Mears Care Limited

Mears Care Torbay and Devon

Inspection report

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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**

Summary of findings

Overall summary

Mears Care Torbay and Devon is registered with the Care Quality Commission (CQC) to provide personal care to people living in their own homes. It provides a service to both older and younger adults. It also provides a rapid response service to people who require care and support at short notice. At the time of this inspection the service was providing care to over 230 people and carrying out over 3500 care visits each week.

This announced comprehensive inspection took place on 31 October 2017, 9, 14, 17 and 23 November 2017 and 4 December 2017. The inspection was undertaken in response to concerns raised with us by South Devon and Torbay NHS Foundation Trust (The Trust) about the service not being able to provide care visits to people as planned. The Trust also provided us with feedback from a Healthwatch consultation with people using the service, some of whom were dissatisfied with the care and support they received. Healthwatch is an independent consumer champion for health and social care.

The service has been inspected on two previous occasions. In October 2016, the service was rated inadequate in all five key questions. We identified eight breaches of the Health and Social Care Act 2008 and associated regulations. The Care Quality Commission (CQC) took enforcement action against Mears Care Limited and imposed a condition on the provider's registration. This required the provider to send a fortnightly progress report on the areas of greatest concern and risk. The service was put in 'special measures'.

We inspected this service again in June 2017 when we found improvements had been made. No breaches of the Health and Social Care Act 2008 Regulations were identified and the service was removed from special measures. However, at our previous inspection in June 2017 the Mears Care Limited service at Torquay relocated to Mears Care Torbay and Devon. The Torquay service had an ongoing breach of regulation in relation to complying with the Mental Capacity Act 2005 (MCA) to protect the rights of people who lacked mental capacity. We therefore rated the service Requires Improvement overall as improvements were still needed to protect the rights of people who lacked the mental capacity to consent to care and treatment as well as to the service's quality monitoring systems. We rated three key questions, (is the service safe, caring and responsive?) as Good.

At this inspection we found improvements had been made. However, the overall rating of the service remains Requires Improvement. This is the second consecutive inspection where the service has been rated Requires Improvement.

Since the inspection in October 2016, the service has continued to provide CQC with the required progress reports.

The service did not have a registered manager. The registered manager who was in post at the time of the previous inspection left the service in August 2017. The providers had appointed a new manager who told us

it was their intention to apply to register with the Care Quality Commission. 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.

Prior to this inspection, we were informed by the Trust that the service had been unable to provide care to a number of people due to insufficient numbers of staff available over the October 2017 half-term week. Although the majority of these care visits were undertaken by the service, it was necessary for the Trust to provide staff to undertake 12 of these visits. The shortfall in the availability of staff to provide care visits was as a result of more staff taking annual leave than normally agreed and a number of staff reporting sick. In addition, there were other times when people's visits were late or missed.

Some people told us they had experienced late visits, while other people said staff arrived on time. Some people also reported having changes made to their care visit rota and receiving care from staff they did not know. Four relatives told us their relative was anxious when receiving care from unfamiliar staff. The review, undertaken by the Trust in response to the service failing to provide sufficient staff to undertake care visits, also indicated people were experiencing frequent changes to their planned rota of visits.

Staff said they had changes made to their rotas, sometimes at short notice and some staff said they were not provided with sufficient travel time between visits. Staff said they felt rushed but tried not to leave visits early but this meant they were frequently running late. People told us they felt the staff were rushed but that they did not feel rushed when receiving care and support.

The manager and quality assurance team told us changes have been made to the way in which staff were recruited, how annual leave was agreed and to how the rotas were planned to improve the consistency of care staff. This had resulted in an improvement in the number of late and missed visits. Data analysis from the service's computerised system was used to identify the number of visits completed on time, the number of late and missed visits and individual staff visit attendance records.

Risks to people's health, safety and welfare were assessed and staff were provided with the training they required to care for people safely. Medicines were managed well. People's care plans had recently been reviewed and these provided guidance for staff about people's care needs and how they should provide support. People's consent to receive care and support had been obtained, and where people had been unable to consent to their care, best interest decisions had been made to provide support. The service worked closely with health care professionals such as GP and community nurses to ensure people's health care needs were being met.

People told us they felt safe using the service. People described the care staff as "superb", "lovely" and "excellent". Staff were recruited safely and had received training in how to recognise and report abuse. Staff confirmed they were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People were supported to express their views and the service sought their feedback about the quality of the care and support they received. Where concerns were raised the service developed an improvement plan to resolve issues. Staff had been provided with training to improve the way in which complaints received by the office staff were handled. Where people had been dissatisfied with the way the service responded to their concerns, the manager and quality assurance team met with them and with the local authority to try to resolve the matter.

There was a management structure in the service which provided clear lines of responsibility and accountability. One of the service's values was to put the "customer at the heart of everything we do". The director, manager and all the staff we spoke with told us this was something the service and they as individuals strived to do. All felt there had been improvements to the service since the previous inspection and following the merger of the two offices. Regular management and staff meetings were held to ensure each was aware of the service's performance and to monitor the effectiveness of the changes put in place to improve people's experiences.

We identified one breach of the Health and Social Care Regulations (Regulated Activities) 2014 and made one recommendation for improvement.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

At times insufficient staff were available to provide care visits to people. Not enough travel time was provided between some visits to ensure people received their visits on time.

Risks to people's health, safety and welfare were assessed and actions taken to reduce them.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People received their medicines in a safe way.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice. People's rights to consent and agree to receive care and support were protected.

People were cared for by staff who received the training and supervision necessary for their role.

People were supported to eat and drink enough to maintain their health.

Staff recognised changes in people's health needs, reported concerns and involved professionals where necessary.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People were able to express their views and be involved in decisions about their care.

Staff protected people's privacy and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that met their individual needs.

Care records were detailed, up to date and accurately reflected people's care and support needs.

People knew how to raise concerns and complaints and who to contact. Staff training in complaint management was improving how people's complaints were responded to.

Is the service well-led?

Requires Improvement

Some aspects of well led needed further improvement.

The service did not have a manager registered with CQC.

Quality monitoring systems identified the service's performance, including where the service was working well and where improvements were still required.

Improved management structures benefitted people and staff in the planning of care visits. Staff were well supported.

Mears Care Torbay and Devon

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 was 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 announced inspection took place over a six day period: 31 October 2017, 9, 14, 17 and 23 November 2017 and 4 December 2017. We gave the service 24hours' notice of the inspection site visit to ensure we were able to speak with a member of the management team. Three adult social care inspectors and two experts by experience were involved in the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 31 October 2017 and ended on 4 December 2017. It included reviewing the service's systems for assessing staffing levels and care visit planning; how the service recruited, trained and supervised staff; how the service supported people with their medicines; how complaints were managed, as well as the quality monitoring and improvement processes, including audits, spot checks and monthly reports.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We looked at four staff files, which included the recruitment records for new staff. We visited five people in their own homes and reviewed their risk assessments and care plans, as well as those for a further 10 people. We spoke with a director of Mears Care Limited, the service's manager, three members of the quality assurance team, a member of the staff training team, three office staff, 10 care staff and five relatives. The experts by experience contacted 34 people by telephone to ask them their views about the care and support

they received from the service. We attended a safeguarding meeting organised by the Trust and received a copy of the report following their consultation in November and December 2017 with 158 people supported by the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in June 2017 we rated this key question as 'good' as we found significant improvements had been made since the service was rated inadequate in October 2016.

Prior to this inspection, we were informed by South Devon and Torbay NHS Foundation Trust (The Trust) that the service was unable to provide care to a number of people due to insufficient numbers of staff available over the October half-term week. Although the majority of these care visits were undertaken by the service, it was necessary for the Trust to provide staff to undertake 12 of these visits. In addition, there were 12 visits the service was unable to undertake over the August 2017 bank holiday weekend, where the Trust had to provide care staff.

We reviewed how the service assessed its staffing requirements. Each person had an assessment of their care needs which identified the number of staff and frequency of visits required to ensure their needs. This information was entered into the service's computer system which automatically allocated staff to meet the visit requirements. Visiting officers had the responsibility to oversee the management of the care for 15 people and their staff teams over certain geographical areas. The visiting officers monitored each person's plan of visits to cover any gaps due to staff sickness or annual leave. The visiting officers were also responsible for managing staff annual leave. The computerised system allowed the visiting officers and the senior managers to review in real time whether people were receiving their visits at the planned time. A large screen in the office indicated which visits were being provided on time and which were running late as this identified the time staff logged into and out of each person's home. GPS trackers on staff phones indicated their position and the office staff could monitor where they were at any time.

However, the manager and director acknowledged that the system had not worked effectively to prevent the shortfall in staff over the August 2017 bank holiday weekend and the October 2017 half term week. They told us the missed visits which had to be undertaken by the Trust "should not have happened". The manager said there were sufficient numbers of staff employed at the service to meet their obligations. However, they explained that over the two periods of time when people experienced missed or late visits, staff annual leave levels were higher than usually permitted and a number of staff had reported sick. This had left the service without enough staff to cover the care visits. The reports sent to us by the service for the weeks commencing 16 and 23 October 2017, showed 186 visits of the approximate 7000 visits over the two-week period were late: visits ranged from 15 minutes to just over an hour late. In addition to the 12 visits undertaken by the Trust, three people had missed visits with their family member agreeing to provide care. The service had also reported to us that during the week commencing 23 October 2017, two people who required the support of two members of staff to assist them with their personal care had only received support from one member of staff.

The reports also indicated there were other times when people's visits were late or missed. For example, for the week commencing 2 October 2017 there were three missed visits and 14 visits over an hour late. For the week commencing 9 October 2017, four visits were missed and 13 visits were over an hour late. Missed and late visits had resulted in people waiting to receive support with their personal care and toileting needs,

waiting to have drinks and meals prepared for them and receiving their medication late. Some people told Healthwatch and the Trust they had missed meals and had been sat in wet clothing. However no-one we spoke with told us they had experienced issues such as these. The review undertaken by the Trust concluded that due to some people receiving additional support from family and friends, no-one had come to harm as a result of these late visits.

Failure to deploy sufficient staff to meet people's care and treatment needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations
2014.

We received a mixed response from the people when we asked them if they had experienced late visits. Some people reported they had, while others said not. One person said, "Only one carer is ever on time. This upsets me and gets me agitated. They do not tell me if they're going to be late." Another person said, "They [the staff] are late at least three times a week, although they do always apologise." Other people said, "They are often spot on time, I am very pleased with their punctuality" and "They are very regular for me." No-one reported having had a missed visit. Some people told us they were informed by the office or staff member if the visit was going to be late, but others said they were not notified.

People told us they were provided with a rota to show which members of staff were visiting them each day. Some people said they had a regular team of care staff while others experienced changes to their staff team. One person said, "We always have the same carer. We've never had to complain" but other people said the rotas were frequently changed without notice. One person told us their rota was changed "almost every day" and often they had support from staff who did not know them. Other comments included, "I get my rota each week, but there's hardly ever any names on it; it just says 'relief' so I never know who's coming" and "Nine times out of ten, the name on the rota is different to who turns up." Four relatives told us their relative was anxious when receiving care from staff they did not know. One said their relative did not eat well when being assisted by unfamiliar staff and three said their relatives were reluctant to receive assistance with personal care from staff they did not know. The review undertaken by the Trust also indicated people were experiencing frequent changes to their planned rota of visits. We discussed this with the quality assurance team who said that although the serviced aimed to provide people with a consistent staff team there were times, to cover sickness and annual leave, or other priorities, when care staff needed to be changed at short notice.

Some staff told us they had concerns over how they were notified of the care visits they were to undertake, while others said they had seen an improvement with their rotas to ensure they visited people regularly. One member of staff said, "I like my job. I don't have a problem that I can think of. I have regular clients and enough travel time." Some staff said that when changes were made to their rota, they were given little notice of this. One member of staff said their rota was changed "everyday" and another said, "every week". Two members of staff told us they frequently were asked to provide care to people they didn't know. Staff also said they were not provided with sufficient travel time between visits. For example, one member of staff told us they had no travel time between two visits they had undertaken the morning we spoke with them. Another said they had been provided with five minutes travel time for a 13minute journey. Staff said they felt rushed but tried not to leave visits early but this meant they were frequently running late. People told us they felt the staff were rushed as they were often given extra visits. Some people said the staff left earlier than planned but others told us the staff stayed the length of time they should. One person said, "The staff are rushed because they get given extra visits, but I never feel like I'm being rushed." A relative told us that if more time was needed to complete their relative's care the staff always stayed to do this.

We recommend the service reviews its rota planning to improve further the consistency with care giving and

allow sufficient travel time between care visits.

The manager and staff recruitment team told us changes had been made to staff contracts and to how annual leave was agreed. This had reduced the number of staff with zero hour contracts and ensured staff annual leave was managed better to prevent too many staff taking leave at any one time. In addition, staff had time allocated on their rota to be on 'stand by' which meant they would be available at short notice to cover other staff who were running late or who were sick. We saw evidence of these 'stand by' shifts including those arranged to cover the Christmas and New Year periods. The quality assurance team confirmed the computerised visit planning system was in the process of being upgraded to automatically include travel time between visits. The manager told us this had reduced the likelihood of people having missed or late visits. The report submitted to CQC for the two week period commencing 13 November 2017, showed there had been an improvement since October 2017. The service had no missed visits and four visits were either just under or just over one hour late.

People told us they felt safe when supported by care staff who knew them well: people were less confident with staff unfamiliar to them. One person said the unfamiliar staff were "lost and don't know what to do". Another person said, "They [the staff] give me confidence. I can rely on them – I feel secure and safe" and another said, "I always feel safe with the carers." One relative told us they felt their relation and their property were safe with their regular care staff. They told us they felt able to leave their relative with the staff to go out. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the manager and senior staff within the service would respond and take action should they raise any concerns.

Risks to people's health and safety had been assessed prior to them receiving a service and risks were regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as trip hazards and the safety of kitchen equipment. Staff were provided with clear guidance about how to support people to minimise risks to their safety. For example, for one person who required the use of equipment to support their mobility, staff were guided to ensure the person wore appropriate footwear, how to position the person's chair and equipment and how to ensure the person was sat comfortably supported with pillows. During the inspection, we observed staff use a hoist to support another person. This was done safely with staff explaining to the person what they were doing. The staff made sure the person was sitting in an upright position with correctly positioned limbs and was comfortable. A relative told us they were very pleased in the way in which the staff cared for their relative who was prone to skin breakdown due to frail health and immobility. They said staff always checked the air mattress was on the correct setting and changed their relative's position with care. They said, "They [the staff] are looking after her skin well."

Some people required the use of a key safe to enable staff to access their home. The access code to the safe was held securely in the service's office and only provided to staff on their secure mobile phones. Care plans guided staff to ensure the doors were locked upon leaving and the key returned to the safe. However, one person told us their front door had been left unlocked overnight. The quality assurance team once alerted to this, had reviewed how this had occurred and taken action to reduce the risk of a reoccurrence. The staff supported some people with shopping and, as such, had access to their money. Records of all expenditure, with receipts, were maintained. These records were routinely checked by the visiting officers and the quality assurance team and we saw evidence of these checks. People told us the staff were very careful with their money and were thorough when identifying how much money they had been given, how much had been spent and how much change was required. One person said, "I can trust my carers with anything."

The service supported some people with their medicines. Records showed staff had been provided with training and had their competency assessed to ensure they followed safe administration practices. People told us they were happy with the support they received. One person said, "If it wasn't for them, I'd be in a mess [with medicines]." A relative of a person with a chronic health condition said the care staff always asked their relative if they required pain relief. Each member of staff was responsible for checking the medicine administration records were fully completed. Each month the quality assurance team reviewed 20% of all medicines administration records to ensure they had been accurately completed with no gaps in the recordings. They ensured that each person had their medicine records reviewed every 6months. Where medicine errors had occurred, the quality assurance team used 'reflective practice' with the member of staff to identify how the error had come about and to look at how to prevent the situation from happening again. If necessary, the staff member would be provided with further training, undergo further competency assessments and have their practice reviewed until the service was confident the staff member's practice was safe.

At our previous inspection in June 2017, we found staff recruitment practices were safe. At this inspection we found staff continued to be safely recruited. We looked at the recruitment files for four staff, including recently recruited staff. All four files included the necessary pre-employment checks including proof of identify, previous employment history and references and a disclosure and barring service (police) check. This helped reduce the risk of the service employing staff who might be unsuitable to work with people requiring care and support.

People were protected from the risk of cross infection. Staff were provided with gloves and aprons and they told us these were available from the office. Each person's care records reminded staff to use protective clothing when supporting people with their personal care and when giving medicines. Records showed staff were provided with infection control training and the spot checks of staff's care practices were used to ensure they followed good infection control principles.

Good

Is the service effective?

Our findings

At our previous inspection in June 2017, the Mears Care Limited service at Torquay relocated to Mears Care Torbay and Devon. The Torbay service had an on-going breach of regulation in relation to complying with the Mental Capacity Act 2005 (MCA) to protect the rights of people who lacked the mental capacity to consent to receive support. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At this inspection we found improvements had been made. Care plans were signed by people and showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Three of the 39 people we visited or spoke with told us they felt the staff were not fully trained before providing care. One person told us, "I don't feel they're trained to do their job properly" and another said the staff did not have an understanding of the needs of people living with dementia. However, other people told us they felt the staff were well trained. One person said, "They seem to be well trained and know what they are doing." We spoke with staff about the training they had been provided with. They told us they received the training and support they required to undertake their role. They said the training was "very good" and they confirmed that healthcare professionals, such as the community nurses, provided specific training relating to people's individual needs. The service was supported by the provider's training department which ensured training was provided in line with current best practice. From our discussions with people and staff, and reviewing the training provided for staff, we found there were good training systems in place and staff demonstrated they had the knowledge and skills necessary for their role.

Staff new to the service underwent a comprehensive induction training programme, which included a numeracy and literacy assessment. Where necessary the service supported staff to attend a local college to improve their skills. The induction programme was used as an assessment of the staff member's suitability to work in care. The training manager told us that if a member of staff didn't demonstrate the right values or skills necessary to provide care to people, they did not pass the induction and their employment would not continue. The induction training was aligned with the standards in the Care Certificate. The Care Certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Following the induction, staff were provided with a minimum of three 'shadow' shifts where they worked alongside experienced members of staff. One staff member told us their induction experience had been "very good". However, another member of staff said they felt they required more time to shadow experienced staff. The quality assurance team told us staff could have as many shadow shifts as they needed before carrying out care visits unsupervised: they said one member of staff had been provided with 10 shadow shifts. Records showed that new staff received at least six supervision sessions with a visiting officer throughout their 12 week probationary period. These included direct observation of the staff member while providing care, administering medicines and completing records.

Once the induction training was complete, the visiting officers were responsible for ensuring their staff team received regular training updates. The service's computerised system identified when training updates were due and there was an ongoing programme of training to ensure staff remained up to date. We reviewed the training records and saw that staff had received training when it was due and future training dates had been arranged. Should a member of staff not receive an update in certain health and safety topics, such as moving and transferring people using equipment, the computer system would not allow them to be included in the rota for people with those needs. All staff were supported to continue with their personal development should they wish to do so. Many staff were working towards diplomas in health and social care. Administrative staff were supported to take diplomas in business administration. Staff told us they had regular supervisions with their line managers and received spot checks to monitor their performance when caring for people. Staff files held records of the supervisions and observations. Staff were able to provide feedback about their role and identify any training needs or areas of interest they would like more information about. People's feedback about staff competence was reviewed at the regular spot checks undertaken to monitor staff performance. Records showed that issues of poor performance or further training requirements were addressed through staff supervision.

The service supported people to prepare and eat their meals. People's care plans included information about their food preference. For example, one person's care plan said they liked "Cereals and toast with a thin scraping of butter, no crusts." Any special diets or precautions, such as food and drink consistency for people with swallowing difficulties, were clearly identified. Where necessary, the service had sought advice from GPs and dieticians to ensure people received sufficient nutrition. One relative told us how well the staff supported their relative to eat and drink. They said staff were patient and talked pleasantly with the person while they ate. The relative said there had been a significant improvement in their relative's well-being since the staff had been supporting them. Records showed staff recorded how much this person had to eat and drink at each visit. This enabled the person's relative and the community nurses to monitor their well-being.

Most people who used the service, or their relatives, were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know and records showed staff had done this for a number of people. A relative told us the staff were observant for changes in their relative's health as they were prone to infections. They said the staff reported any concerns directly to the person's GP which meant the person received prompt treatment. The service worked in consultation with other health care professionals such as the community nurses and occupational therapists. One person had recently been reviewed by an occupational therapist to ensure the staff had the right equipment to care for them safely and for the person to be able to sit in comfort.

Good

Is the service caring?

Our findings

At our previous inspection in June 2017, people and relatives gave us positive feedback about the service. At this inspection we found people remained satisfied with the care and support they received. During their review the Trust also received positive feedback from people about the care and support they received from the care staff.

People described the care staff as "superb", "lovely" and "excellent". One person said, "They are all fine folk. I give them five stars." People and relatives told us they had developed positive, caring relationships with their regular staff. One person said, "My carer is excellent and we have a joke and a laugh. I feel very grateful" and another said, "I get on so well with them all." A relative told us, "They help get my husband up, showered and shaved. They have a good rapport with him, they maintain his dignity."

People also told us about small acts of kindness from staff that meant a lot to them. One person said their care worker was coming to see them in their own time to help them write and post their Christmas cards. Another person said the staff always made sure they had milk and they loosened jar tops so they could open them. People told us the staff always asked them if there was anything they needed and if they were comfortable before leaving. Staff told us they enjoyed their role and were passionate about achieving high quality care for each person. One member of staff said, "The clients come first" and another said, "I love my job."

People were supported to express their views and to be involved in planning their care. Care plans were written in consultation with people, and their relatives where necessary, and we saw people had signed and agreed their plans. One relative said the staff always listened to their relative to ensure care was provided as they wished. They said, "They always listen to him and what he wants. They're all great, very patient." One person told us, "They [the staff] encourage me to be as independent as possible." Another person told the Trust the staff allowed them to what they could for themselves.

People told us their privacy and dignity was protected when receiving care. People said, "I'm very happy with the care. The staff always show dignity when helping me" and a relative told us, "The staff respect his privacy and he never feels rushed". However, one person told us they felt embarrassed when staff they were unfamiliar with supported them with their personal care. We discussed this with the quality assurance team, who showed us how, through the development of small care teams in planned geographical areas, and pre-populated rotas with regular care staff, they were trying to reduce the number of unfamiliar staff involved in people's care. The computerised system also identified people's preferences with regard to the gender of staff providing their care. Only staff of the person's preferred gender were included in their rota. However, over the October 2017 half-term week, it was recognised that due to the staff shortages, some people had been offered support from male care staff. The director confirmed male staff would only be sent to people whose preferred choice was female care staff in critical circumstances.

The service was able to care for people at the end of their lives. People's preferences and choices about how they wished to be cared for at this time were discussed with them and their families, where appropriate, and

recorded in their care plans. The service had obtained specialist support from the local hospice and worked with people's GPs and the community nurses to ensure people were supported to have a comfortable, dignified and pain free death. Following the inspection, the quality assurance team provided us with copies of two 'thank you' cards recently received by the service from family members whose relative had been cared for at the end of their lives. The staff were praised for their "love and devotion" and "professionalism". Staff were described as a credit to the service.

Good

Is the service responsive?

Our findings

People continued to receive care that was responsive to their needs. People told us they were happy with the care and support they received. One person said, "They do things the way I like" and "I'm happy with the care." Another person said, "They always make sure I'm alright and always ask if there's anything I need before they go." A relative told us, "They do everything we need them to do." Another relative told us the consistency of the care staff visiting their relative had improved recently: they said, "This is great now."

Each person had a care plan describing their care needs and how staff should provide support. Staff were provided with important information about people's past social and family history, their hobbies and interests and their medical history. Plans described people's care and support needs in relation to each visit. For example, one person's plan provided staff with step-by-step guidance about how to support them their personal care, their mobility, meal preparation and medicines. It included, "I have a weakened right arm so please dress my right arm first" and "Please leave my wheeled trolley to the left of my recliner chair ensuring my glasses, my phone and remote controls are to hand. Please ensure my lifeline is on." Another person's care plan stated, "Please be aware that I do not like water splashed on my face" and "[name of person] doesn't like flannels of a cool temperature."

Visiting officers had the responsibility to review each person's care needs and develop a care plan. They also undertook regular six-monthly reviews, or sooner if people's needs changed, to ensure the care plans accurately described people's care needs and how they wished to be supported. People told us they were aware of their care plans and been involved in the reviews.

We received mixed reviews when we asked people about whether they had made a complaint or raised any concerns about the service. Some people told us they felt listened to and issues were responded to quickly and to their satisfaction, while others said they were dissatisfied with the response they had received. One person said, "If there is anything I'm not happy with, they change it." Another person reported to Healthwatch they had made repeated requests for improved communication from the staff team but this was not happening. They said it was important they knew what time the staff would be visiting to enable them to take pain relieving medicine prior to the visits. Records showed that although the person had received contact from the quality assurance team to resolve the issue, there were times when they were still not receiving this information. The quality assurance team told us they were reviewing why this lack of communication was happening and the steps they were taking to resolve this. The manager also described how they and members of the quality assurance team had met with people who were dissatisfied with the service and confirmed they were also in consultation with the Trust to resolve concerns.

The records relating to complaints identified the majority of these were about people not being told of changes to their care staff and late visits. For example, during October the number of people contacted about changes to their rotas reduced significantly and this corresponded to an increase in the number of complaints received. We asked the quality assurance team to explain why this had occurred. They said the office staff responsible for contacting care staff to arrange cover for sickness, were the same staff taking calls from and making calls to people about changes to their rotas. This meant they were unable to efficiently

arrange cover and notify people. Since October 2017, changes have been made to this process. Staff were now allocated to either contact staff or to make and receive calls from people. The quality assurance team monitored these calls every day to ensure as many people as possible were told of changes. Records were kept each day of who needed to be called and whether they had been called. Where it was not possible to call a person, an explanation was provided.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in June 2017, we rated this key question as 'requires improvement' as the service's quality monitoring systems required further improvement. At this inspection we found that although improvements had been made, further improvements were required to ensure people received their care visits as planned. The condition placed upon the service's registration at the inspection in October 2016 to provide CQC with progress reports remains in place. The service has provided reports every two weeks to enable them and us to assess the service's performance and mitigate risks.

One of the service's values was to put the "customer at the heart of everything we do". The director, manager and all the staff we spoke with told us this was something the service and they as individuals strived to do. All felt there had been improvements to the service since the previous inspection and following the merger of the two offices. However, we found the systems used to plan care visits and manage staff availability had not been effective in preventing people from receiving late or missed calls.

The service did not have a registered manager which it is required to do so under the conditions of their registration with CQC. The manager, appointed since the previous inspection, told us it was their intention to apply to register with CQC.

There was a management structure in the service which provided clear lines of responsibility and accountability. The manager was supported by a team of senior staff with specific management responsibilities: reviewing people's care needs; quality monitoring, including complaints management; visit planning; staff recruitment and training, and staff performance reviews, supervision and appraisal. Data analysis from the service's computerised system was used to identify themes such as the number of visits completed on time, the number of late and missed visits and individual staff visit attendance records. Regular meetings were held with management team to ensure each was aware of the service's performance and to monitor the effectiveness of the changes put in place to improve people's experiences. The management and quality assurance team also met regularly with the representatives of the local authorities who commission care and support for people to report on the service's performance.

Prior to the inspection and during our visits and phone calls to people, some concerns were raised over the attitude of the office staff. One relative described the organisation of the service as "dreadful". However, other people told us they felt the response they received from the office staff had improved recently. One person said the office staff were "kind and polite" and named two members of staff who were particularly thoughtful. Another person described their recent contact with the office as, "It was as if mine was the call they were waiting to receive."

The quality monitoring team told us that all telephone calls in and out of the office were recorded. When complaints were made about the response people received when contacting the office, the quality assurance team listened to these recordings. If they felt there was poor performance by the staff, they would invite the staff member to listen to the recording and identify through reflective practice where improvements could be made to how the staff member had dealt with the call. The director reported that

staff had received customer service training in November 2017. This included "Making a positive difference" training for staff to reflect upon people's experiences and how best they would respond in future.

The manager and quality assurance team said the changes implemented with how staff made and received calls into the office had improved the communication between the office staff and people receiving a service. In addition, any changes made to a staff member's rota within 24hours of a visit, was now communicated to the staff member directly by telephone, not by text message or by changing the staff member's electronic rota. This meant the office staff had confirmed the arrangements and were confident the visit would take place. This had reduced the number of late and missed visits.

The manager had held a staff meeting in November 2017 inviting all staff to discuss the changes being made to support them in their work and to improve people's experiences. One member of staff told us there has been a "big improvement in the management systems" and they thought the service was, "Now in the right place to do the right things for people." Another member of staff said, there was a "noticeable change in the focus and function [of the service]" and "things are improving".

Staff met monthly with their care team and line manager, the visiting officer. They said these meetings provided regular opportunities for staff to identify and discuss people's care needs, address their learning needs and receive feedback on their work.

The service used a number of methods to seek feedback about the service. People were invited through the spot checks used to monitor staff performance and care plan reviews to discus issues with the visiting officers. People and staff also received an annual questionnaire to report back their views, anonymously if wished. The results of these questionnaires were summarised and an action plan had been developed to address areas for improvement. Although the results of the most recent questionnaires sent to people in April 2017, showed improvements were required to visit planning and inconsistencies with care staff, people reported a high level of satisfaction with the quality of the care provided. People described the care their received and the staff as "very good" and "outstanding". One person said, "I am very satisfied with your service. The carers are wonderful."

The results of the questionnaire sent to staff in June 2017, showed improvements were required to the rota planning but showed a high level of satisfaction with the support and training they received. Staff described the service as having "strong values" and a "commitment to improve". One member of staff said, "I have all the information I need" and another said the service was a "good company".

The service had a business continuity plan in place. This highlighted events that might cause disruption to the service and outlined actions staff should take in response such as prioritising visits to those most in need and negotiating with family members to care for others. The service had undertaken a risk assessment of which people were most dependent on care visits for their safety and wellbeing. This meant the service could prioritise providing care to those people in the event of staff sickness, bad weather or other emergencies. The quality assurance team told us the continuity plan was also followed for periods when the service suffered staff shortages.

The manager and quality assurance team had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient staff available to meet people's care needs.