Mears Care Limited

Mears Care - Kirklees

Inspection report

Bridge House, Station Yard,
Halifax Road,
Liversedge.
WF15 6PS
Tel: 01924 411978
Website: www.mearshomecare.co uk

Date of inspection visit: 23 and 26 March 2015
Date of publication: 26/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection of Mears Care – Kirklees took place on 23 March 2015 and was announced. We told the provider that we would be coming because we needed to be certain there would be people in the service for us to talk to. We previously inspected the service on 1 September 2014. The service was not in breach of the Health and Social Care regulations at that time.

Mears Care – Kirklees is a domiciliary care agency registered to provide personal care to people in the community in the West Yorkshire area. The agency covers north Kirklees, south Leeds, Barnsley, Calderdale, and Wakefield. The main office is in Liversedge with a satellite office in Hemsworth. There are 181 people registered to use the service in Kirklees and Leeds, 192 in Wakefield and Barnsley and 107 in Calderdale.

There was a registered manager in post who had been registered since October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 service is split into three main geographical areas for day to day management and there are currently two managers applying to be registered managers with the Care Quality Commission who will be responsible for Wakefield and Barnsley, and Calderdale areas respectively.

People told us they felt safe using the service and relatives were confident in the staff's ability to care well. We saw that continuity of staff was preserved for people wherever possible, ensuring that positive relationships were built.

We were concerned that although the recruitment process seemed detailed there was a lack of consistency in checking references. Some were from relatives and friends which defied Mears' own policy of not accepting references from these groups of people. Where concerns had been identified, these were not always followed up. This is a breach of Regulation 18 Health And Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not ensuring all appropriate checks were taking place for staff they were employing.

In addition, we saw that while we were confident staff had received the necessary training and were competent in administering medicines where this was specified, the records that were kept were not always correctly completed. This was also the case for the application of creams for someone where there was no detail as to which part of the body these should be applied and in what quantity. This is a breach of Regulation 12 (g) Health And Social Care Act 2008 (Regulated Activity) Regulations 2014 as medicines were not being properly and safely managed.

Staff received a thorough induction and we saw evidence of comprehensive notes and tests having been undertaken by new staff. Where training required regular updating, this was also completed. We saw evidence of supervision having taken place for some staff but not all. It was acknowledged by the registered manager that time constraints had reduced this for some people but there were plans in place to ensure all staff received their required sessions. In some areas this had been booked in.

We saw evidence in communication logs and records that staff were aware and asked people for their consent before undertaking any care tasks. This demonstrated that staff had a good awareness of the Mental Capacity Act 2005.

People told us they found staff very caring and were very complementary about how staff responded to individual needs. It was evidenced that staff were keen to promote people's independence wherever possible while completing their required tasks.

The care records we looked at were detailed and person-centred. They showed the registered provider had a good understanding of looking at people as individuals and were keen to meet personal preferences wherever possible. All records we saw were signed, dated and timed providing a comprehensive record of tasks completed with someone.

There was also evidence that complaints were handled promptly and effectively as outcomes were mostly positive. Where more difficult decisions about staff performance were required, it was clear the necessary actions had been fulfilled.

People told us they were happy in communicating with the care staff who visited but were not always convinced messages were passed on. This was reflected in the haphazard nature of audits taking place and the shortfall in spot check visits.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People told us they felt safe and staff demonstrated understanding of how to respond if they had concerns about someone.

The recruitment process was not safe as references were not always being requested from the correct people and no further checks were made if concerns were highlighted.

Procedures for managing people's medicines were not safe as records were inconsistent and did not specify where prescribed creams were to be applied.

Requires improvement

Is the service effective?
The service was effective.

We saw evidence of a robust induction and training schedule for all staff.

Supervisions had been less regular but this was being remedied as more management time had become available due to recent recruitment.

People's consent was requested before undertaking care tasks and assisting with eating and drinking where required.

It was evident that staff responded quickly if there was a medical concern.

Good

Is the service caring?
The service was caring.

People told us the care staff were very good, helping to support people to be as independent as possible but providing assistance in accordance with agreed outcomes.

Good

Is the service responsive?
The service was responsive.

We saw evidence of person-centred records which reflected individual needs and requirements.

Communication logs were also completed in detail being signed, dated and timed.

There was evidence that complaints were handled well, in a timely manner and with appropriate actions.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

We were told that communication with care staff was good but that messages weren't always passed on.

There were many audit systems in place but these were not always planned or timely.

Staff had plenty of written guidance, mostly through their new phone system but not all were able to attend meetings which limited the opportunity for staff to question things in more detail.

Mears Care - Kirklees

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.

The inspection took place on 23 March 2015 and was announced. The provider was given 48 hours' notice to ensure that people would be available in the office to talk to us, as the service is community-based.

The inspection team comprised of two adult social care inspectors who visited the branch office and two experts by experience who conducted telephone interviews with people who use the service 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.

Prior to our inspection we reviewed information from notifications, the local authority commissioners and local authority safeguarding team. This included detailed contract monitoring reports and outcomes of safeguarding investigations. We had received some information of concern regarding the reliability of the service provision due to missed visits and late call times. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with ten service users and fifteen relatives from a sample size of forty people. We also interviewed ten members of staff including four carers, two senior carers, two co-ordinators, a visiting officer and the registered manager. We took a cross sample from each geographical area to ensure a balanced perspective.

We looked at twenty care records, four medication administration sheets and sixteen personnel files. We also reviewed the complaints log, monthly audits of care records and medication sheets, and the findings from the most recent quality assurance survey.

Requires improvement

Is the service safe?

Our findings

We spoke with people who used the service who told us "I feel safe when I am being looked after" and "I trust them with my life". A relative said "I feel my (relative) is safe when she is with the carers". A different relative said "My (relative) tells me she feels safe when the carers are looking after her" and another said "All the staff seem to know what they are doing". The overall feedback we received was positive and people spoke highly of the care staff who visited them.

We asked people if they had regular carers and what happened if their carer was off sick. One relative said "There has only been one time in the last five years where there was a missed call" but another told us "Yes they are (regular carers), although there have been missed calls in in the past. They do seem stretched".

Another relative told us "I went round one time and they'd hadn't stayed the time I had been expecting them to, so I wrote a letter and we had a meeting and it was sorted out". They indicated that their relative tells them to go early from time to time and that some of the carers left at this point. The relative told us "the registered manager had explained things to them at the meeting, regarding respecting their relative's wishes if they wanted them to go".

A further relative said "Yes. It's working well 99 per cent of the time". They indicated that there may be a very odd occasion at the weekend where someone might be off ill and so a different carer would step in. However, they didn't indicate that this had caused any problems with the service.

We asked staff how they supported someone with their medicines. One member of staff said "I always put my gloves on, check the medication is for the right person and then pop it out from the blister pack and give it to the person with a glass of water. I then record it in the communications log book that I have given them their medication and on the MAR sheet. If they refuse their medication I record this in the book and advise the office".

We asked staff how they knew where to apply prescribed cream as we could find no evidence of body maps being used. We were told by more than one person that it was recorded in the notes only. One staff member said "It should be in the care plan". We found some examples of this recording in care plans but it was not consistent, and it was not specific. This meant that staff did not have clear guidance as to where cream should be applied, that people may not receive their required prescriptions or that medicines could be applied wrongly.

We asked staff about their response if they discovered a medicine error. One staff member told us "I would contact the GP or out of hours, and make sure the service user was not at immediate risk. I would also inform the office". They went on to tell us "We are unable to do eye drops until we've had training from the district nurse to ensure we're doing it correctly". Another member of staff told us "I am aware if the medicines are wrong, I need to report this". This evidences that staff were aware of the importance of reporting medicine errors so that appropriate follow up actions could be taken.

We spoke with one of the office co-ordinators about how the Medication Administration Record (MAR) sheet is completed. We were advised that the carer completes it having checked the dosette box. They said, "It is handwritten and not double-checked. This only happens when it is returned to the office. All the medicine logs and corresponding MAR sheets are checked on return to the office".

During our observation of the medication audit we asked how they were checking for errors on the MAR sheet. We were told that where this is a gap or discrepancy a red circle is drawn. This is then drawn to the staff member's attention and an explanation sought. We asked how frequently the audits took place and were advised 'as and when'. This meant that it could be nearly two months before someone's records were checked and any issues identified.

We showed the office co-ordinator one MAR sheet where signatures were missing and where there did not appear to have been any action taken. On another sheet we saw that a person was supposed to be receiving an antibiotic three times a day but according to the record it had only been administered twice a day. We were told the gaps should have been 'red-ringed' by the next carer on duty, highlighted and the office told. We were aware from subsequent discussions that this issue had indeed been picked up by the registered manager as memos were sent to all staff including a reminder for them to re-read the

Is the service safe?

medication policy, the reporting and handling guidelines for medication and also the safe handling of medicines. This had been set as a task to be completed by all staff by 27 March 2015.

Although staff appeared to have an understanding of how to support someone with medicines, the records we saw were incomplete and not clear to read. We looked at the Mears medication policy and procedure and found that it advises to complete the medicines administration for using staff initials but we did not see evidence of this. This is a breach of Regulation 12(g) Health And Social Care Act 2008 (Regulated Activity) Regulations 2014 as medicine records were inconsistently completed and there was a lack of specific detail with regard to prescribed creams.

We looked at staff files to ensure that recruitment procedures were being followed. Mears Care employed a recruitment officer to conduct this process. The files contained the application form and a record of the interview. There was also a comprehensive numeracy and literacy test. In one file the applicant had said they had a period of absence from their job at the time of applying but there was no indication that this had been followed up with the previous employer. In another instance, there was mention that the person had left their previous post due to conflict with a colleague. It wasn't recorded in the file that this had been explored further and no references had been taken from the previous employer. This lack of further research meant that staff were not being scrutinised effectively when applying for a job helping to care for vulnerable people.

There was considerable inconsistency in the process being followed for references. We saw evidence in one file where the referee had been rung up to check their validity and yet in other files references were from family members or friends and neighbours. Out of 16 files across all three geographical areas, we found there to be only nine with one reference from a previous employer. The second reference was often a friend or family member and this was the case in 12 of the files. In three of the files there were no references at all and in a further file the only reference was from a family member. The missing references had been identified on recent file audits; one was done in January and the others in February but these faults had not been rectified on the day of our inspection. This meant that staff were being employed without all appropriate checks being made potentially leaving vulnerable people in the care of staff who had not been properly vetted.

This is a breach of Regulation 18 Health And Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not ensuring all appropriate checks were taking place for staff they were employing.

We spent time in the office and were shown the staff plan system. All new calls were added to the system and scheduled onto a carer's round. We were told by a co-ordinator a morning round was usually six or seven calls per carer but this varied according to the length of call required. We asked about travelling time and were told this was incorporated into the schedule. We saw evidence of this in the staff rotas, both in terms of time allowance and practical visit planning around location.

We spoke with staff and asked them if they felt they had enough time to complete calls. One person said "Yes I do. I have a regular round which starts with a double up in the evening and there is always the second carer". The staff member told us that since they had been on the electronic system it was better as 'it told you who the other person on that shift was, and therefore they could chase them if necessary'. When we asked if there was a particular issue with sickness cover, the staff member said "No. We always get staff cover if someone is off sick. We have bank staff who help out". We spoke with one of the co-ordinators in the office regarding sickness cover and were told "We have availability to take extra care requests. It's not too bad regarding sickness".

A newly recruited member of staff told us "I have regular rounds and work as part of a team. I've never had to do it alone, there is always someone there". Staff told us that where two carers were required, they were generally on the shift with the same person. One staff member said "It is usually the same person doing the rounds with me". This was reflected in the staffing rotas we saw. This indicates the provider had been aware of issues around missed and late calls, and had tackled them wherever possible, by ensuring a regular staff team on specific rotas.

We spoke with staff about the electronic signing-in system. Staff told us that people's records contained a disk which had to be scanned when arriving and leaving a person's home. We were told by more than one member of staff that

Requires improvement

Is the service safe?

if they had omitted to 'sign in' via the system on a visit, it would be identified by the electronic system and an alert would be raised, enabling the office staff to find out the location of the member of staff and take any necessary action. We discussed this with the registered manager who reiterated that "things were a lot more settled than in the previous six months" and the appointment of a further manager who was currently undergoing her CQC recruitment checks had made managing the volume of work much easier.

We asked about cover out of normal office hours and we were told about the on-call system. There is a central team for the registered provider who has access to all records and can confirm addresses and access arrangements if necessary. However, any local issues that are more urgent will always be dealt with by a co-ordinator from the branch. Records are shared daily so staff can be made aware of what may have happened outside of normal office hours. We spoke with staff who said they felt supported if they had to deal with any serious issues while out on their rounds. They told us 'the out of hours service is very quick to respond'.

We spoke with staff and asked them to explain what a safeguarding situation may involve. We were given examples which included someone being found with bruising, money going missing and a scenario where someone who would usually answer their door did not.

The staff member was very clear "I would ring 'out of hours' so they could contact the family. I wouldn't just leave them". Another staff member told us about the importance of 'confidentiality, reporting concerns and whistleblowing'. We asked them what they meant by whistleblowing and they said "A service user may tell us a carer was rough. I would document if there were any marks and inform the office".

Another member of staff said that they understood safeguarding to include factors such as neglect, medication errors or missed visits. When asked what they would do if they were aware of any these particular concerns, they advised us that they 'would speak to the branch manager'. A further member of staff told us that they would be looking out for a safe environment for the person receiving care but for anything they were unsure of "I would report it. I would certainly report bruising". This member of staff was also aware that falls were to be reported to the office and a body map completed indicating any injuries incurred. This demonstrated that staff had a working knowledge of safeguarding concerns and how to respond to them appropriately.

One staff member was unclear but did say they 'would report any concerns to the manager'. When asked if they'd ever had to raise any concerns about a colleague the response was "No. I've only ever had to comment on bins not being emptied".

Good

Is the service effective?

Our findings

We asked people and relatives using the service whether they felt staff were well trained and experienced in providing care. The overall response was mixed as reflected in the following comments. One relative told us "The ones we've got at the moment, it's working quite well" and another relative said "We've had a number of carers. Some are good and some are just ok". The same person mentioned that "some carers had received personal calls when caring for their relative", but they did not indicate that the carers were not following the support plan.

Another relative said "Yes. They are all different and some are better than others but they are all really good".

We asked staff what training they had received. One person told us "I have regular training. I have my NVQ2 and I have received in-house training for moving and handling and medication". Another told us "I am due to attend training on Thursday. I am doing my safeguarding refresher". We saw evidence in staff files that refresher courses were being completed within the required timescales. All the learning undertaken was in the staff files in the form of marked worksheets.

We spoke with the branch manager about how training needs are identified. They explained "all training is booked in and up to date". We were shown the electronic system which keeps track of each staff member's own records and identifies when a staff member is due for renewal training. We were shown this in detail for three specific members of staff who were due to undergo training that week and how this had been identified on the system. This shows that staff were being supported in ensuring their caring skills were relevant and constantly reviewed.

We discussed with the registered manager how carers were supported to promote someone's privacy and dignity. We were told many carers had all undertaken training in regard to assisting people with dementia, mental health awareness and equality and diversity. There had also been training in end of life care. This was reflected in the training matrix.

All staff we spoke with told us about their induction which comprised four full days in the office with the trainer and included topics such as moving and handling, safeguarding, first aid and medicines.

There was evidence of a robust induction programme in the staff files which comprised four full days and incorporated areas such as supporting a person with personal care, food hygiene and nutrition, infection control, health and safety, moving and handling and the safeguarding of vulnerable adults. The induction also covered the importance of risk assessments and reporting and recording guidance. Each file we looked at contained a signed and dated certificate and the worksheets completed by each member of staff. This information was very comprehensive and evidenced the registered provider was keen to ensure all staff understood expectations and had a clear framework in which to perform their role.

Following this induction some files contained details of a six month ongoing support programme which incorporated a performance development review and further training on specific topics such as caring for people with dementia, Parkinson's, Multiple Sclerosis and Motor Neurone disease . These forms had rarely been completed which was a missed opportunity to engage with staff.

One staff member said they had 'shadowed' another colleague for two weeks prior to taking up their role. Another member of staff told us "All new staff have to shadow and are then signed off by an experienced carer". We saw evidence in some staff files of 'shadowing sheets' which showed that staff were monitored closely doing their care tasks by a more experienced carer. This ensured that new staff were receiving practical guidance before taking on their own care rounds.

One staff member we spoke with told us "I was due to have supervision in December but I've still not had any". Another member said they had received supervision in December and we found evidence of this in their file. The notes included a review of their work, future targets set and agreed, and a discussion of their training, support and development needs. We asked one of the office co-ordinators how often they conducted supervision with their staff. We were told that staff were offered quarterly sessions. This was verified by one member of staff who had received supervision two months ago and had just received their letter with the appointment time of their next session. A staff member had recently completed their six month performance development review and another said they received 'formal' supervision every 3 months and had more informal chats in between.

Good

Is the service effective?

There was evidence within some files of supervision sessions having taken place. We spoke with the registered manager who advised us these had not been as regular as they would have liked due to a shortage of management hours during last spring and summer but they were now making progress to ensure all staff had access to at least two on-site observational sessions, and two office-based throughout any given year. We saw on the supervision matrix that in one area only four out of a possible 48 had not received supervision between October and December last year. However, for the same area for January – March 2015, 26 staff out of a possible 48 had not received supervision. This is not in line with the provider's own policy and meant that staff were not receiving the regular managerial support that was expected. Staff did have the opportunity to speak with the registered manager where necessary but this was more of an informal approach.

One person told us "They ask my permission to do things" and a relative also told us "I hear the carers ask my mother's permission to do things". A further person said "the carers are very respectful to my mother". This shows that the registered provider is aware of the importance of seeking consent before care tasks are undertaken. We found that mental capacity training was offered in induction but not at any point after. One staff member said they had not received any training around mental capacity. Although many of the care records we looked at indicated people did indeed have capacity, the registered provider was aware that some may not and that staff would need to ensure they were adhering to the principles of the Mental Capacity Act 2005.

We asked people how involved they were in making decisions around their care needs. People indicated that there was a dialogue, to differing degrees between themselves and the service, as evidenced by the following comments. One relative said "We keep in touch. This week they left me a note to let me know that my mum didn't seem to be eating properly". This had enabled them to get in touch with the doctor about it. Another relative said "We have an on-going dialogue" and another one told us "They keep me informed as to what's happening and if they have any concerns".

This was echoed by staff we spoke with who said they had liaised with the Macmillan nurses for someone receiving end of life care. They explained that contact sheets were shared to ensure each member of staff was aware of what was happening for that person. Another said that the carers often had the same rounds, they told us "They (staff) know when something is wrong with someone. They would ask if they wanted the doctor calling or family being told". One staff member said "if a person is unwell, we write it in the communication log. We would tell the office who would then contact the GP or family. We could also contact the district nurse. We would do this if someone's catheter bag was empty".

We asked one staff member how they supported people with eating and drinking. They explained the care plan told them what level of support a person required and it should be documented if they need thickened fluids or a soft diet. The staff member said most people they supported did have capacity and were able to support with this aspect. Another staff member told us that "we always ask a person what they want for their meal".

Good

Is the service caring?

Our findings

We spoke with people who used the service and asked them their views of the staff who came in to support them. One person said "The staff are kind" and another described them as "little rays of sunshine". A further person said "They are grand lasses". This positive description was echoed by relatives we spoke with. However, one person did say "On the whole the girls care but there is always one who isn't as nice but that's human nature".

One relative said "Yes, carers are kind, compassionate and caring". Another said "They talk to her as a friend, not a client". A further relative said "Yes. They all bring something different". One relative told us that staff had visited their relative when they were in respite care and another relative said "The staff are very kind and they treat my mother very well". A different relative also said "We are very lucky with the carers". One person told us that "Me and my husband are treated the same even though they come to see him". This demonstrated that the registered provider is keen to ensure they work alongside others who may live alongside the person receiving support.

We also asked people who used the service whether they felt actively involved in the care they received. One person told us "The carers always do as I ask". Relatives again were positive in their feedback. "The staff encourage my (relative) to do more for herself. She is a bit reluctant to help them" said one relative. Another family member said "They are very helpful and at hand to answer any queries".

We were also advised by one relative that "The staff chat to him and do things like asking him what he would like in his sandwich". Another relative said "They check his food to make sure he's got enough to eat. Sometimes they will leave him a sandwich if he wants one". This shows that the registered provider is ensuring people are being cared for in a person-centred way, reflecting people's individual preferences and choices.

Another family member told us that things hadn't always worked well but they added "The issues were addressed and corrected and she gets on very well with them". Again, this indicated the registered provider was keen to ensure high levels of satisfaction.

In addition to people being offered choices we asked if people were supported to be as independent as they could be. People told us "Yes they do. They try and encourage him" and "Yes. She gets up herself sometimes and they work around it". A further five relatives supported this view. One staff member was keen to stress "I encourage them to do things for themselves when they are able. I don't want to take their skills away if they can do it for themselves".

We also asked people if they felt they were receiving the care as per their support plan. Again, people all agreed without exception. People said the care was working well.

When speaking with staff about how they supported someone's privacy one staff member told us that "I reassure people and make them comfortable". Another said "I ask if they wish to have the curtains closed. Then I would cover someone up, using a towel where necessary".

Good

Is the service responsive?

Our findings

We asked people whether they felt the service they were receiving was based on their own needs. One relative told us "Yes. They give him choices" and another said "Yes, as much as is possible". Another relative pointed out "Yes they do, although it's not an easy situation when he asks them to leave". This comment evidences that the registered provider was seeking to follow a person's wishes as much as possible but were also aware of the importance of ensuring key tasks were undertaken. People were positive that the service was supporting wherever possible. One relative told us the registered provider had contacted the 'bath person' who had recently assessed her son regarding bathing and the carers had encouraged and assisted with the process. This showed the registered provider is keen to ensure necessary assessments are undertaken where identified.

We asked staff how they found out about someone's needs prior to visiting them for the first time. They told us about the importance of reading someone's support plan. One staff member said "The new phone we have has the support plan on it so we can see what needs doing". Another staff member shared that they 'were aware if they found someone praying then not to disturb them'. Staff demonstrated a positive understanding of cultural diversity.

We looked at care records held in the branch office. The support plans were written in a person-centred way, highlighting what the person liked to do for themselves. In one record it said the person needed assistance to the bathroom for a strip wash. However, it went on to say, 'If I am already up, I need a bowl of water and towel to wash with'. Tasks included preparing food and drink including thickened fluids, personal care tasks and closing the curtains. There was evidence in the file of terms and conditions having been signed by a family member and frequent reviews of support plans being undertaken.

The file also contained a care needs assessment, risk assessment dated two weeks' prior to care commencing, name and address of GP and a detailed health assessment. There was also a moving and handling assessment and an environmental risk assessment looking at areas such as access, lighting and appliances. In this particular file there were also completed communication logs for December 2014. Each entry was dated and timed and signed by staff.

The daily records were detailed explaining what had been undertaken, what food had been made and if the person had refused any drink, this was also recorded. In addition, there were tasks undertaken which demonstrated good practice but were not on the support plan such as ensuring the pendant was in reach of the person being cared for.

Call times were recorded which showed some variation to the expected call time as per the support plan. The morning call was over an hour earlier than recorded on the support plan as were the tea and evening calls on two days we looked at. However, they were evenly spaced and the service user had been asked their views of this in a customer survey and not indicated they were unhappy with the service. We were shown the call time logs and saw in one area for the previous week 10% of the calls had been outside the allotted time. However, in another area it was nearer 20%. This had been identified and staff reminded of the importance of good timekeeping.

Another care record we looked at detailed in some depth the personal care tasks to be undertaken and way in which these were to happen; i.e. 'sit on air cushion in lounge and elevate legs' and medicines to be 'put into an egg cup for me to take'. Again, there was evidence of regular reviews and detailed moving and handling assessments and risk assessments. One staff member told us "If a person's needs change, we tell the visiting officer who will visit the person and review their needs". We also saw a fire action plan as this person was a smoker detailing the escape route and location of keys. The daily records logs indicated calls were being delivered in the time span allocated and for the correct duration.

We asked people if they had a concern would they feel confident in raising the issue. Everyone we spoke with knew how to complain. One person mentioned having to discuss visit times but this was resolved. Another relative said that they were unsure if their relative would complain and a further relative said they had had to complain but said they were satisfied with how it was handled".

When people were asked if the resolution was to their satisfaction we were told "Yes. Things were sorted out ok and it improved". Another relative also indicated that their situation had improved, in so far as they had had a meeting to discuss and clarify the issues and to explain how things worked. Two relatives told us that they would speak to the office staff they had a problem.

Good

Is the service responsive?

We spoke with staff as to how they dealt with any complaints. We were told by one staff member they had asked the quality officer to visit and they had discussed concerns raised around call times. They had explained that the service tried their best to arrive at the specified time but sometimes this was not possible due to delays elsewhere with other people using the service. The family were concerned as it made the person more anxious if the carer was late. In this instance the quality officer had suggested leaving visual prompts for the person to lessen their anxiety if the carer was outside of their thirty minute time period. The family were happy with this response and no further issues were identified.

Another member of staff said “They had niggles re calls times and the length of call time allocated via the local authority”. They went on to say that “all calls were allocated to the same people in most instances and all rounds were covered”. A different member of staff said all complaints are documented and they would always try and talk to the person receiving care in the first instance to resolve any issues. They would feedback to them and let them know the outcome. If necessary, they would inform the branch manager. A further member of staff said “I would ask the service user what the problem was”. The staff member said they understood the importance of addressing such issues and went on to say “I would explain to them why there may have been a problem such as a carer may be late as was held up by another service user”. Staff demonstrated a thorough understanding of the importance of good customer service and how to take action wen required.

We discussed the handling of complaints with the registered manager who shared their comprehensive complaints tracker with us. Most of the complaints were about missed calls and errors on the new electronic system which meant messages weren’t passed onto the care staff. Since the adoption of the electronic system staff told us “I am sure we do miss calls but that will be due to an error on the system. We are alerted if a call is missed. We are more likely to be late than miss a call”.

Where relevant, particular staff had been identified and appropriate action taken to resolve these issues such as further training (including for office staff) and on site spot checks. This showed that complaints were taken seriously and timely responses undertaken. We observed that there had been a significant decrease in complaints about missed calls over the first quarter of 2015 which suggested the new electronic system was more reliable in arranging staff schedules than the previous system. There was evidence that, where required following investigations into staff conduct, disciplinary action occurred with employees. It was also clear that where learning was to be shared, this was done through staff meetings and memos to all staff.

Requires improvement

Is the service well-led?

Our findings

We spoke with people about how they perceived the service was managed. One person using the service said "If anything changes, I am always told". One relative said "It's managed as well as they can". Another stressed "Yes. Although the girls seem to be all over the place. If they are going to be late, they ring us up". One relative was keen to tell us "Yes I do. I can't fault them".

Other relatives focused on their contact with the care staff directly. One person said "As well as can be expected. The carers do a good job". Another reinforced this "Yes. Our main contact is with the carers themselves". One relative, however, told us "No. I'm not thrilled with Mears, as in the past it's been a bit hit and miss. We had some missed calls". This was identified later as being some time previous and things had settled down since then.

There was a registered manager in post who had been registered since October 2010. 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 service employed two quality visiting officers. Their role was primarily to check that people receiving the service were happy. We asked how issues were resolved. We were told that an electronic log is kept of all visits and any specific issues emailed to the relevant co-ordinator. There was also evidence within service user files that regular reviews were happening. Prior to any home visit, the carer of the person is spoken with to identify if there are any factors to be considered at the visit.

The visit allows the file of the person to be checked and the current support plan to be compared with the communication logs being kept in the person's home. This is to ensure that care is being provided as expected. We were told visits take place at fourteen days after the service has started, then three and six months, and thereafter annual checks. We were also advised if there were issues in-between, these would also be addressed. The service was keen to ensure high levels of customer satisfaction.

During our time in the office we observed some communication logs being audited. The communication logs were the records of daily visits to people using the service which gave details about who had visited, what time and what support had been given. Two senior carers were involved in checking the number of calls that had been made to someone and the times of these (both start and end time of visits was recorded) against the support plan for that individual. They also checked the MAR sheet that was kept in the person's home against the one in the office.

When we asked to look at audits of the communication logs we discovered they were often at least two months old so we questioned the value of doing an audit so late as any problems would be either entrenched or resolved. The staff members assured us that carers would pick up issues on a day to day basis and flag these up with the co-ordinator. Staff told us this could include issues such as ongoing refusal to take medication. They said this would link up with the spot checks being carried out in the community for which we had seen some evidence in supervision files.

We asked how often the communication log audits took place and were told 'as and when' they had space to complete them. The findings were recorded on an audit log where any concerns were then highlighted to the line manager to deal within supervision where necessary. We felt the audit process was well defined but needed to happen in a more planned and timely manner so that any follow up actions could be implemented sooner.

We saw five other completed communication log audits. One person's records were audited on 4 February 2015 for the month of January 2015, and on 9 March 2015 for February 2015. Two people had independently audited the records. Call lengths and times had been checked against the support plan and that records had been completed appropriately by the carers who had both signed and printed their names. It was evident from each of the five separate communication log audits that continuity of care was preserved wherever possible.

We asked staff how practice was monitored. We were told if an issue was raised by a person being cared for, they would discuss this further with the member of staff. Staff told us about the 'spot checks' that were carried out and we saw evidence of these in some staff files. These spot checks included ensuring someone was delivering care in an appropriate manner through both verbal and practical methods, wearing their uniform and had their ID badge on them. There were also checks about how medicines were

Requires improvement

Is the service well-led?

given. One staff member told us "The spot checks are then used by the senior carers to offer help and advice, and extra training can be given if needed. Sometimes the senior carer may work with someone if they are struggling". We saw that in one geographical area that only about 50% of the spot checks had been completed for the first quarter of 2015. The registered manager was aware of this shortfall and showed us that they had plans in place to increase this monitoring over the next quarter as there was more management time available.

We spoke with staff about how supported they felt. One staff member told us there had not been any staff meetings but did say there was a weekly newsletter which came on the phone with their rota. If the matter is more urgent, they told us "the office will get in touch". Another told us there were staff meetings "but I haven't attended one though due to commitments".

They felt since a further manager had been appointed, things were better. Another staff member repeated this as it was felt that the area being covered previously had been too big for one person to manage.

Other staff told us "I feel well supported. I have worked here for eight years. Any concerns I have are dealt with and people are very approachable" and one person had even returned to the provider as they 'felt so supported'. A more recent member of staff said "I feel very supported. There is always someone to talk to. Staff have been very helpful".

We asked the staff if they had any concerns whilst out on call then how quickly were they able to get hold of the co-ordinator/manager to register their concerns. We were told they were always very quick to respond. One staff member told us "there is always someone available if you need them". It was evident that staff felt supported and had access to this help whenever needed as individuals.

We were given access to the staff meeting minutes file. These contained information about the change of out of hours' coverage, and three reminders on the importance of correct medicine handling. These had been in response to recent safeguarding concerns and showed that the service was responding appropriately to such issues raised. In one such case there was clear instruction given on what to do if someone refused their medicine. It was not evident how many staff attended these meetings or how their concerns were logged. There was no evidence of any follow up actions to improve the service for either staff members or people using the service. This meant that the service was not always able to demonstrate it was delivering high quality care.

There were copies of awards given to staff such as 'care worker of the month'. This was a recognition of staff going over their usual remit and providing exceptional care. In addition there were also copies of memos issued to staff who were unable to attend the branch meetings. There was no record of who attended the meetings so it was difficult to ascertain how many staff had the opportunity to ask questions and these were not dated.

We asked people if their views on the quality of the service had ever been requested. A number of people had only recently started using the service but indicated they had had contact with the quality officers. At least two relatives talked about an 'on-going dialogue' and that most contact was through the visiting care staff as would be expected. One relative said they "weren't sure but had no issues with the service at all".

We saw the findings from the latest quality assurance customer survey conducted in November 2014. This was based on a completed survey form by 36 people – 23% were extremely satisfied and a further 60.5% very satisfied with the service received. Questions asked included people's views on the service overall, the performance and presentation of staff and the level of control people felt they had. One person said they 'felt messages were never passed on and communication was poor and two other people mentioned issues re the tidiness of their kitchens. It was not clear whether any action had been taken as a result of these concerns. Comments about regular carers said they 'were excellent' whereas the replacements were 'fair'. Again, we felt that although the service was seeking the views of people who used it they were not always responding to concerns raised that would address some of the issues identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicine administration records were not always completed properly, errors were slow to be identified and there was a lack of detail regarding the administration of prescribed creams.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider was not ensuring all appropriate checks were taking place for staff they were employing.