responsibilities within a care setting. This was followed by a shadowing period in order for the service users to get used to them and for the care workers to learn the job thoroughly before attending to people's care needs themselves. Records we looked at confirmed this.

Induction to the service included the company's policies and procedures and training such as health and safety, infection control and moving and handling. Training records confirmed that care workers had completed the training identified by the provider to deliver care and support to the expected standard. There was a designated training room next to the office location where training courses were undertaken, including practical training such as moving and handling, with the necessary specialist equipment for care workers to gain practical experience in using.

There was a good working relationship with healthcare professionals who also supported people who used the service. The care plans we viewed contained the contact details of each person's GP and other healthcare professionals involved in the person's care, such as the district nurse.

We saw evidence in people's care records that reviews were organised regularly and when there were changes to people's needs and appropriate referrals were made. This meant that the person received medical attention without delay.

Care plans indicated if people required support from care workers to prepare or to eat their food. We saw that there were clear instructions for care workers to follow to ensure that people's nutritional needs were met. Instructions for a person included, 'Prepare breakfast. Make Complan and encourage [person] to drink. Leave soft drink within reach. Carer to prepare food of choice'. Where people's nutritional needs were assessed we saw the assessments included people's dietary requirements, allergy status and weight.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the care they received. People said the care workers were kind and caring, had a good attitude and treated them with respect and dignity. Comments included, "They're very kind and very nice. Really smiling", "They're absolutely reliable. They sit down, have a cup of tea and a chat with me before they get on. I am very happy with them because they help out", "They're very kind and considerate. They ask me 'Have you got enough food? Have you got enough of this and the other?' and they're careful for my consideration if I'm unwell. They're part of the family. I get the same people each time."

Some people we spoke with said they had regular care workers and had built a good rapport with them. However, others told us they had lots of different care workers to support them. One person told us, "On Friday I asked the carer 'Are you coming on Monday morning?' She said 'I believe I'm down for it, I'll let you know'. She's been changed and so there's a different person on Monday." The care coordinator told us they tried to allocate the same care workers to people but this was not always possible, however, the provider told us they had recently employed new staff and would work to improve this.

Care plans provided enough information to indicate that people were treated with dignity and that staff respected their human rights and diverse needs. Although the care and support plans were written from the person's perspective, they lacked person-centred details and it was difficult to get a 'picture' of the person and their individual needs by reading these.

We recommend that the provider seeks relevant guidance in relation to person-centred care planning.

The provider told us they tried where possible to provide the most suitable care workers to people who used the service. This included a choice of gender. The registered manager told us that a French speaking care worker had been allocated to a person whose first language was French. This had facilitated effective communication between them. People told us they were involved in discussions about their care and support, and had signed to give consent for their support.

The service received compliments from people and relatives. These indicated that they were happy with the service. Comments included, "The family would like to pass onto Mears that they are very happy with the current package of care you are providing and very happy with the carers", "Everyone is kind and friendly and [family member] is very happy with the carers", "[Care worker] is polite, attentive and one of the most pleasant people I have met" and "[Person] was very happy with carer [name] last week."

The care workers we spoke with told us they enjoyed working for the service and cared and respected the people they provided support for. One care worker said, "I really like my service users. I have worked with them for years", "I am a very caring person. I like all my service users" and "I have a client who does not want to wash because she does not want to be naked. I give her some space and let her do what she can by herself, and I help her with other parts. I talk to her gently and respect her. I give her choice of food. People

have their voice."

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed and the support and care provided was all agreed prior to the start of the service. The initial assessments were carried out by the local authority and care plans were developed from these. We looked at a range of care and support plans and saw that these were basic but contained instructions for care workers to follow. For example, we looked at the care and support plan for a person with a learning disability and saw that it included their preferred name, and preferred times of visits. Some background information was available but this was vague and not written in a person-centred way. Another care and support plan we looked at contained guidance such as, 'I have a slurred speech. A family friend will always be available to assist where possible'. However there was no information to explain to care workers how to provide this support when the family friend was not available, and what was causing the slurred speech. Other care plans contained very little information about the people's healthcare conditions and their social and cultural needs. This meant that we could not be sure people's needs were being met fully.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a sample of daily records of care and found that these had been completed at every visit and described a range of tasks undertaken. We saw that records were written clearly and in a respectful way.

Care workers told us they were not always able to speak with senior staff to discuss people's needs when they wanted and thought communication was an issue. One care worker told us, "Communication between office and carers, as well as between those that work in the same office is virtually non-existent" and "I feel that the company does not care about the service users or the carers, as we receive very little support on a day to day basis." However, we saw from two of the daily care records we viewed that where changes to people's conditions had been communicated and recorded, this had prompted a review of their needs, or a referral to the relevant professional. This included where a care worker identified that a person looked unwell during a visit and made a call to a healthcare professional, who agreed and sent the person to hospital. We also saw that a person with leg ulcers was being treated regularly by the district nurse.

The registered manager told us that people who used the service had taken part in the planning of their care. The care plans we looked at were signed by people which indicated that they had agreed to their care and support.

The service had a complaints policy and procedure in place and this was being followed. This information was supplied to all people using the service. Records of complaints indicated they were taken seriously and responded to appropriately. For example, where a relative had complained about their family member not having been assisted with personal care before 11.30am, the registered manager had carried out an investigation and provided a full response with an apology and details of action taken. This included reviewing travelling times between visits, allocating care workers to set postcodes and putting in place a strong recruitment drive to create a larger workforce. The provider also provided people with information about the Customer Feedback Team and the local Government Ombudsman if they needed to escalate their

complaint.

Requires Improvement

Is the service well-led?

Our findings

We identified a range of issues including staff shortages, medicines management, mental capacity and supervision of staff during our inspection.

The registered manager told us that care plans were reviewed yearly and they undertook six monthly reviews of people's needs. We saw evidence that following reviews, risk assessments and support plans were not always updated. For example, where a person was being treated for leg ulcers, their risk assessment had not been reviewed and updated since 20 January 2016. However, we saw that when outcomes of reviews were recorded, the information was not always correct. For example, we saw in another person's care records that their dementia was progressing and they were at risk of forgetting to take their medicines. The support they required was changed from 'prompting' to 'assisting and carers to administer medicines'. However, elsewhere in the care plan, it was stated that the person only required prompting with their medicines. The registered manager confirmed that this was an error. This meant that the care workers were not being given accurate information about people's needs and there was a risk that people would not receive appropriate care.

The above paragraph demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

A visiting officer told us they carried out spot checks of the care workers. These included checks about punctuality, whether care workers wore their uniform and name badge, and carried out their duties according to people's care plans. However, a care worker we spoke with told us, "No spot checks at all. Not at all. I think they have a lack of personnel." Records we looked at indicated that spot checks were irregular and did not ensure that issues were picked up without delay. The registered manager told us that these had lapsed recently due to staffing issues but they were confident that improvements would be made when newly recruited staff were in place.

The visiting officers were also involved in audits taking place in people's homes. These included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. We saw that these were infrequent, and where they had taken place and identified issues of concerns, there were no record of any action taken. This meant that we could not be sure that issues or concerns with care delivery were identified and addressed.

There were processes in place for people and relatives to feedback their views of the service. Telephone surveys were undertaken with people. These surveys included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. However, these surveys were irregular and none had been conducted in the last 12 months.

The registered manager carried out audits of the care records to ensure they were written appropriately, however there had not been an audit of these since 10 June 2016.

We saw a sample of medicines administration records (MAR) charts which had been completed over several weeks. The registered manager told us the visiting officers carried out medicines audits to identify any issues or concerns. Where errors were identified, they told us that these were addressed with the care worker responsible. We saw that medicines audits were irregular. We viewed three audit forms and saw that where errors had been identified and recorded, there was no written evidence of any action taken. This meant that we could not be sure that errors were addressed therefore the audits were ineffective.

The above paragraphs demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Care workers told us they did not always feel supported and listened to by the management team. One care worker told us, "No, I do not feel supported by the agency and do not feel that when I contact them they listen to me" and another said, "I have never met with managers. Sometimes I call and ask for the manager to call me back. She never does. I have to do it myself. She is a nice person but I think she is overloaded and has no time. Sometimes we have no means to do things. We have to just wait."

The project manager showed us an action plan completed last month which took into account feedback received from people, relatives and staff, complaints and safeguarding concerns. The action plan highlighted the issue, expectation, action required, by whom, learning points and updates. We saw that some actions had been completed and others were ongoing.

The service also obtained feedback by sending out quality surveys to people and relatives. We saw a recent survey which showed a mixed opinion of the service. Comments included, 'The present carers are extremely helpful and pleasant', 'As I said, my carer is the best but your office staff need better training', 'Not informed of changes' and 'Timekeeping is an ongoing issue'.

We saw that the provider, registered manager and project manager were working closely to improve the service, and audits confirmed that some improvements had been made. However, we were concerned that the provider was under contract to accept all packages referred to them by the local authority although they did not always have enough staff to meet the needs of people. This had resulted in lateness and missed visits.

The provider had organised for a full audit to take place at the service and had highlighted areas of concern. The provider had put in place an action plan indicating areas for immediate improvements and improvements planned at an agreed date. On the day of our inspection, we found that the provider had made significant improvements and were working closely with the project manager to continue to develop the service. This showed that the provider took concerns seriously and ensured that some appropriate actions had been taken to improve the service.

The provider had put in place a number of different types of audits to review the quality of the care provided. We saw that these audits were thorough and had identified where improvements were needed and whether these were urgent or less urgent. We viewed an audit carried out in April 2016, which identified urgent action required in relation to people's care plans and risk assessments and staff supervision. A follow up audit dated 15 August 2016 showed a substantial improvement in these areas. The provider had a range of other audits in place and these also identified some improvement. They included complaints, communication and recruitment checks.

Team meetings and management meetings had not been happening regularly. We saw that the last meeting had taken place in April 2016. A staff member told us, "We don't have team meetings. It would be nice to

have them so we could share our problems and listen to care staff. Teamwork is important. When we share, it helps. We could come to a solution together." The registered manager acknowledged that this needed to improve. However they showed us a large number of memos sent to staff to keep them informed of anything relevant. For example, reminding staff to use the communication log book correctly, information about the call system, circulating policies and any social events taking place. We also saw evidence that the registered manager had conducted meetings with all care workers to train them on the new electronic call monitoring system which was introduced in June 2016. We saw that each of those meetings had included a discussion about accidents and incidents, staff surveys and medicine management.

The registered manager had been in post since the service was registered on 9 February 2016. They had managed the service when it was under another provider. They told us they were leaving the company at the end of the week and we were introduced to the new manager. The new manager had made an application to register with the Care Quality Commission. They were supported by an operations manager who had recently joined the company, a project manager, three visiting officers and three care coordinators. They told us that the registered manager was approachable and supportive and the team were working together to improve all areas of the service.

Staff were supported to give feedback about the service and the management through quality questionnaires. These questionnaires were analysed and the outcome used to feed into the provider's action plan. Comments from staff varied and included, 'I feel welcome and assisted', 'I'm happy with the branch's standards', 'Friendly, warm atmosphere', 'My manager and team communicate well with me', 'Things are a lot better since new management has taken over', 'On call team is useless and unprofessional', 'At times, information does not tally with the rosters sent' and 'My manager and team are professional, trustworthy and always acknowledge my hard work'.

Staff we spoke with told us the manager was approachable and professional and worked very hard. One staff member said, "[Manager] is the best manager I've ever had. Very approachable. I do not know how she manages and supports us at the same time, but she manages."

The registered manager told us that improvements had been made because the team worked well together. They said, "The team has been so strong. We have the right people in the office. We have some fantastic care workers. The strength is in the team. They are passionate."

The registered manager told us they had a good relationship with their local authority colleagues and attended regular provider forums organised by them. They told us that this helped them keep abreast of developments within the social care sector.

The provider had gained accreditation in Investors in People, and had gained certification in ISO 9000 (International Organisation for Standardisation). This was a quality-management system intended to improve the operations of a business.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not meet their needs or reflect their preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users Regulation 12 (1) The registered person did not ensure the proper and safe management of medicines Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure service users were not deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good

	governance The registered person did not have a process in place to assess, monitor and improve quality and safety. Regulation 17 (2) (a) The registered person did not have a process in place to assess, monitor and mitigate the specific risks to health and safety. Regulation 17 (2) (b)
Regulated activity	**Regulation**
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure they deployed sufficient numbers of suitable qualified, competent, skilled and experienced staff to make sure that they can meet people's care and treatment needs. Regulation 18 (1) The provider did not ensure that persons employed by the service provider in the provision of a regulated activity had received such appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)