Mears Care Limited

Mears Care - Nottingham

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 16 November 2016. Mears Care provides support and personal care to people living in their own homes in Nottingham City and Nottinghamshire. On the day of the inspection there were approximately 110 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that medicines were not always managed safely as staff did not always have all the information they needed and did not always keep accurate records. There were not sufficient numbers of staff available to meet people's needs, this resulted in people experiencing delays to their care.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

People had access to healthcare and people's health needs were monitored and responded to. People were supported to eat and drink enough.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. Safe recruitment practices were followed and staff were provided with regular supervision and support.

People were supported to make choices and decisions. However people's rights under the Mental Capacity Act (2005) were not always respected. People were asked for their consent by staff providing care. People were encouraged to be as independent as possible.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted and upheld. People and their families were involved in planning their care and support and most staff knew people's individual preferences.

People were supported to raise issues and complaints and however complaints were not always resolved to people's satisfaction. People could not be assured that information about changes to their support would be communicated to them effectively.

There were systems in place to monitor the quality of the service. However effective action was not always taken to resolve known issues.

People who used the service were provided with opportunities to give their views on how the service was run.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to staffing and good governance. 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 consistently safe.

People received their visits but these were not always at the specified time as there were not enough staff employed.

Medicines were not always managed safely.

People felt safe and staff understood their responsibility to protect people from the risk of abuse.

Risks in relation to people's care and support and the environment were managed effectively.

Is the service effective?

Good

The service was effective.

People were supported to make choices and decisions. However people's rights under the Mental Capacity Act (2005) were not always respected.

People were supported by staff who received training, supervision and support.

People were supported to eat and drink enough. People had access to healthcare and their health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect.

People's rights to privacy and dignity were promoted.

People were enabled to have control over their lives and were supported to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans were regularly reviewed and updated. However people did not always experience the service which was planned around their care needs due to late visits.

People did not always receive consistent support.

People and their families were involved in planning their care and support.

People were supported to raise issues and however complaints were not always effectively resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People could not be assured that information related to their support would be communicated to them effectively.

There were systems in place to monitor the quality of the service. However effective action was not always taken to resolve known issues.

People who used the service were provided with opportunities to give their views on how the service was run.

Mears Care - Nottingham

Detailed findings

Background to this inspection

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

This inspection took place on 16 November 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with ten people who used the service. We also spoke with eight members of care staff, a service coordinator and the registered manager. We looked at the care records of five people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

During our November 2015 inspection we found that people could not be assured they would receive their calls at the intended time. During this inspection we found that this was still the case.

There were still not enough staff employed to provide people with consistent and timely care and support. The people we spoke with told us that staff were late and could sometimes be, "Very late". One person told us, "They (staff) don't always come on time, it can be very late sometimes for instance today, I am still waiting, they should have been here half an hour ago. You just have to sit and wait for them to come." The staff we spoke with also felt that there were not enough staff to meet people's needs and all the staff we spoke with commented that calls were sometimes late. One member of staff told us, "Since I have been here we have always been short staffed." The provider did not have a system in place to record late calls therefore the scale of this issue was unclear.

Staff worked within small geographic teams so that they did not have to travel long distances between calls however staff told us that despite this they did not always have enough time to travel between calls which resulted in calls being delayed. We looked at the scheduling for one member of staff which showed that five minutes was given between most visits to allow for travel, however in some circumstances there was no time allocated between visits. All the staff we spoke with told us that travel time was an issue and this impacted on the timeliness of visits. One member of staff said, "There is not enough time between calls and this affects the time of people's calls," another member of staff told us, "Sometimes we get no travel time at all – that's not even enough time to get out of the last person's house, lock up and get in your car."

Staff told us that covering unplanned staff absence such as sickness was a particular issue. Two members of staff we spoke with told us that they were sometimes asked to fit in an extra call between visits, they told us this was particularly challenging when they did not have any time allocated between calls or if they only had five minutes. There had been no recorded missed calls in the past 12 months. However staff told us about occasions where people declined support or were out when staff called due to significant delays to their call time.

The registered manager informed us that when changes needed to be made to people's call times medication calls were prioritised to ensure people did not miss their medicines. However three members of staff we spoke with told us there were times when people did not receive their medicines at the required times due to calls being late. Staff told us this was a particular issue with pain medicines which had to have specific spacing between doses. One member of staff said, "There have been a couple of times when I have not been able to give people their pain medicine, That can be upsetting as you know people might be in pain by their tea time call." Another member of staff told us, "People don't go without medicines but there might be a delay."

We spoke with the registered manager about the issues relating to staffing and late calls and they informed us that since the last inspection they had tried to make improvements such as employing a specialist recruitment coordinator and increased advertising, but they were still facing challenges in recruiting staff to

cover the rota. They also informed us that since the last inspection they had made a decision not to increase the number of people they supported until they were satisfied that the issues with staffing levels has been resolved. However we found that despite these efforts there were still insufficient numbers of staff to meet people's needs.

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

People could not always be assured that they would be given their medications as prescribed. Some people's medication administration records (MAR) did not clearly detail what medicines were to be given or the dosage. This increased the likelihood of error and was not a safe way of administering medicines. We shared this feedback with the registered manager who took swift action to rectify this issue by putting new MAR charts in place.

We found that MAR charts had not always been fully or accurately completed to show that people had received their medicines as intended, for example in three people's medication records we saw frequent occasions where the administration of medicines had not been recorded. The management team were aware of this issue and we saw that a senior care worker audited every MAR chart to ensure medicines were being managed safely. Although we saw that this was effective in identifying issues relating to gaps in recording and that action was taken to address this in individual staff supervision meetings, these errors continued. This meant people were at risk of not receiving their medicines as prescribed.

Despite this people we spoke with told us they were given support and reminders to take their medicines as required. One person told us, "They (staff) will pop my tablets out into the container, they never touch them. Then they sign the sheet." Staff had been trained in the safe handling and administration of medicines and had their competency assessed annually to make sure they were keeping up to date with good practice. Staff we spoke with felt competent in administering medications and said that they were encouraged to phone the office if they had any questions or uncertainties about medication.

People felt safe when being supported by the staff. All of the people we spoke with told us they felt safe. One person told us, "If I was worried about anything I would speak to [staff member] and they would sort it out for me."

There were systems and processes in place to minimise the risk of harm and abuse. Staff we spoke with had a good knowledge of how to recognise different forms of abuse and told us they would report any concerns or allegations to the registered manager, they also told us that they would report to the local authority or CQC if necessary. One member of staff we spoke with told us, "If you have random people coming into your home it can be quite scary, we are there to keep people safe." Another member of staff said, "I don't have a problem (with reporting concerns), I would do it to protect people." Staff were confident that any concerns they raised with the management team would be dealt with quickly and effectively. Records showed that the registered manager had taken appropriate action in response to previous concerns and made referrals to the local safeguarding team as required. One member of staff described how they had recently had concerns about the welfare of a person who used the service and they had reported it immediately to the office who had contacted the local authority safeguarding team.

Care plans contained information about how staff should support people to keep them safe. For example, where staff let themselves into someone's home there was information about how they should enter the home and also clear information about securing the property when leaving.

People told us that any risks to their health and safety were appropriately managed by staff. For example, one person told us that staff made sure they didn't slip in the shower to reduce the risk of them falling. Risk assessments were in place which covered a number of areas such as falls and pressure ulcer risk. These assessments detailed the level of risk and also contained information about control measures that had been put in place to reduce the likelihood of the risk occurring and to lessen the impact. For example one person was at risk of falls and we saw clear information in the persons plan instructing staff how to reduce this risk, such as ensuring that the person wore their alarm and leaving their walking aid within reach when leaving. A member of staff we spoke with described a situation where they had noticed a potential hazard in someone's home and had taken action to report this to the office.

Where people were at risk of developing pressure ulcers this had been identified and there was information in their care plans about preventative measures. Staff had a good knowledge of how to support people to maintain their skin integrity. A member of staff we spoke with was able to describe what they did to help prevent one person they supported from developing pressure ulcers, they told us, "Each visit we turn the person and support them with a cushion."

Risks associated with the home environment had been assessed for each person to ensure their care and support could be provided safely. There was a contingency plan in place, to ensure continuity of care in emergency situations that might disrupt the service. This covered potential risks such as shortage of resources, fire and flood.

Safe recruitment practices were followed. During our visit we saw records demonstrating that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and were retained in staff files.

Good

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

There was a risk that people's rights under the MCA may not be protected as the principles of the act were not always correctly applied. MCA assessments and best interest decisions were not always in place as required. For example, when someone was unable to consent to the content of their care plan there was no mental capacity assessment in place in relation to this and no recorded best interest decision. For other people MCA assessments were in place but these were general and not decision specific, they did not include clear detail of how the person's capacity had been assessed or who had been involved in decision making and best interests decisions were not clearly recorded. We spoke with the registered manager about this who was not aware of the above issues. However they told us that the provider had recently issued a new MCA assessment form which they were planning to implement.

In contrast we found that staff had an understanding of the MCA and had received information and training as part of their induction. Staff also had a good knowledge of how to support people who did not have capacity. One member of staff described how they had recently arrived at a person's house and found them being asked to sign documents. The staff member had concerns that the person did not have capacity to make the decision they were being asked to make and took swift action to ensure the person was safeguarded by contacting a relative of the person.

Where people had capacity to make decisions they were supported to make choices and were involved decision making about their care. Staff we spoke with described consulting people about their care and support and understood the importance of gaining consent. One member of staff we spoke with said, "We can't force people, but we can persuade and encourage them." Records showed that where they had capacity people had signed their care plans to indicate their consent to them and the people we spoke with told us that staff asked for their consent before providing any care and support.

People were supported by staff who had received the appropriate training required to provide effective support. Staff we spoke with felt they had been given the training they needed to ensure they knew how to do their job safely and felt they could request additional training if necessary. People using the service told us that they felt that the staff team had the skills to carry out their role effectively.

The provider employed a training coordinator who delivered training to the staff team. Records showed that staff had training in a number of areas including safeguarding, moving and handling, safe handling of medication and first aid. In addition to this some staff had completed training related to people's individual needs such as dementia care. Staff we spoke with felt confident in asking for additional training if required. The provider had an in-house training facility comprising of equipment for moving and handling such as

slings and hoists, this enabled them to provide 'hands on' training and conduct observations of staff competency. Staff we spoke with felt competent and were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

The registered manager told us that all new staff completed the Care Certificate and we saw records to support this. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager also explained that one senior member of staff was trained as Care Certificate assessor to support and assess new staff.

New staff were provided with an induction period when starting work at Mears Care Nottingham. The registered manager told us that new staff had a three week induction period which was a mix of training, reading and shadowing (new starters working with experienced staff). Staff were also provided with frequent 'wellbeing meetings' within their first 12 weeks of employment. Staff we spoke with told us that they felt competent to support people following their induction. A recently recruited member of staff told us, "The induction was fantastic." Someone who used the service commented that they had been visited that morning by a regular member of staff with a new staff member who was shadowing.

People were supported by staff who had supervision and support. The registered manager told us staff had individual supervision every three months, however records showed that some staff had not received supervision for up to eight months. Despite this all staff told us they had regular supervision and felt well supported and told us that supervisions were used for the discussion of work related issues, resolving issues and to provide support. One member of staff told us how their manager had shared a compliment with them in their last supervision which had made them feel appreciated. The registered manager also told us and we saw evidence to confirm that all staff had an annual performance appraisal to assess their progress.

People were provided with the support they needed to ensure they had enough to eat and drink. People told us staff helped them with food preparation as required. Staff spoke confidently about their role in supporting people to access adequate food and drink and had a good knowledge of people's support needs in this area. Where people were at risk of weight loss there was clear guidance in people's care plans for staff about how to reduce this risk and staff had a good understanding of this. A member of staff described how they supported someone who used the service by providing encouragement and guidance to the person whilst eating. They told us it was unlikely that the person would eat without this support.

People were supported with their healthcare needs. Staff had a good knowledge of people's health related needs and this was detailed in people's care plans. Staff we spoke with told us that they knew the people they supported well and described how they would take action if they noticed changes in a person's physical or mental health needs. One member of staff told us about a person they supported where they had become increasingly concerned about their mental health. They had discussed with a relation of the person and also contacted the management team who had taken action to share the information with the person's social worker.

Records showed that people using the service had support from the district nursing team and other health professionals and the advice of these professionals was included in people's care plans. Staff we spoke with told us that they had developed good relationships with some of the health professionals involved in people's care. For example a member of told us that they often left notes for the district nurse if they had any information to share with them about the person's health.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff team at Mears Care Nottingham were kind and caring. One person told us, "They always treat me well, they are alright." Another person said, "They all seem kind and caring I can't grumble." Staff we spoke with all said they enjoyed supporting people and felt like they made a difference to people's lives. One member of staff told us, "I like to get to know the people and what you can do to make people feel better." Another member of staff told us, "We make a difference to people's lives by being there."

We saw compliments and thank you cards received from people using the service, comments included, "Thank you so much for caring for my [relation] and know that they loved you," and, "The carers who have visited have all been polite and respectful with kindness shown."

Where people were supported by consistent staff they gave positive feedback about their relationships with these staff. One person told us, "My carer is like a family friend, they have been coming for years." Another person told us "I trust my carer as they are always asking how I am." However other people we spoke with commented that they did not have consistent staff which made it hard to build relationships with them. One person told us, "I have many different girls come and although they are all alright it would be nice to have the same people more often so I get to know them and they get to know me." Another person said, "I have difficulty communicating sometimes and it makes it easier if they (staff) know what to do and where to find things."

Staff spoke fondly about the people they supported and told us that they got to know people through a combination of shadowing, reading people's care plans and talking to the person. Care plans contained details of people's personal history, interests and relationships. Staff understood the importance of getting to know people, one member of staff told us, "I chat with people, give them time and talk about their history." Another member of staff told us, "Everybody has their different needs, I know people, can tell by looking at them, their tone of voice if they are having a good or bad day." The registered manager shared the story of a person who used the service who had become very isolated. A member of staff had worked with the person to build a trusting relationship which had enabled the staff member to encourage and support the person to buy new clothes and develop their self-care skills. This had led to the person growing in confidence enough to visit their local pub.

Where possible, people were involved in decisions about their support. People told us that they were consulted with by staff about aspects of their care such as when they wanted to get up. The staff we spoke with described offering people choices about food and drink and clothing and also told us they consulted with people about their preferences for support. There was also clear information related to this in people's care plans.

Care plans contained information about how people communicated and staff we spoke with had a good understanding of this. One member of staff described how they supported one person who had limited verbal communication. They told us, "They can't tell you what they want any more but if you hold two

options out to them they will show you what they want."

People were supported to be independent. People we spoke with told us that staff encouraged their independence. One person told us, "They (staff) are very good, they support my independence and once everything is done they sit chatting." Staff we spoke with told us that people were encouraged to maintain their independence by carrying out tasks for themselves where they were able to. People's care plans contained information about what people were able to do for themselves and areas in which they needed prompting or assistance and staff had a good knowledge of peoples skills and abilities. One member of staff we spoke with explained how they had worked with a person's physiotherapist to support the person to complete their exercises. This had resulted in the person regaining their mobility and independence.

The registered manager told us that they would signpost people to their social worker if they required support from an advocate to speak up. Nobody was using an advocate at the time of our inspection. Advocates are trained professionals who support, enable and empower people to speak up. Staff we spoke with told us they regularly phoned the office to share concerns about people and flag up when they may need additional support.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy and described how staff covered them during care to help maintain their dignity. Staff we spoke with were aware of how to respect and promote people's privacy and dignity. A member of staff we spoke with described the actions they took to ensure people's privacy including, covering people and ensuring that curtains and doors were closed when supporting them with personal care. Information was included in care plans which promoted people's privacy and dignity and staff practice in relation to dignity was also checked by the management team in regular 'spot checks' of their practice.

Requires Improvement

Is the service responsive?

Our findings

During our last inspection we found that complaints were not always recorded. During this inspection we found that this was still the case.

People could still not always be assured that their concerns and complaints would be recorded or acted upon. We spoke with two people who used the service who told us that they had made complaints about the service. These were not recorded in the complaints log. This meant that it was not clear whether or not the complaint had been addressed appropriately or in timely manner.

Although most people we spoke with told us they would feel comfortable telling the staff or management team if they had any concerns or complaints about the service, we found that this was not always the case. One person told us about a concern they had raised and told us, "The company appeared quite cross that I had reported it." In addition to this three people also told us about occasions where they had raised issues that they did not feel had not been adequately resolved. Two people we spoke with told us that they had requested that certain care workers did not support them. Both people told us that they were still supported by these members of staff on occasion. One person told us, "There are a couple of carers I wasn't happy with. I phoned Mears to say I wasn't happy and did say I didn't want them anymore, but they are still coming, I just accept they may be short staffed." We discussed this with the registered manager who was not aware of the above issues but assured us that they would now act upon this information.

This was a breach of Regulation17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above, other complaints had been clearly recorded and addressed. We reviewed complaint records which showed that where complaints had been recorded they had been investigated and responded to quickly. Staff we spoke with knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to the manager. Each person using the service was given a copy of the complaints procedure when they started using the service and we also saw that there was a copy of the complaints policy included in the folder that was kept in people's homes. The complaints procedure gave details of how people could make a complaint and how it would be dealt with and also signposted to external organisations.

During our November 2015 inspection we found that people did not always experience the service which was planned due to vacancies within the staff team. During this inspection we found that despite attempts made by the manager to make improvements people continued to experience late calls which sometimes impacted on their lives.

Before people started to use the service senior staff met with them to discuss the amount, length and timing of calls they needed. However the amount of travel time allocated between calls and vacancies in the staff team meant that it was not always possible for people to receive their calls at their preferred times.

People told us that the timing of calls did not always work for them. One person said, "I am happy with my care but I would like them to come earlier." Other people we spoke with told us about the impact that badly timed or late calls had on them. One person explained that they were allocated different times each day which were sometimes not convenient. They told us, "For instance today I was allocated 11.45 as my morning call. That is not good for me as it is far too late, particularly if you are being undressed again at 17.30 ish. I expect it is to fit in with who is available to work." Another person we spoke with explained that late calls had an impact on their social life. They told us, "I have had to cancel my attendance at the day centre because my regular carer is away and yet again the one they sent came too late for me to get transport. I am fed up with telling them."

Staff we spoke with told us that calls were frequently late. One member of staff said, "I hate being late but it happens often and there is a knock on effect." Another member of staff told us, "Yes it does impact on people, one person goes to church, and sometimes (if staff are running late) they have gone before we get there."

In spite of the above, staff were when possible responsive to people's needs. If people required additional support staff would stay for the amount of time required to ensure that people received the support they needed, although staff told us that this would usually lead to subsequent calls being delayed. We saw records which showed that a person who used the service was unwell, the staff member called for assistance and stayed with the person until help arrived.

People were at risk of receiving inconsistent support. Two staff that we spoke with told us there were occasions when they were only provided with very basic information about the people they would be supporting such as their name and address. This meant they had no information about the person or their support needs and this put people at risk of receiving inconsistent support. People who used the service also commented on variable levels of staff knowledge and the impact this had on their care. One person told us, "Some of the staff don't have a clue. I can be stood there dripping wet and they look at me gone out and I have to ask where the towel is. Others are really on the ball. Another person told us, "I have to direct them (staff) a lot sometimes." Although all the staff we spoke with told us that they read care plans, we spoke with a service coordinator who told us, "Carers don't all read the care plans, they do what they think they should do. People can get a bit fed up of having to explain things to carers. One person was very cross about this recently." We discussed this with the registered manager who told us that all staff received a thorough induction which covered care plans and following our visit they told us that care workers would never be sent out without information about the people they would be supporting.

People also commented that they felt care was not always focused on them. Three people we spoke with told us that they felt that staff were sometimes distracted by their mobile phones and used them whilst providing support. One person said, "Some of them (staff) will be on their mobile, I am not sure what they are doing." Another person told us, "Some of the staff are often using their phones and texting, I am not sure if it is all work related as I know the company asks them to do extra." We discussed this with the registered manager who told us that the office staff use text to communicate with staff about changes to their schedule, they felt that this may explain the use of phones during visits.

Despite the above, the care plans that we reviewed contained clear concise information about each person's individual needs and preferences for care. These were developed when people first started using the service by the service coordinators who met with the person to learn about their support needs, this was then used to develop their support plan. Although many people we spoke with could not recall being involved in contributing to their care plans, information contained in people's plans was individualised and where possible people had signed their care plans. Staff told us that on the whole the information in

people's care plans was accurate, up to date and helped them to understand the way people wished to be cared for and we found that the staff we spoke with had a good knowledge of people's support needs and preferences.

People's care plans were reviewed on a regular basis with the involvement of people and their relatives if they wished. We spoke with two people who told us that they had recently been involved in a review of their support needs. We saw that changes and additions were made when required. One member of staff we spoke with told us that they contributed information to care plans when people's needs changed by noting changes on the care plan whilst on visits.

Requires Improvement

Is the service well-led?

Our findings

We received mixed feedback about the leadership and management of the service. Although people who used the service and staff felt that the management team were friendly and approachable they also told us that they felt there were aspects of the service that could be improved. One person who used the service told us, "I would say they are well managed," another person commented, "I don't think they are particularly well managed. I would recommend them though as the majority of the staff are brilliant." A third person told us, "I would give them three stars, it's not well managed, the problems seem to be in the office. I think it's the admin and the rotas that are the main problem."

Feedback from staff about the leadership of the service was also mixed. One member of staff told us, "It's well managed and well run, the office are responsive to my queries." Another member of staff commented, "Since [registered manager] has taken over it is great. I just phone them and they sort it." However other staff we spoke with told us that they felt that the service was not always well led and gave communication and responsiveness as reasons for this. One member of staff told us, "I think following up on issues could be improved, like addressing things like staff not completing paperwork properly." Another member of staff commented, "I think there are things that could be addressed that are not, issues that should be dealt with."

Communication between people who used the service and the office team was not always effective. The registered manager told us that rotas were sent out weekly to people who used the service. These detailed the time of visits and the member of staff who would be attending. The manager explained that the rotas were the source of frequent complaints as they were not always able to adhere to the stated visit times and staff member. People we spoke with reflected this in their feedback. One person told us, "It's no use looking at the rota if you get one as it often changes." Another person told us, "I get a rota to say who is coming but it doesn't always match with the names (of staff who visit)". People also told us that they did not always get a copy of the rota. One person said, "I don't always get a copy," another person told us, "I haven't even had one (rota) this week."

In addition to this people told us they were not always informed by the office staff if their visit was going to be delayed. One person told us, "I will usually phone up if they (staff) haven't turned up. They don't always ring me." Another person told us, "Communication is a challenge." This was also echoed by staff we spoke with who told us that despite their efforts to inform the office that they were running late, people who used the service were not always informed. One member of staff told us, "More often than not people aren't told (that staff are going to be late) and we bear the brunt of it." Another member of staff told us, "We are constantly having to apologise, it's not fair on them (people who use service)." We informed the registered manager about this who told us that where possible people were informed about delayed visits.

Although the management team were aware of the previously cited issues with insufficient travel time between visits and the impact this had on the timeliness of visits assertive action had not been taken to rectify this issue. We spoke with the registered manager who told us that they had tried to recruit new care staff and had not increased the number of people they supported however no action had been taken to resolve the issues related to travel time and consequently this issue continued to impact upon people. We

spoke with a service coordinator who told us, "(Staff) don't get enough time to travel but we have offered an alternative and they (staff) don't want it. It does cause people to run late but staff normally catch up throughout the day." Two members of staff we spoke with told us the only way to catch up was if visits were cancelled or by cutting other visits short. One member of staff told us, "We can leave some calls early to catch up," another member of staff commented, "We have to cut short calls to fit it all in."

In addition to this the provider did not have a system in place to record late calls. This meant that the management team did not have an understanding of the scale of the issue nor were they able to conduct any analysis in to patterns of late calls in order to try and reduce the likelihood of future lateness.

The providers Mental Capacity Act (MCA) assessment form did not comply with the principles of the MCA and so did not promote high quality care. The form in use at Mears Care Nottingham was general and did not relate to specific decisions, it did not contain space to include details of how the person's capacity had been assessed and it did not have space to record clear detail of decisions taken in the person's best interests. We discussed this with the manager who was not aware that their current approach was not compliant with the MCA but who informed us that the provider had recently issued a new form that would be implemented shortly. We reviewed the new form and also found that the new form did not promote compliance with the MCA.

People who used the service were supported to have a say in how the service was run through an annual satisfaction survey. The survey gave people an opportunity to provide feedback about their experience of the service. The last satisfaction survey was carried out in summer 2016 and the scores were mixed. People were 'satisfied' or more positive in respect of quality of care, promoting independence, meeting people's needs, the caring approach of staff and dignity and respect. However 14 people said that communication from the office 'required improvement' or was 'unsatisfactory' and smaller number of people commented that they felt complaints and the flexibly of the service 'required improvements'. A basic action plan was developed in response to the survey but during our inspection we found that issues related to communication from the office and responsiveness to complaints were ongoing.

The registered manager explained that due to the nature of the service staff meetings were not routinely held. Instead information was communicated to staff using text message to their mobile phone. Although staff felt that this was an effective way of sharing some information two staff commented when information was communicated using this system in response to an issue it made them feel that they were being reprimanded for other people's errors. One person commented, "Everyone gets a text because one person has done something wrong." This had also been raised as an issue during our previous inspection but action had not been taken to improve this.

The above information was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above staff generally felt well supported by the management team. A member of staff we spoke with told us, "If you don't know something you can always make a call back to the office, there is always support there." Another member of staff said, "I feel supported and valued, they (management team) make accommodations for me." The registered manager told us that they had introduced formal methods of valuing staff contributions including a 'carer of the month' initiative. Staff we spoke with told us that they had confidence that the management team would handle concerns and issues related to the welfare of people using the service. A member of staff we spoke with described concerns they had previously raised with the management team and told us, "Things have been dealt with."

There was a registered manager in post to manage the service. We checked our records which showed that the management team had notified us of events in the service. A notification is information about important events which the provider is required to send us by law. The registered manager told us that they kept up to date with best practice though attendance at a providers meeting run by the local authority, this gave them the opportunity to meet with other local managers and discuss what was and was not working.

The registered manager told us that they had a vision to expand the service in the future but at present they were focused on improving the service. Since our last inspection the registered manager had tried to make improvements to staffing levels such as introducing a 'refer a friend' initiative for staff. They had also made a decision not increase the number of people they supported until they were satisfied that the issues with staffing levels has been resolved.

The quality of the service was regularly assessed and monitored. Unannounced spot checks of staff practice were undertaken every three months to ensure that staff were of smart appearance, using any equipment correctly and providing care to people as described in their care plan. The records we looked at showed that these were recorded and feedback was given to staff in supervision.

The management team completed regular audits. For example all medication charts returned to the office were checked so that people could be sure that they had received their medicines as prescribed. A sample of care records were also checked each month to ensure that these were being completed correctly.

Accidents and incidents were clearly recorded and the registered manager informed us that information about accidents and incidents was shared with the provider's health and safety advisor each month who conducted an analysis to identify trends and any actions required. The registered manager was supported by an operations manager and all reports and audits were sent to them for scrutiny each month.

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 17 HSCA RA Regulations 2014 Good governance The systems and processes in place did not ensure the delivery of high quality care and effective action was not always taken to make improvements. Action had not been taken to address feedback from people who used the service. Regulation 17 (1) (2) (a) (e) (f)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff available to provide ensure that people received the support they required. Regulation 18 (1)