

Mears Homecare Limited

Mears Homecare Limited

DCA (Sheffield)

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection took place on 14, 15 and 18 April 2016, and was an announced inspection. The manager of Mears Homecare Limited DCA (Sheffield) was given 48 hours' notice of the inspection. We did this because we needed to be sure that the manager and some office staff would be present to talk with.

Mears Homecare Limited DCA (Sheffield) is a domiciliary care service. The agency office is based in the S4 area of Sheffield. They are registered to provide personal care to people in their own homes throughout the city of Sheffield. At the time of our inspection the service was providing personal care for 436 people. There were approximately 123 staff employed by the agency.

Mears Homecare Limited DCA (Sheffield) was known under the name of Care UK DCA (Sheffield) until August 2015 when the provider changed the agency name.

The service was last inspected on 6, 9 and 10 March 2015 and was found to be in breach of five of the regulations we inspected at that time. People were not protected against the risks associated with medicines because some people were not supported safely with their medication. People did not always receive person centred care and treatment that was appropriate and met their identified needs. People employed by the service did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Adequate systems were not in place to ensure an accurate and contemporaneous record in respect of each service user was maintained. Adequate systems were not in operation to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider sent a report of the actions they would take to meet the legal requirements of these regulations, which stated they would be compliant by 31 October 2015. We checked whether these regulations had been met as part of this comprehensive inspection.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 manager had been in post since January 2016 and had applied to register with us.

Significant changes to the staffing at Mears Homecare Limited DCA (Sheffield) had occurred since our last inspection. The previous registered manager and area manager had left the agency and some care workers had also left. In addition, high levels of staff sickness had impacted on the running of the agency. The provider had put additional staff and systems in place to support the on-going improvement of the service.

All of the staff and most people spoken with reported improvements to the agency in recent weeks.

People spoken with said they had regular care workers that they knew well. People told us their regular care workers were kind, caring and considerate. They told us they felt safe with their regular care workers. When their regular care workers were not available people told us the service was not as reliable.

The provider did not have adequate systems to ensure the safe handling, administration and recording of medicines to keep people safe.

Staff recruitment procedures were thorough and ensured people's safety was promoted. The provider had undertaken all the checks required to make sure people who were employed at Mears Homecare Limited DCA (Sheffield) were suitable to be employed.

Whilst the provider used agency staff to cover visits until permanent care workers were recruited, people did not have their needs met by sufficient numbers of suitably deployed staff which resulted in some missed visits.

Some staff did not receive regular supervisions or appraisal.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role.

People's care plans contained information on the support needed and risks to the person so that important information was provided to ensure people's identified needs could be met.

Most people felt staff were caring and respected their privacy and dignity. However there were examples where this was not the case.

Some people felt complaining did not improve the service they received as any concerns they raised weren't responded to or acted upon. People told us they did not always get a response when they telephoned the agency office.

There were some systems in place to assess and monitor the quality of service provided. The provider had an improvement and action plan that showed audits had taken place to measure improvement and identify further actions needed to continue improvements. The provider's action plan identified gaps in some audits.

We found seven breaches in five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 10: Dignity and respect, Regulation 12: Safe care and treatment, Regulation 16: Receiving and acting on complaints, Regulation 17: Good governance and Regulation 18: Staffing.

You can see what action we told the provider to take at the back of the full version of the report.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

People's medicines were not managed safely and some people did not receive the support with medicines as identified and agreed.

People did not have their needs met by sufficient numbers of deployed staff resulting in some missed visits.

People told us they felt safe with their regular carers.

Risk assessments had been undertaken to identify and minimise risks so that safety was promoted.

A thorough recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People reported some improvements with the service provided to them.

Staff were provided with regular schedules to support people.

Staff had not received appropriate levels of supervision or appraisal for development and support in the last 12 months.

Relevant induction and training was provided to staff to ensure they had the skills required for their role.

People confirmed they were asked for their consent before any care, treatment and/or support was provided.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Most people felt staff were caring and respected their privacy and dignity. However there were examples where this was not the

case.

Staff knew to always maintain confidentiality.

When we visited people in their own homes we saw care workers knew the people they provided care to well and related to them with dignity and respect.

Is the service responsive?

The service was not always responsive.

Some people felt complaining did not improve the service they received as any concerns they raised weren't acted upon.

People's care plans contained relevant information about the support people needed.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There were some systems in place to assess and monitor the quality of service provided. However some of these were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.

Some people reported that communication from the office was poor.

People found the manager supportive and approachable.

Inadequate ●

Mears Homecare Limited DCA (Sheffield)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over three days on 14, 15 and 18 April 2016.

We usually ask the provider to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider for a PIR as the inspection was moved forward due to concerns received.

Prior to the inspection we reviewed information we held about the service. We looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Prior to our inspection, we spoke with the local authority to obtain their views of the service.

The inspection team was made up of four adult social care inspectors.

We visited and spoke with six people who were supported by Mears Homecare Limited DCA (Sheffield) in their homes and four of their relatives. We also saw any care records which were kept at people's homes. We looked at two further care records during the visit to the agency's office.

During the inspection we contacted 23 people who were supported by the service. We were able to speak over the telephone with 11 people supported by the agency and one relative about the service they were

provided with. We contacted Mears Homecare Limited DCA (Sheffield) staff and were able to speak over the telephone with eight care workers about their roles and responsibilities. We spoke with a further four care workers during visits to people's homes. We visited the office and spoke with the regional director, the manager, the recruitment officer, the complaints manager, field care supervisors and care coordinators. We viewed records relating to the running of the agency, which included staff training records, audits, complaints records and written policies and procedures.

Is the service safe?

Our findings

The service was last inspected on 06, 09 and 10 March 2015 and we found people were not supported safely with their medicines. Medicines records were not always maintained and care plans contained inaccurate information regarding medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. The provider sent a report of the actions they would take to meet the legal requirements of this regulation which stated they would be compliant by 31 October 2015. We checked whether this regulation had been met as part of this inspection.

We visited six people in their own homes and found gaps and errors in medication administration records (MAR) for all six people. One person's care plan stated "carers to administer medication." The person told us they took their own medicines, but staff checked and reminded them. Their MAR showed numerous gaps for each medicine prescribed. The MAR showed that one specific tablet should be taken weekly, and "Sunday" was handwritten on the MAR. Whilst the person was confident they had taken them, the MAR had not been signed for the three Sundays during the month of April 2016.

For another person staff had handwritten the code '0= took herself', whilst other dates held gaps where the person confirmed they had taken their own medicine. One entry on the MAR detailed the handwritten code '0- too close' indicating the visits were too close together for staff to administer medicines safely. A care worker told us, "It's very confusing. We get different information from the office. We're told to put zero if [name of person] takes them herself, but other times we are told not to put anything on the chart [MAR]."

One person's MAR held inaccurate and out of date information relating to medicines which resulted in the person being administered the wrong dose. The person's relative told us they should have 3mg and 4mg [of their medicine] respectively each day. This was detailed on a letter from the hospital dated 13 April 2016, which we saw. We saw an agency worker had administered 2mg on one occasion during April 2016 as they had not been aware of the most recent letter. The person's relative told us, "The one [agency worker] who came yesterday didn't know what tablets they took and had to ask me to help them."

One person's care records detailed "carers to apply cream". We found one MAR loose in the care file dated September and October 2015. No further MAR were in the care file to evidence staff had applied the cream. One staff commented, "It's only cream, we do put it on but we don't write on the MAR." We discussed this with the manager who confirmed staff should record in MAR when creams had been applied.

The provider notified us of numerous missed visits where support with medicines was required. On 21 March 2016, we were notified 27 people using the service missed their medicines call as an agency worker had not been given the full list of visits required by the agency. From 01 April to 12 April 2016 we received a further eight notifications relating to missed medicine calls. From 18 April to 22 April 2016, we received nine notifications of missed medicines calls. This put people's health and safety at risk as they were not receiving their medicines as prescribed.

This demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, Safe care and treatment.

We spoke with the manager and regional director about staffing levels. They told us the service had been in "crisis" around Christmas 2015 as the area manager, registered manager and care workers had left the agency. In addition, high levels of staff sickness had impacted on the running of the agency. Notifications received and records checked confirmed this. The manager told us they had employed agency staff to cover visits whilst new staff were recruited. We found systems were not in place to ensure effective deployment of staff to ensure all visits were undertaken. The 'safeguarding, CQC, and complaints tracker' dated January to April 2016 provided by the manager showed 128 visits had been missed within this timeframe.

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

The provider had put additional staff and systems in place at Mears Homecare Limited DCA (Sheffield) to support staffing levels and the ongoing improvement of the service. The regional director was based at the Sheffield office for two or three days each week. An operations manager had been based at the Sheffield branch for the two weeks prior to the inspection. A care manager from another Mears branch was based at the office for two days each week. A 'visiting officer' had been based at the Sheffield office since January 2016 to support field care supervisors and a complaints manager had been in post at the Sheffield branch since January 2016. In addition, two agency staff were being used to support the three permanent office administrators. The manager informed us the office staff were much more stable and there had been no recent changes.

At the time of this inspection 123 care workers were employed. The regional director and manager informed us the agency needed an additional 55 care workers for the service to be effective. Agency staff were being used to cover shortfalls in care workers. The manager informed us that recruitment was ongoing and at the time of this inspection 13 care workers were waiting for references and appropriate checks to be completed prior to commencing in post.

The regional director and manager informed us the teams of six care coordinators and six field care supervisors were both being increased to teams of nine staff to assist in the running of the agency.

We saw the company had a staff recruitment policy. We spoke with the recruitment coordinator who showed us the systems in place to record and track recruitment. We found records were well organised and up to date. We looked at three staff files. Each contained an application form detailing employment history, interview notes, two or three references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed that recruitment procedures at the service helped to keep people safe.

People told us they felt safe with their regular care workers and comments included, "My regulars are smashing, it's when they send others I worry" and "I always feel safe with the ones [care workers] I know." One person told us, "Staff are good at supporting me with my tablets."

We found a policy on safeguarding people was in place so staff had access to important information about their roles and responsibilities. We saw the policy had been reviewed to ensure it was up to date.

Staff confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can safely report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

We found there was a policy on handling small amounts of money for people who used the service. One person visited in their own home had support with shopping. We found that financial transaction sheets had been completed which detailed the amount of money taken, items purchased, money spent and amounts returned. We checked the receipts kept and found these corresponded with the records. The transaction sheet had been signed by the person being supported and the care worker. This showed that safe procedures were adhered to.

We looked at two people's care records at the office and six people's care records in their home. We found assessments had been undertaken to identify risks to people who used the service. These included environmental risks and any risks due to the health and support needs of the person.

Is the service effective?

Our findings

The service was last inspected on 6, 9 and 10 March 2015 and we found people employed by the service did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. The provider sent a report of the actions they would take to meet the legal requirements of this regulation which stated they would be compliant by 31 October 2015. We checked whether this regulation had been met as part of this new approach comprehensive inspection.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The policy had been reviewed and was dated September 2015. We saw the policy stated, 'staff should be provided with supervision with their line manager every three months and carers receive at least six supervisions per year. At least one to include direct observation. Supervision team meetings to be held quarterly and an annual appraisal.' The majority of staff spoken with told us that they had not been provided with regular supervision. One staff commented, "I haven't had a supervision since last September (2015)." Another staff told us, "I get them regularly. I had one (supervision) about three weeks ago. We spoke with the manager and regional director about the procedure for supervising staff. They told us that improvements to the frequency of staff supervision had been identified as part of the on-going recovery and action plan. We were provided with an action plan for the week ending 3 April 2016. The plan identified that the frequency of staff supervisions needed improvement. The plan detailed that 27 per cent of staff had received a supervision and 15 per cent of staff had received a direct observation. Care coordinators had been identified as 'owners' of the action and the 'target resolution date' was recorded as '31.5.16.'

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

The service was last inspected on 6, 9 and 10 March 2015 and we found people were not provided with an effective service as they did not have regular care workers and experienced short or late visits. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. The provider sent a report of the actions they would take to meet the legal requirements of this regulation which stated they would be compliant by 1 September 2016. We checked whether this regulation had been met as part of this new approach comprehensive inspection and found improvements were reported.

All of the people supported and their relatives said when regular carers visited they were very happy with the carer and the support they received. Most of the people spoken with said that the service they received from Mears Homecare Limited DCA (Sheffield) had improved since Christmas 2015 and especially in recent weeks. One person told us, "My carers are attentive and caring. They are very conscientious." Another person commented "I'm very happy with my carers but I don't like it when agency cover. I did lose some confidence

in Mears but it has returned because I have regular carers that I am happy with." All of the staff spoken with said that the service had improved as they now had regular rounds and knew who would be visiting. The manager told us that they had been provided with support from a 'visiting officer' to help organise and implement regular schedules for people. The six care records seen at people's homes showed that the call times recorded in the daily records matched the duration of the visit identified as needed in the person's plan. Most people told us that staff stayed as long as they should.

One relative told us that visits were sometimes too close together but also commented that they were happy with the regular care workers that supported their relative. They told us, "She [person supported] is alright with who she knows but doesn't like strangers and that's a lot of the time." Another relative told us that visit times were sometimes short. None of the people visited reported a missed visit.

Whilst people using the service said things had improved, some people told us that agency staff were not as reliable as Mears staff. One person told us that when her regular care worker was off they had lots of different carers call. We checked their daily log record and found that during the last 17 calls, they had been supported by 14 different care workers.

During two visits to people's homes care workers were present for part of the visit. We saw staff interacted in a kind and friendly manner with the person being supported and they appeared to know each other well.

People told us staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care plans identified when support with meals was required.

People told us they had access to health care professionals and visits from care workers did not hinder or restrict these.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw the provider included MCA and DoLS training in its arrangements for staff induction and safeguarding training. Staff spoken with confirmed they had been provided with this training. Staff we spoke with were able to describe the main principles behind the MCA 2005.

People told us they were asked for consent before any care and support was provided by staff.

We found the service to be acting within the Mental Capacity Act 2005 (MCA) legislation. In care records we looked at, in people's homes or at the services office, we saw that people had signed the 'terms and conditions' of the service, demonstrating people had consented to receiving care and support from Mears Homecare Limited DCA (Sheffield).

All of the staff spoken with said that the training provided by the agency was 'good.' One care worker spoken with told us, "I had a full week at the office before I went out to people, it was very good. I was observed doing meds before I was signed off." Another care worker told us, "I am up to date with everything, there is lots of training." Staff told us they shadowed more experienced staff until they felt confident to visit people on their own. Training records showed induction training was provided so that staff had the skills and knowledge needed to support people prior to undertaking visits.

Staff spoken with said they were up to date with all aspects of training. We looked at the training records

and these showed that a range of training was provided that included safeguarding, infection control, moving and handling and medication. We found a system was in place to identify when refresher training was due so that staff skills were maintained. The manager told us that if refresher training was not provided and logged on the system the care worker was automatically removed from calls until the training had been completed. We saw that some staff had been identified for refresher training and a person at the office had specific responsibility to book the training so that this could be managed.

Is the service caring?

Our findings

People supported spoke positively about their regular care workers and told us they were always treated with dignity and respect. However, we found examples where people's dignity had not been respected.

One person told us a care worker had arrived too early to support them to get ready for bed. They told us, "When I told him it was too early, he was really rude and told me I only had ten minutes to make up my mind, or I would have to stay in my chair all night. It was awful."

A relative told us, "[Name of relative] thinks they (care workers) are marvellous. They help her get dressed but they send men in sometimes so she tries to get up before they come in case it's a man. So she never gets a proper wash, it really gets to me. They don't seem to be caring."

Another relative told us they had a system in place to make sure their relative had clean underwear, they commented, "I know [name of relative] hasn't had clean pants on for three weeks, it's undignified."

One person visited in their home had a care plan that detailed 'shower twice a week.' The person's relative told us that the person supported had not had a shower for some time. We checked their daily records and found no entries showing a shower had been provided during 1 to 18 April 2016.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Dignity and Respect.

We discussed these concerns with the manager who gave assurances that these would be investigated.

Other people spoken with made positive comments about their regular carers. Comments included, "They (care workers) are lovely, very caring" and "Most carers are good. I've got no issues with any of the carers, they're nice. Kind," "I have a regular carer. She is absolutely fantastic. I don't know what I would do without her" and "They (care workers) are attentive and very conscientious."

A relative commented, "[Name of person supported] likes everyone that goes. They are easy going and I appreciate what they (care workers) are doing."

People said care was not as good when an unfamiliar or agency care worker visited them. One person told us, "I am very happy with my carers but don't like it when agency cover. I lost some confidence in Mears but this has now returned because I have regular carers who I have confidence in."

We visited six people in their homes and spoke with them and four of their relatives. During two visits, three care workers were present for part of our visit. We were able to observe how care workers related to people who were supported by the service. We saw that people were receiving support from care workers that they knew well. We saw the care workers treat the person they were supporting with respect. We saw they considered privacy and dignity when talking with the person and explained what they proposed to do. We

observed a caring attitude and conversation was shared throughout the care workers visit which showed they had a good rapport with the person they were supporting.

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

We spoke with care workers about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook. Staff also described good relationships with the people they supported regularly.

We looked at people's care records during the six home visits, and two people's care records during the visit to the agency's office. The care records showed people and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this.

Is the service responsive?

Our findings

The service was last inspected on 6, 9 and 10 March 2015 and we found systems were not in place to ensure an accurate and contemporaneous record in respect of each service user was maintained. Some people's care records held inaccurate and out of date information regarding the support needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. The provider sent a report of the actions they would take to meet the legal requirements of this regulation which stated they would be compliant by 31 October 2015. We checked whether this regulation had been met as part of this new approach comprehensive inspection.

We checked six people's care records during visits to their home, and two people's care records during the office visit. We found the plans contained guidance for care workers on the support needed, and people's preferences regarding how support was to be provided. They included some specific details relating to the individual supported, for example, how the person preferred support with washing, what products to use and where these were located in the home. Whilst we were visiting one person their care worker supported them with breakfast. We saw the person was provided with porridge and two slices of toast. The person told us, "They (care workers) know it's what I like." We found the person's care plan detailed that they preferred porridge and toast for breakfast. The plans contained important information about access to the home and maintaining security, where medicines were kept to promote safety. People told us that someone from the office had visited them and spoken about what help they needed. This showed that care records had improved since our last inspection so staff could be more responsive to people's preferences and support needs.

We checked the procedures for dealing with complaints. We found some complaints received had not been logged on the agency's complaints system or responded to. For example, two people told us about a formal complaint they had made. They told us they had spoken to staff at the office who assured them that their concern would be looked into. Both people told us they had not heard from the office in response to their call. Another person told us about a complaint they had made and we could find no record of this on the system. They also told us that they had received no response from the office regarding their complaint. Another person told us that they had complained to the office about male care workers visiting to provide personal care. They commented, "I've complained about it but I still get men occasionally. Nothing gets done." With the person's permission we spoke to the manager about this and they informed us that the person's electronic schedule had been updated so that male carer workers were prevented from being allocated the visit. One relative told us, "Just before Christmas I put in a formal complaint because [name of person supported] door wasn't closed at night. The key lock wasn't randomised so anybody could have walked in. We panicked; I never heard back from the office, I don't have any confidence in them." We found that immediate risk had not always been identified or acted upon. For example, one concern was raised regarding a person's medication running out. Whilst messages had been passed to the complaints manager and a field care supervisor, no immediate action had been taken to ensure the person had not been placed at risk or to rectify the immediate risk.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, Receiving and acting on complaints.

The agency had a service user guide that held details of the complaints procedure. The procedure detailed times for responses and who the complainant could contact if they were unhappy with the response from the agency, for example the Care Quality Commission and local authority. The manager told us that people had been provided with a copy of the service user guide so that they had access to this information. People spoken with said that they had been provided with information about how to make a complaint.

As part of the agency's identified improvements, a complaints manager post had been created and a person had commenced in post in January 2016. This showed that some actions had been taken to address identified concerns and improve outcomes for people. We spoke with the complaints manager who showed us records of complaints held on the offices computer system. We saw that these detailed the nature of the complaint and the actions taken.

All of the people supported and their relatives spoken with said that their regular care workers knew them well and were responsive to their needs. Two relatives told us that agency staff did not always take time to read the care plan. One relative commented, "I'm sure some staff don't read the care plan. I visited [name of person supported] last week and she didn't have her hearing aids in or her lap belt on. It says in the care plan they have to have these" and "Some of the carers aren't aware of the care plan. [Name of person supported] had to tell one (care worker) recently that she needed a sandwich making at lunch time."

Staff spoken with said the service had improved, especially in recent weeks. Care workers told us they now had a regular schedule and commented, "It's much better now. I think they have worked hard (at the office) to get the rotas sorted," "It's better when you have regulars, you get to know people, what they like and want. It's better for us all" and "It's getting better. It's not perfect but we are getting more carers so that will make a difference. I have a regular round now."

Is the service well-led?

Our findings

The service had a manager who had been in post since January 2016 and they had applied to register with us.

The service was last inspected on 6, 9 and 10 March 2015 and we found the service did not have an effective system to regularly assess and monitor the quality of service that people received. No audits, spot checks on staff or questionnaires to obtain people's views had been undertaken so that the service could be assessed and monitored. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. The provider sent a report of the actions they would take to meet the legal requirements of this regulation which stated they would be compliant by 31 October 2015. We checked whether this regulation had been met as part of this new approach comprehensive inspection.

We spoke with the regional director and manager about the quality assurance systems in operation. They told us that formal monitoring of the service was taking place and had been identified within the services action and recovery plan. Some audits had taken place but the action plan identified that further improvements were needed in order to complete all audits at the identified frequency. The manager produced a weekly report to monitor actions and improvements to the service. The report was shared with the local authority contracts and commissioning team as part of their on-going monitoring. We looked at the weekly report dated 4 to 10 April 2016. This showed that some audits and checks had been identified as outstanding or missing. For example, the report stated that 52 'spot checks' (visits to a person's home to observe care workers) needed undertaking and five per cent of telephone quality assurance checks were outstanding or missing.

The regional director informed us that no surveys had been undertaken with people that used the service, staff or stakeholders. The provider had plans for these to be undertaken, and once completed they would be audited and an action plan completed. The regional director and manager had been unable to locate any surveys or results from surveys from the previous year.

We asked people and their relatives if they found it easy communicating with the office staff. They told us that communication was sometimes a problem as the service did not respond to their call or provide them with feedback. Comments included, "Clients are never informed about any changes and when I contact the office I never hear anything back," "I call (the office) and they say they'll ring back but they never do and I have to chase this up," and "The carers are lovely but the office staff need a good shake up, they never call you back" and "When I am visiting my family and won't be home I let the office know. They don't let the carer know and they still turn up, communication is poor."

Staff spoken with said that no staff meetings had been held. One care worker told us that a meeting had been arranged in the weeks before this inspection but was cancelled. Another care worker was not aware of this cancelled meeting. This meant that opportunities to communicate and share information with staff were limited. The manager informed us that further staff meetings were planned.

This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

We saw from the action plan that procedures were in place to audit and check daily logs and MAR returned from people's homes so that any gaps or discrepancies could be acted upon and rectified. We saw copies of some daily log audits at the agency's office to evidence these had been completed.

Since the manager commenced in January 2016, and it was identified by the provider that the service was in crisis, systems had been put in place to support the improvement and running of the agency. We found that since January 2016 the regional director (North) had been based at the Sheffield office for two or three days each week. A field care supervisor from another branch within the organisation was a 'visiting officer' supporting field care supervisors at the Sheffield branch on a full time basis. A care manager from another branch was supporting the Sheffield branch for two days each week with the role of implementing permanent schedules for staff. A complaints manager had been employed in January 2016 to manage the volume of complaints received. In addition, an operations manager within the organisation had been based at the Sheffield office on a full time basis since the two weeks prior to this inspection. This showed that the agency was committed to identifying and implementing improvements. Most people spoken with and all staff reported improvements to the agency since Christmas and in recent weeks. We found evidence that gaps and issues had been identified and a recovery plan had been developed which have been reported on throughout this report. The regional director (North) and manager were aware that these improvements must be sustained to evidence the service was being well led.

During our office visit we observed a positive culture within the office. Staff appeared busy but calm and answered calls in a polite manner. The office appeared well organised. Staff spoken with said they found the new manager approachable and supportive.

We found a full range of policies and procedures were available at the office. These had been reviewed to make sure up to date information was available to staff.

Despite improvements the systems in place to assess and monitor the quality of service provided were not effective or acted upon to ensure care provided was monitored, that risks were managed safely and the service achieved compliance with the regulations and previous breaches in the regulations surrounding the management of medicines, staffing and good governance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect whilst receiving care and treatment.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The system for identifying, receiving, recording, handling and responding to complaints was not always operating effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Procedures for the proper and safe management of medicines were not always adhered to.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not fully in operation to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Systems were not established to seek and act on feedback from relevant persons.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People employed by the service did not receive appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Sufficient numbers of suitably qualified, skilled and experienced persons had not been deployed in order to meet people's needs.

The enforcement action we took:

Warning notice