

Mears Care Limited

# Mears Care Limited – Middlesbrough

## Inspection report

Suite 6, Cargo Fleet Offices  
Middlesbrough Road  
Middlesbrough  
Cleveland  
TS6 6XH

Tel: 01642233060

Website: [www.mearsgroup.co.uk](http://www.mearsgroup.co.uk)

Date of inspection visit:

22 December 2015

23 December 2015

Date of publication:

13 April 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We inspected Mears Care Limited Middlesbrough on 22 and 23 December 2015. This was an announced inspection. We informed the registered provider at short notice we would be visiting to inspect. We did this because we wanted the registered manager to be present at the service on the day of the inspection to provide us with the information we needed.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to children, younger adults, older people, people living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health conditions, people with sensory impairments or physical disabilities and people who misuse drugs and alcohol.

The service had a registered manager. 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.

Systems to manage people's medicines was not robust. The service was not effectively ensuring that staff had the correct information to administer the correct dose for people in the correct way. Each person's individual circumstances in relation to medications were not assessed, the risks were not highlighted and therefore plans were not in place to mitigate those risks.

The service was not using the Mental Capacity Act (MCA) 2005 during assessment and care planning to evidence consent or best interest decisions being made on behalf of people.

Staff at the service worked with other healthcare professionals to support the people. Staff worked and communicated with social workers, occupational therapists, hospital staff as part of the assessment and on-going reviews. However the detail of people's health conditions and how staff should manage them, particularly in relation to an emergency was not recorded in people's care plans.

Staff told us that the registered manager was supportive. Most staff had received regular and recent supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Most staff had received an annual appraisal. The registered manager had a plan to ensure all of these were up to date in January 2016.

The majority of staff training were up to date. Staff told us they had received training which had provided them with the knowledge and skills to provide care and support. Outstanding training had been arranged for January 2016 to ensure that all staff were up to date.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. There was evidence that

people and their families were involved in the process.

There were enough staff employed to provide support and ensure that people's needs were met. People told us staff were reliable and that the office communicated well with them when staff may be late to their call.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Prior to the commencement of the service staff from the service completed environmental risk assessments of the person's home. Safety checks looked at the gas and electricity points, equipment to be used and general environment checking for clutter and falls risks. This meant that the registered provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. The risk assessments and care plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as mobility and falls. This meant that staff had the written guidance they needed to help people to remain safe.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

People and relatives told us that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People were provided with their choice of food and drinks which helped to ensure that their nutritional needs were met.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

## 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.

Systems that were in place for the management and administration of medicines were not robust in ensuring safety for people.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

The service was not using the Mental Capacity Act 2005 during assessment and care planning to evidence consent or best interest decisions being made on behalf of people.

People were supported to maintain good health and had access to healthcare professionals and services, but the information needed to ensure staff understood people's health was not always in people's care plans. Staff encouraged and supported people to have meals of their choice.

Most training was up to date for staff and they valued the training they had received. Most staff had received supervision and an annual appraisal.

### Is the service caring?

**Good** ●

This service was caring.

People told us that they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were in place. Care plans contained person centred information about how people preferred to be care for.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

### Is the service well-led?

Good ●

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. The service had an open, inclusive and positive culture.

# Mears Care Limited – Middlesbrough

## **Detailed findings**

### Background to this inspection

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

We inspected Mears Care Limited Middlesbrough on 22 and 23 December 2015. This was an announced inspection. We gave the registered provider short notice we would be visiting.

The inspection team consisted of one adult social care inspector one, expert by experience that had experience of domiciliary care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and relatives to find out their views on the care and service they received. The inspection team also consisted of one specialist professional advisor (SPA). A SPA is someone who has specialist knowledge about this type of care service.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 225 people who used the service.

During the inspection we spoke with 24 people who used the service or their family members / representatives. We also visited four people in their home. We spoke with the registered manager, one care coordinator and nine care staff. We contacted the local authority to find out their views of the service. We looked at seven people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the

management of the service and a variety of policies and procedures developed and implemented by the registered provider.

# Is the service safe?

## Our findings

We looked at the system in place for managing people's medicines safely. We saw people received their medicines in a variety of ways, some were in the original boxes or bottles and others in blister packs, all came from the pharmacist. We saw the contact staff members had with medicines for people depended on each person's individual circumstances. For example in some cases the staff were the only people accessing the medicines, in other cases family members and friends also supported the person fully or alongside staff.

The assessment of people's needs around medications did not record the complex arrangements some people had in place. The risk assessment and care plan also did not plan each person's arrangements and support with medicines effectively. For example, one person's representative we spoke with explained they took stocks of medicines for when they were supporting the person at their home, this was not reflected in the care plan or risk assessment. Therefore there wasn't any control measures in place to mitigate risk. We told the registered manager about this and they were unaware of these circumstances. However staff on site were aware and arrangements were not planned for safely.

We looked at the medication administration record (MAR) in use. It was a new document that had started to be used on the 1 December 2015. We were told by the registered manager staff in the person's home were responsible for completing the MAR chart on the first day of each month. The MAR charts we saw when we visited people's homes were incorrectly completed for example; staff had not always copied the pharmacy label, but written what they had known the prescribed amount had changed to and there was no confirmation from the GP of these changes. Stocks of tablets we saw in one case were from May 2015 and the label was not the prescription to be used anymore.

The MAR charts also contained errors where staff had not recorded accurately the medicines they had administered because we found gaps on the record.

The service did not have 'as and when required' (PRN) protocols in people's care plans. PRN protocols are used to tell staff when to administer people medicines for particular symptoms 'as and when required'. There was no topical creams administration record to explain to staff where to administer the medicine on a person's body and for what symptoms.

As part of the inspection process we spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised care staff were reliable.

We spoke with the registered manager about the system of managing medicines and they told us a review of the system would be completed. The registered manager has informed us since the inspection a team of staff members will be recruited with additional training will be focusing on ensuring that people receive their medicine safely.

The system in place to ensure people received their medicines safely was not robust or effective.



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

All of the people we spoke with felt they, and their possessions were safe when care workers were in their home. One person said "I trust them (care workers) implicitly." Another person said "The carers are more like my family than professional carers. They are always welcome in my home." A family member said "I'm partially sighted so I have to trust people in my house and I absolutely trust the carers."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults. They told us the training had provided them with the information they needed to understand the safeguarding processes that were relevant to them. Records confirmed staff had received training in this area.

People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. We found the service had safeguarding and whistle blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

We observed one of the senior care staff supporting and advising a vulnerable person who was at risk of being taken advantage of by members of the public financially in a professional way.

We saw written evidence the registered manager had notified the local authority and CQC of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

The registered manager told us the service was generally provided from 07:00am until 11:00pm. However overnight care was also available to support people. This meant some staff visited people at their home when the office had closed. The registered manager told us how senior staff were on call to provide support to staff. This showed the registered provider took steps to ensure the safety of people who used the service and staff.

People we spoke with told us there was enough staff to cover their calls, including the 'doubles' and calls were not rushed. One family member said "I think the carers do a great job because they never rush [name of person] even when they're running over time." People told us their calls were rarely late and there was a good reason if they were late and the office would call to tell them if it was going to be very late. One person said "It's a really dependable and reliable service and I am so grateful for that." We looked at a sample of four people's rota and the corresponding staff rota. We could see people had consistent staff teams supporting them. The staff did have gaps in their rota to account for travel time, however the amount of time allotted was not enough to ensure staff were not late for people's calls. The registered manager said the run of calls was thought about to ensure everyone received the amount of time they should. Staff told us it was hard at times to get from one person to another on time. The registered manager told us they work with the care coordinators all of the time to improve how to plan rota's effectively. The registered manager told us and also showed us records of how any missed calls were dealt with to ensure the person was safe and that the root cause was investigated to prevent a reoccurrence. Since the inspection the registered manager has told us about a new computer programme that will be implemented which ensures travel time is accounted for more robustly in between calls.

We were shown records which showed prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. Visual checks were carried out on gas and electrical appliances to make sure they were safe for use. Other checks included checking the lighting and finding out if the person smoked and checking for clutter which could pose to be a fire or falls risk. The registered manager told us equipment such as hoists would be checked to ensure they had been serviced and were fit for use. This meant that the registered provider took steps to ensure the safety of people and staff.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as falls and mobility. Care records also described how to keep people safe for example a system of how to manage a person finances safely was described in one person's plan. Other records detailed how to help ensure the safety of a person when staff left them for example how to evacuate a person safely in the event of a fire, taking into account their mobility needs. This meant staff were provided with the information needed to keep people safe.

During the inspection we looked at the records of four newly recruited staff to check that the services recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

References had been obtained and where possible one of which was from the last employer. The registered manager told us any gaps in potential staff's employment history were discussed at interview to determine their suitability to work in the service. This meant that the registered provider followed safe recruitment procedures.

We asked the registered manager what staff would do in the event of an emergency. We saw the business continuity plan dated June 2015 which included all the relevant contacts the on-call staff member would need in an emergency. Also how to support other emergencies such as loss of power, severe weather and staffing crisis. The plan included plans to work with the local authority and other agencies to manage crisis situations. This plan ensured staff would have the correct guidance and support to keep people safe.



## Is the service effective?

### Our findings

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

The registered manager told us that they assume people who used the service have capacity unless they are told otherwise. The registered manager told us if they had any concerns in relation to a person they would inform the person's social worker or health care professional. We were told that where necessary other professionals involved in their care would undertake assessments in relation to mental capacity. However we saw that people who were known not to have capacity did not have relevant MCA or best interest decisions documented in their care records. For example; one person was supported to take medications and they did not have the capacity to understand what they were for. Another person was restrained whilst moving and handling them using a hoist and potentially did not understand the process and what it was being used for. We spoke with the registered manager about MCA and evidencing consent. They told us that they would be looking into how they can include MCA into assessment and the care plan process.

Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. The training chart informed that staff were currently trained in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The service was not using the MCA during their assessment and care plan process to evidence consent.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff we spoke with during the inspection told us they worked with other healthcare professionals to support people. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and ongoing care. However we saw that where people were living with complex health diagnosis that specific care plans and protocols had not been put in place. For example a person diagnosed with diabetes and another with epilepsy did not have plans in place to guide staff in how to manage their conditions or deal with emergencies. In one person's care records we saw that in the care plan the person was highlighted as a diet controlled diabetic and in the health assessment it read the person was an insulin dependent diabetic. This meant that staff were not being provided with the best information to support people with their health needs effectively and keep them safe.

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

Staff spoke with during the inspection told us that they felt well supported and that they had received regular supervision. Staff told us supervision was valuable. The registered manager told us that staff should receive two onsite observations, two supervisions and one appraisal in each 12 month period. We looked at the records which showed 11 staff out of 53 had not received supervision in the past three months and three out of 53 people had not had an onsite observation in over 6 months. Also four people out of the 21 who should have received an annual appraisal in 2015 had not received one. The supervision and appraisal of staff not being up to date had been noted on the local authority monitoring visits also. The registered manager had a plan in place to ensure supervision and appraisal was brought up to date for staff members.

The registered manager showed us staff training information which detailed training that staff had undertaken. The training matrix told us that training was mostly up to date for staff. The registered manager told us that further training dates had been booked for the beginning of 2016 so that all staff can be brought up to date with their training.

We saw that staff had also completed specialist training to help them understand how to support people with more complex or specialist needs. Topics included end of life care, stroke, pressure care and dementia.

Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job. One staff member told us about their induction. They said, "it was good it answered a lot of questions for me."

People we spoke with thought the staff providing the care were well trained. A few people thought that the younger or less experienced staff needed more training. The registered manager discussed the induction process with us and explained that new staff initially shadow a more experienced staff until they feel confident. The seniors and coordinators seek feedback on their progress as well as visiting to observe their competence. The registered manager was confident that everyone who was on the rota working alone was confident. Staff confirmed this process, on staff member said "Induction was very useful, but you don't learn until you are doing it. I started with shadowing on two to one calls with colleagues and all of my colleagues were good." This helped to ensure that people were supported by skilled and experienced staff. People we spoke with told us they thought the staff members understood what their care needs were.

The service provided support to people at meal times. Those people who were able were encouraged to be independent in meal preparation. Staff encouraged and supported people to have meals of their choice. One person said, "My favourite meal is sausage and chips and the carers make me that when I fancy it." Another person said "I look forward to my shopping trip because staff let me go at my own pace and they make suggestions about what I could buy to eat." Someone else said "staff help me have good meals, my friend does the list, staff do my shopping as well." People told us that in some cases the meal calls were only 15 minutes and staff have time to prepare as simple a meal or sandwich. The registered manager and staff told us they support people to monitor their weight and diet where issues have been highlighted. We saw evidence of this in people's records.

## Is the service caring?

### Our findings

All of the people we spoke with were very complimentary about their regular staff and their caring attitude. Comments included; "the staff are always friendly and chatty, but they still do their jobs.", "the staff are all lovely people. They have such a nice manner." And "I can't fault the carers at all – they're golden." Family members we spoke with told us "[person's name] really likes the carers and looks forward to them coming. You can see their [person's name] face light up when they [staff] are coming through the door." Another family said "The carers make the service don't they. It's not the office that counts, it's what these people do, and they do a great job."

The registered manager told us there was a person centred approach to the support and care that people received and this was evident in the way the staff spoke about people who used the service. Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us "I would always ask people what they like, show the options available. I would not like to have anything chose for me so I don't do that to people we support." This meant that people were supported to make the own choices and decisions.

The registered manager told us staff induction and training, along with policies and procedures supported values and beliefs in the dignity and welfare of people. We saw the key policies and procedures contained information on the service's values and beliefs such as; privacy; dignity and respect; equality; independence; rights; and confidentiality. It was clear from our discussions with staff that these values underpinned the work they carried out with people.

People's diversity, values and human rights were respected. Staff demonstrated to us that they knew how to protect people's privacy and dignity whilst assisting with personal care but how they also ensured that people were safe. One person who used the service told us how staff maintained their dignity and privacy, they said, "Before I had these carers I never thought I could be undressed in front of anybody, but they make it so comfortable for you."

People we spoke with during the inspection process told us how staff were supportive. One person said, "My main carer knows me better than I know myself. They have always got ideas that might help me." A family member told us "The staff do listen to me when I make suggestions about what [person's name] might need that day. We all get on very well together." Some people we spoke with thought the staff members promoted their independence because the staff did not do tasks that they could do themselves, and encouraged them to do as much for themselves as possible. One family member said "[person's name] can dress themselves a little so staff let them do as much as they can."

During one of our visits to the home of a person who used the service we saw how the staff member and person who used the service engaged in friendly banter. We saw that the staff engaged the whole family and friends in the person's life; we saw real team work from everyone to do the best for people. This included

one person being supported by staff to the local hairdresser whilst their partner who also received support had some time alone. Both people told us they appreciated it.

Care files contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

# Is the service responsive?

## Our findings

People we spoke with told us they were happy with the care that they or their family member received. Comments included; "The care we get is invaluable. I'm so grateful for everything the carers do." Another person said "My only regret is that I didn't ask for this help months ago. It's a life saver." One person was particularly pleased that the staff managed to get to their rural location even in bad weather. They said "I take my hat off to them because it's a terrible journey in the snow."

During our visit we reviewed the care records of seven people who used the service. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records also described the support needed at each of the visits. The care plan section of the records described in a person centred way how people liked to be supported. For example how the person liked to have a wash during personal care. Another person's file described how they needed the environment to be so they could sleep, which included the door being closed and the light off. People's care records had been reviewed regularly and were up to date. We saw that at times information in the assessment or risk assessment was not always transferred onto the care plan. We spoke with the registered manager who told us they will be working with the senior staff to address this issue. People and families confirmed they had been part of developing their care plans and that they were involved in their review.

We saw that the care plans in people's homes were up to date and that they matched the copy held in the office. This meant that everyone involved knew the correct care plan for people who used the service.

We were told by a person who used the service that they had been supported to move back home from a residential care home by the service. Their family and the service had worked together to support the person to feel confident and happy to move back home. They were pleased that this had been able to happen for them.

Everyone we spoke with knew how to contact the office and/or the senior staff member who is linked to their care package. People said when they contacted the office people were polite and helpful. They told us examples of how the office responded well to their needs, one example a person told us was "I live on my own and once all of my lights went out. So I rang the office just to see if they could help. They rang me back and told me it was a power cut in my street and not to worry because people were working on it. So that stopped me worrying."

The registered manager gave us the complaints received in the past 12 months. We looked at one complaint in detail and we saw that this complaint had been fully investigated. Although the registered manager had fully investigated they had not recorded the outcome fully in the complaints file. The registered manager told us they would act on this feedback in the future.

We were told that senior staff maintained regular contact with people and relatives to make sure that they were happy with their care and support. A senior staff member we spoke with told us it was rare for the issue not to be resolved locally and if people were not happy they did offer the complaints process. If any concerns were identified then these were acted upon quickly to avoid any unnecessary upset. Most people



we spoke with told us that they had never had to make a complaint, some who had raised concerns told us they had been dealt with quickly and to their satisfaction, others told us they felt concerns raised about staff they did not want being allocated to their calls had not been resolved in the first instance, but when they had brought the issue up again they had been listened to.

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for action.

We saw evidence of compliments being received by the service from families and social workers. Where the compliment was about a specific staff member we saw records of personal letters being sent to staff to say thank you.

We saw that people had been asked to provide feedback on the service they had received.

## Is the service well-led?

### Our findings

People who used the service, relatives and staff that we spoke with during the inspection spoke highly of the registered manager and registered provider. They told us that they thought the service was well led. One staff member said, "[name of registered manager] is supportive 100%." A new staff member said "I think they are a very caring and competent company and would recommend them to anyone." All of the people we spoke with said they would recommend the service to other people.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Checks were carried out on all aspects of the service. This included the checking of care plans, other care records and medicine charts.

The registered manager showed us monthly reports that had been completed which analysed the performance of the service. The report looked at issues such as training, supervisions, missed calls and health and safety. The registered manager had then produced an action plan to improve where issues were noted. The registered manager also had a tracker which ensured issues raised in relation to complaints, safeguarding and missed calls were reported, investigated and resolved. The tracker did not list lessons learnt and this was something the registered manager was keen to evidence in the future when we gave feedback to them.

The registered manager is supported by the registered provider to monitor trends in accident and incidents, which the health and safety department completes. We saw an annual health and safety audit completed by this department and the actions they recommended had been addressed.

The area manager completed checks on behalf of the registered provider. There is no specific set of standards and checks the area manager was required to audit, we were told by the registered manager they would check staff files and peoples care plans, we saw a list produced of what had been checked on one visit. The area manager receives weekly and monthly information from the registered manager and therefore they know up to date information provided to them, but, they had no formal system of audit to check quality themselves. We spoke with the registered manager about this and they told us they would speak with the registered provider to discuss how this can happen.

We spoke with the registered manager who told us there were clear lines of management and accountability and all staff who worked for the service were very clear on their role and responsibilities. Staff told us that the registered manager and other senior staff had an open door policy so that staff had access to support at all times. From discussion with staff we found that the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together.

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. One staff member told us

"I find [name of registered manager] a positive and caring person, who helps. Staff are treated well by [name of registered manager].

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that surveys were sent out to people on an annual basis to seek their views on the care and service provided. We saw records to confirm that in May 2015 questionnaires were sent out to 125 people and that 46 were returned. The survey results were positive. People thought that staff were punctual, reliable and competent. For those areas requiring improvement an action plan had been developed detailing how and when the improvements would be made.

The registered manager told us that senior staff also visited people who used the service in their own home to make sure that they were happy with the care and service they received. Telephone calls were also made to people who used the service to monitor the quality of the care and service received. One person said they remembered being called recently by the office for feedback; others remembered completing the surveys they received.

We saw the newsletter that people received who used the service. It contained contact information for them to use to contact the service. It had relevant information to help people keep safe, such as information about Cleveland fire brigades 'stay warm' campaign and advice on power cuts for people. It told people about staff charity fundraising efforts and also how people could nominate staff for care worker awards if they chose. The newsletter also told people about the survey results. This showed us the service's commitment to communicating with people and how to involve people in the running of the service.

Staff told us they were kept up to date with matters that affected them. We saw records to confirm that staff meetings took place regularly in the Middlesbrough and Darlington area. Meetings in Whitby had been less frequent as the service had just joined the branch in Middlesbrough in the past 12 months. The registered manager now had senior staff in place and had a plan to make meetings more frequent for staff. The registered manager also shared key points from these meetings (particularly for those staff who had been unable to attend the meeting) via a memo that went out to staff with their weekly rota.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people were unable to consent because they lacked capacity the service was not using the Mental capacity Act 2005 to assess and record decisions in people's best interest. Regulation 11 (1), (3) Need for Consent</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service was not ensuring proper and safe management of medicines.</p> <p>People's health needs were not recorded to ensure they had been assessed and risks to people's health and safety recorded so staff knew how to support people particularly in an emergency. Regulation 12 (1), (2) (a), (b), (g) Safe Care and Treatment</p>