Mears Care Limited

Mears Care - Fareham

Inspection report

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Ratings

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

Overall summary

The inspection took place between 22 October 2015 and 2 November 2015. We gave 48 hours' notice of our intention to visit Mears Care - Fareham to make sure people we needed to speak with were available.

Mears Care – Fareham provides personal care services for people in their own homes in the Fareham, Gosport, Havant and Petersfield areas of Hampshire. Following a new contract with Hampshire County Council, the service had grown rapidly in the six months before our inspection. The number of people using the service had increased from less than 100 to almost 300 and the number of hours of support provided had more than quadrupled. Most of this growth was achieved by the transfer of care packages and staff from other providers.

There was a registered manager in post. 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.

During the period of service expansion, the provider had failed consistently to deploy sufficient numbers of

Summary of findings

suitable staff to support people according to their needs and preference. Evidence of employees' suitability to work in a care setting in people's homes was missing from a number of staff files. Processes designed to protect people from the risk of abuse and improper treatment were not carried out effectively. There were concerns about care workers' practice and record keeping when supporting people with their medication.

The provider had failed to support staff by means of suitable training and supervision to carry out their duties to the required standard. A plan was in place to provide remedial training and identify new training needs. Staff took steps to make sure people consented to their care and support. The registered manager was aware of their legal responsibilities where people lacked capacity to make certain decisions. Most people had a good experience where care workers were responsible for making sure they had a healthy diet and where care workers needed to contact other healthcare providers for them. However a small number of people raised concerns in these areas.

During the period of transition of care packages from other providers, temporary care workers had not always been able to establish friendly, caring relationships with people. Where people had regular care workers they found they took steps to preserve people's independence, dignity and privacy. They listened to people's wishes and preferences about how they liked to be supported.

People's assessments and care plans were not always completed to the required standard or reviewed and updated regularly. They did not always contain the information needed to make sure people's needs were met and their preferences taken into account. The service had received a large number of complaints about the service people received. There had been a backlog in handling these due to the shortage of trained staff.

The registered manager had identified areas for improvement from complaints, supervisions and spot checks. They had an improvement plan in place, but at the time of our inspection they had just started to implement it so no improvements were yet in place. The transfer of care packages and staff from other providers had not gone smoothly, which resulted in poor communication between staff and between staff and people using the service. Records relating to people's care and the management of the service were not always of the necessary quality and staff records were not always maintained in an orderly way.

The overall rating for this service is Inadequate and the service is therefore in "special measures".

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

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

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

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of the breaches were concerned with the same regulation. You can see what action we told the provider to take at the end of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

People had experienced missed calls, late calls and short calls during periods when insufficient numbers of suitable staff were available. The provider could not provide evidence they always carried out checks to make sure employees were suitable to provide personal care in people's homes.

Procedures to protect people from risks, including the risk of abuse and poor treatment, were not always effective.

People did not always receive their medication in a safe manner.

Inadequate

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

People's care workers did not always receive suitable and timely training and supervision to make sure they were able to provide the care required to meet people's needs. A small number of people raised concerns about their care workers' competence around food preparation and engaging with other healthcare providers.

People consented to their care and support. The registered manager was aware of their responsibilities if people lacked capacity to consent.

Requires improvement

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

Some people experienced care and support that was not delivered in a caring way when their care calls were made by unfamiliar care workers.

Other people found their care workers to be friendly and caring. They were satisfied their views and wishes were listened to. They gave us examples of how care workers made sure their privacy, dignity and independence were maintained.

Requires improvement

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

People's care and support were not always based on assessments and plans which took into account their needs and preferences.

People did not always find the service responsive to complaints and concerns.

Requires improvement

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

Inadequate

Summary of findings

People had experienced poor service during the transition from other providers.

Records were not always up to date, fit for purpose and kept so they were readily available.

Processes to monitor, assess and improve the quality of service provided were not carried out effectively.

Mears Care - Fareham

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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

Inspection visits took place on 22 October 2015 and 2 November 2015. We gave the registered manager 48 hours' notice of our visits to make sure people we needed to speak with would be available. Between the visits we contacted care workers, people who used the service and their family members by telephone. The inspection team comprised two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Before the inspection we reviewed information we had received from people, their families and employees. We also reviewed information in statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to tell us about by law. This was Mears Care – Fareham's first inspection.

We spoke with 25 people who used the service and eight family members who were closely involved in their relation's care. We spoke with the registered manager and eight members of staff including five care workers. We attempted to contact a further 15 care workers but were unable to do so in the timeframe of the inspection. After the inspection visits we had contact with the provider's regional director by email and spoke with a social care professional who worked closely with the service.

We looked at care plans and associated records of 10 people. We reviewed other records relating to the management of the service, including improvement plans, emails relating to the management of the service, a letter from the registered manager to care workers, risk assessments, quality survey records, policies, procedures, meeting minutes, complaints and safeguarding records. We looked at training records, schedules and course content. We saw the provider's care worker guide and service user guide. We reviewed the contents of seven staff files.

Inadequate

Is the service safe?

Our findings

Although most people felt safe when their care workers were in their homes, they told us they did not think the service had sufficient staff to carry out all the scheduled care appointments efficiently. People said calls were often very late, some as much as an hour. Four people told us care workers had missed calls with no warning or explanation. One person had missed three medical appointments due to care workers arriving late. One person had not been able to shower before a hospital appointment because their care worker had been late. Another person said there were not enough staff, sometimes they were very late, and all the person could do was stay in bed.

Among the comments people made was, "I did have a problem, I think it was a few weeks ago … They missed me on two mornings and two nights and I slept in the chair." Another comment was, "They should be here at 9am but it has been 9.30 before they come. They should be here for half an hour but they often go after fifteen minutes." A third person commented, "The carer will normally arrive on time, but the weekends are poor." Another person had complained to the local authority about the lack of staff, although they had not had any follow up to their complaint. They said the service was so short of staff they brought care workers from London, put them up in hotels, and used taxis to get to their calls.

However people and their relations were satisfied they were safe in the company of their care workers. One relation said, "I am happy that [Name] is safe while I go out shopping. [Name] enjoys their company." Another relation said, "They sit with [Name] while I go out, they help him with anything he needs, they make sure he is comfortable, and I am happy that he is safe and looked after."

The registered manager had a record of complaints made between April and August 2015. Sixteen out of 25 complaints recorded were due to missed or late care calls. They told us the expansion of the service and transfer of care workers and other staff from their previous employer had not always gone smoothly. They had had difficulties finding local care workers, particularly at weekends and during the summer holiday period. This was due to resignations, leave agreed with the care worker's previous employer, sickness, jury service, family bereavements and other causes. They had to request assistance from care workers from other areas several times a month between April and September 2015. Care workers from outside the area were not familiar with the locality and the people they were called in to support. This had resulted in further dissatisfaction with the service.

There was an electronic call monitoring system in place. However care workers did not use it to register their attendance at calls. This meant there were no clear records of missed and late calls. The registered manager told us only 16% of scheduled calls were recorded by this system. There was no reliable information about the level of missed and late calls.

Failure to deploy sufficient numbers of suitable staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staff files for seven care workers. These were a combination of transfers from other providers and direct recruitments. All seven contained evidence the provider had made checks with Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) to make sure potential employees were not identified as being unsuitable to work in a care setting. However four of the files did not contain evidence of satisfactory conduct with their previous employers, and six had no proof of identity. Providers are required to record evidence these checks have been made to make sure care workers are "fit and proper persons" to work in a care setting.

Failure to keep relevant information about employees was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to protect people from the risk of abuse, however these had not always been effective. There were appropriate policies and procedures in place with respect to safeguarding adults and whistle blowing. Information about these subjects was included in the provider's care worker guide, and safeguarding was included in the standard training programme. However training records showed one in six care workers had not received this training or had not received a timely refresher. The registered manager had started a series of skills and competency updates for staff. The trainer notes for these sessions showed they covered the different types of abuse, signs to look out for and reporting procedures. The registered manager had a plan to improve care workers' knowledge about abuse and safeguarding. However the

Inadequate

Is the service safe?

local safeguarding authority had categorised six of the 25 complaints received between April and August 2015 as safeguarding issues. We had been made aware of five safeguarding concerns.

The provider had taken steps to protect people and staff from other risks, but these were not applied consistently and risk assessments were not always kept up to date. Staff used standard forms to identify risks associated with the person's physical and mental health, medication, eating and drinking, moving and handling, and skin integrity. Risk assessments also identified hazards associated with the environment in people's homes.

Where staff had completed the risk assessment forms adequately they constituted a detailed record of risks identified with detailed instructions for care workers to avoid and manage the risks. However some of the forms had not been completed adequately and some had insufficient information. Examples of this included failure to record who was responsible for actions, and instructions that were not specific or adapted to the person. For one person risks were associated with their mobility, and the risk reduction measures were simply "safe moving and handling". The instructions did not take into account the person's individual medical conditions. The registered manager was aware that some risk assessments did not have sufficient information to identify the risks associated with people's care and had not been reviewed and updated in a timely manner. Staff shortages had prevented them addressing this earlier, but they now had sufficient visiting staff to start reviewing assessments.

The registered manager had identified through spot checks and complaints that there were problems with some care workers' practice when supporting people with their medication. The concerns included poor recording of medication, and failures to report medication errors and missed medication. Records of complaints showed the local authority had classified two complaints about missed medication as safeguarding concerns. The registered manager had an improvement plan in place which included reminding care workers of the provider's medication policy, which had been updated in September 2015, remedial training and competency checks. They were actively managing the safeguarding concerns around medication with the local authority.

The information for care workers in people's medication care plans were not of a consistent standard. In some cases, for instance where a person had a skin patch for pain relief, there were detailed instructions how and where to apply the patch and how to dispose of used patches. In other cases, for instance where a person was at risk of poor skin health leading to pressure injuries, the instruction was "creams applied" with no information about which creams, when, where and by whom they should be applied. Care workers did not always complete medication records. In one case this had been identified in a spot check, but a follow up spot check one week later found no improvement in the quality of the records.

Failure consistently to assess risks to people's safety and to manage medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service effective?

Our findings

Most people were satisfied their care workers were trained properly and had the right skills. One person said, "They know what they are doing, and they know how I like things done." Another said, "One of the carers is very good. She knows exactly what to do."

However some people were concerned new care workers did not have sufficient training and lacked experience. One person said, "Some of the new staff look worried." Another person described how their care worker did not know what to do when faced with a medical emergency.

Care workers gave us mixed impressions of the quality of their training. Most were satisfied they were adequately prepared to provide a service that met people's needs, but some were not. One said they were on a waiting list for moving and handling training, and another said they had received no training since their induction.

The registered manager was aware some staff who transferred from other providers had been working for Mears care for twelve weeks without receiving a company induction. Training records showed 46 out of 90 staff were overdue or at risk of being overdue their induction training. Fifteen out of 90 staff were overdue or at risk of being overdue training in more than seven topics out of nine tracked. These included food hygiene, infection control, medication, moving and handling, and safeguarding. The registered manager had an improvement plan to address this shortfall.

The registered manager had recently been able to employ a dedicated training officer and had a programme of remedial training which was due to run from August to December 2015. The training officer was delivering one of these courses on the day of our visit. The course included medication, moving and handling, food hygiene, infection control, safeguarding and mental capacity. The manager's improvement plan also included the identification of other training needs.

The registered manager told us care workers should normally receive formal support in the form of a supervision meeting, appraisal, spot check or team meeting once every three months. They were aware they had not achieved this consistently. However they had recently been able to focus on supervisions and spot checks, and 50% of staff had had one form of contact in the last month. There were records of recent contacts, but the records did not show these happened every three months. Many records were undated and one care worker had no records of supervisions or spot checks in their file.

Failure to support staff through appropriate training and supervision was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had processes and procedures in place to make sure people consented to their care and support. People signed to show they agreed with their care plan. Where people could not sign the record showed how they had indicated their consent and the form was signed by a family member of other advocate. Care workers described how they made sure they respected people's wishes and preferences when supporting them with their day to day care.

The Mental Capacity Act 2005 provides a framework for making specific decisions in a person's best interests if they lack capacity to do so. The registered manager was aware of the Act and its associated code of practice. They described a person whose behaviours suggested their capacity was declining with respect to their ability to consent to medication. The manager intended to discuss a formal mental capacity assessment with the person's care manager. Another person had an advocate to make sure their views were taken into account in decisions. The manager described staff had learnt to phrase questions in a certain way to make it easier for the person to communicate their consent.

Information about the Mental Capacity Act 2005 was included in the provider's programme for mandatory training. Records showed one in six care workers had not received this training or were overdue a refresh session. The subject was included in the programme of remedial training in the registered manager's improvement plan.

Where people were supported to eat and drink healthily, there were relevant instructions in people's care plans. These included an example where the care workers were not responsible for the person's meals but the timing of their calls was important so the person could have their special diet at the right times. Two people raised concerns with us about their care workers' practice around food

Requires improvement

Is the service effective?

hygiene and ability to prepare simple meals. The registered manager was taking action to address this through their programme of remedial training which included information about food hygiene.

The registered manager told us they expected care workers to contact the office if people needed to access other healthcare services. We heard of one case where a care worker had arranged via the office for them to call out paramedics. However, we also heard of another case where the person felt their care worker did not respond well to a medical emergency.

Requires improvement

Is the service caring?

Our findings

Although most people found their care workers to be polite, kind and respectful, there were a number of exceptions, where people found their care workers less caring. This was due to time pressures or the use of unfamiliar care workers. One person said, "I don't enjoy the visits. There are so many different carers." Another person said, "They rush about. They have broken several cups and pulled the curtain down." Another person's relation said, "My mother has one regular carer who we are all very happy with. Unfortunately her work load means she is often late."

The registered manager told us there had been a period when they did not have sufficient care workers locally to meet all their commitments for care calls, particularly at weekends. They had arranged for care workers from other Mears Care branches to make calls at weekends, but these care workers were not familiar with the area or the people they supported. They could not adapt quickly to the local culture and expectations. People experienced missed, late and rushed calls because rotas were not always transferred and communicated efficiently to care workers during the transition from other providers. The manager had received complaints during this period which they attributed to these reasons.

Other people found their support calls to be positive experiences. One said, "The carers are all very pleasant. They are friendly and have a chat." Another person, who had requested female care workers only, said, "I prefer female. They are more understanding of my problems, and I find the quality of conversation is better." Another person said, "The male carers who come to see me are excellent, very caring and very cheerful." Another person told us, "When they visit they normally stay the right amount of time. I never feel rushed."

People found care workers listened to how they preferred to be supported and acted accordingly. One said, "What I do like is that they know my little idiosyncrasies and how I like things doing. If I have any concerns at all the carers mediate for me." Another person said, "They know me and they understand my needs. They respect me." A third person said, "When I'm being washed I get panic stricken if the door is closed, especially if they are washing my hair and I can't see. They are very good about leaving the door open for me."

People found they could establish friendly, caring relationships with their care workers: "I feel very safe with all of them. We have a bit of banter, a laugh, but it is all good humoured. I call one of them 'bossy boots' but she is not really. It is just a bit of fun."

Care workers took steps to make sure they respected people's privacy and dignity. One person said, "I was very nervous when they first started coming. I really don't like getting undressed in front of them. It is embarrassing, but the one who comes at the moment is lovely. She waits outside the bathroom and doesn't come in until I tell her. She very quickly covers me with a big towel as soon as she can and she hands me the cloth to wash myself which I appreciate."

Care workers described other examples of how they made sure people's dignity and privacy were maintained. They were aware of the importance of supporting people to be independent. One care worker said they respected people's wishes and were careful "not to take away anything they can do". One person said, "The carers help me to maintain some independence by doing the jobs I cannot do."

One person described how their care worker responded in a caring way in an emergency: "I had a real problem yesterday. I collapsed. I do not know what happened but I ended up on the floor and could not get up. The carer was brilliant and contacted my daughter and their office. I know they were worried about me but I am fine today."

Requires improvement

Is the service responsive?

Our findings

People gave us mixed views about their satisfaction with the care and support they received. Some had care and support that met their needs and was delivered according to their preferences. Others were less happy and had been unable to resolve their concerns. One person's family member contacted us with their concerns about the person's care. They had engaged with the provider's complaints procedure but their complaint had not been resolved to their satisfaction and they had changed to a different agency for the person's support.

Another person told us they had made complaints in the past regarding their care. They told us they were frightened to make any more complaints in case "it got worse". Another person said, "I rang the head office recently because the carer was very late and I was getting anxious. I was not impressed. They said they would call me back but they never did. I do not mind them being late as long as somebody lets me know. It is when I am sitting worrying that I do not like it."

Other people had more positive experiences. One told us, "I find the company very approachable." Another person said, "I just tell the carers if there is any problem and they pass the message on for me." Most people and their relations felt the management were quite responsive when they contacted them for changes in visit times. However none of the people we spoke with could recall receiving any information about the provider's complaints procedure.

People's care and support were based on care plans and assessments which were of mixed quality. Most contained detailed information about the person's needs and how they preferred to be supported. Others were less detailed. Information about the agreed duration of visits was missing, people's preferred time to get up was not recorded and there was insufficient information about how the person preferred to be supported.

The registered manager was aware some care plans and assessments of people's needs were in need of review. They told us they now had sufficient staff to catch up the backlog of delayed reviews. One person's care plan was reviewed and updated between our two visits.

Care workers told us people's care plans were being updated and when updated they contained the information needed to support people according to their needs and preferences. However they had not always been in place on time or fit for purpose. One care worker described how they had arrived at a person's house for the first time, and the only information was on a "scrap of paper", which was not sufficient when the person had difficulties communicating their needs.

The registered manager's own spot checks and supervisions had identified concerns with care worker compliance with the provider's policies, and examples of poor practice around care delivery and record keeping. As the manager's improvement plan, including remedial training where required, was due to complete in December 2015, we could not be certain people were consistently receiving appropriate care.

Although people were not aware of the provider's complaints procedure, it was included in the company's "Service User Guide". A number of people had been able to complain, and the records of their complaints and the provider's response were filed. There was no overall log or index of complaints in the file, but the registered manager had a "Complaints and Safeguarding Tracker" record which tracked progress of 25 complaints received between May and August 2015. Sixteen of the tracked complaints were closed. The "Tracker" record allowed the manager to identify themes and trends in the complaints received which were in turn used to inform their improvement plan. The manager told us the "Tracker" record was not fully up to date with the latest status of open complaints.

We discussed the complaints file with the registered manager. There had been a period when shortage of trained staff had delayed the handling of complaints. More recently they had been working closely with the local authority where complaints were considered to have safeguarding implications. The manager's improvement plan included an audit of existing complaints to identify trends and areas of concern. This was due to complete in the week of our first visit to the service, but the date had slipped. Delays to the handling of complaints meant the complaints procedure was not operated effectively.

Failure effectively to operate a system for handling and responding to complaints was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Inadequate

Is the service well-led?

Our findings

The service had expanded rapidly in 2015 with a new local authority contract. There had been an expectation that the service could grow to more than four times its previous size in the space of two months. The registered manager told us the transfer of care packages and staff from other providers had not always gone smoothly. There had been communication problems and it had taken five months to fill all the care worker and office worker posts required to support the expanded service.

One person told us they felt the service had been "flooded with problems" with high levels of absence amongst care workers. Care workers told us there had been problems with the transfer from one provider to another, communication had been poor, and expectations about terms and conditions had not been met. This had an effect on people because visit rotas were not always correct or issued to the care workers on time.

The registered manager had responded to complaints, safeguarding concerns and issues identified in spot checks and staff supervision sessions. They had an improvement plan to address poor care worker practice around infection prevention and control, compliance with the electronic call monitoring system, and record keeping. The plan included steps to improve communication between office staff, care workers and people receiving care and support. There were also measures planned to improve the handling of quality concerns and complaints, and to update care plans and other records which were not to the necessary standard. A schedule was in place to catch up induction and training for new staff and staff who transferred from other providers. At the time of our visits, the registered manager had started to carry out their improvement plan, which was due to complete in December 2015.

People's care plans, assessments and other records were not always completed to the required standard. Some contained insufficient information about the care and support required and how the person preferred to be supported. In some cases there were no records of reviews or updates to the person's care plans. One person's service review had identified that changes were required to their care plan due to their changing needs, but two months later the care plan had not been updated. The registered manager was aware of these concerns, but had not been able to take action due to staff shortages in the office. People's care plans did not always reflect the care they needed and their preferences about how they should be supported.

Records of care and support provided were not always accurate and up to date. Care workers did not always print and sign their name on communication logs. Medication records were not always completed. In one case incomplete medication records had been identified in a spot check, but a follow up check one week later had found no improvement in the medication records. People's care records did not always show they received care and support as planned.

Other records of spot checks, supervisions and incidents of concern were not dated or did not identify the person carrying out the check or making the record. Where concerns or actions were identified there were no records of follow up. A medication error form had been completed when a person received their medication at the wrong time. It showed the care worker had contacted out of hours support and dialled 999, but there were no records of a review of the incident or actions taken to prevent it happening again. The provider could not always show they had taken appropriate steps in response to incidents and other concerns.

Staff files were inconsistent in terms of the records they contained. They did not always contain up to date information where staff had transferred from other providers. They did not contain all the information indicated in the index and records included were not filed in an orderly way.

At the time of our visit the registered manager was supported by a senior coordinator, who was effectively the deputy manager, five coordinators responsible for specific geographic areas, a referrals coordinator who dealt with new care packages, four visiting officers who carried out assessments and reviews and two senior care workers. They were supported by a technical and payroll officer, a recruitment officer and a training officer.

This structure had been in place and fully staffed for only one month at the time of our visit. This meant that for five months while the service expanded rapidly the office was under staffed. This had led to poor communication between the office and care workers and between the office and people using the service. This was reflected in

Inadequate

Is the service well-led?

the number of complaints the service had received and the number of complaints the CQC had received about the service. Staff were not fully supported when they transferred from other providers. This had led some care workers to contact the CQC with their concerns.

Care workers told us there had been problems establishing and communicating new rotas which affected the timeliness of people's care visits. There were still frequent last minute changes to rotas which did not take into account difficulties travelling between calls and traffic conditions. This had led to people receiving late calls. With no travel contingency in the rotas this had a knock-on effect to subsequent calls.

While the office was under staffed, the registered manager had not been able to carry out the provider's quality assurance procedures. These were described in the provider's "Service User Guide". It stated people could expect monitoring by telephone and in person, observations of care worker performance in people's homes and regular questionnaires at least once a year. Records showed, and care workers confirmed, that monitoring, reviews and observations had not taken place as frequently as they should. The registered manager told us there should be a care review 28 days after a person started to use the service. Records of these reviews were missing from a number of care files. However, the frequency of reviews and spot checks had improved recently.

Failure to maintain accurate records and to carry out processes to assess the quality of service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had sent a quality questionnaire to 89 people in April 2015. Twenty-seven people had responded, however more than 200 people had joined the service since then. The registered manager's improvement plan had identified the need to repeat this exercise with the expanded population of people using the service. The April 2015 questionnaire had identified areas of concern, such as communication, particularly of changes, and responsiveness to complaints, which the registered manager had identified in their improvement plan.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care was not provided in a safe way for service users because the registered person did not consistently assess the risks to the health and safety of service users and did not do all that was reasonably practicable to mitigate such risks. Medicines were not managed properly and safely. Regulation 12 (1) and (2)(a) (b) and (g)

The enforcement action we took:
We are aware Mears Care Limited has plans in place to improve and transfer the services managed from Mears Care - Fareham to other providers and to deregister this location. We will monitor their progress by means of weekly reports sent to us by Mears Care Limited and will take formal enforcement action if we consider it necessary to protect people who use the service.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not operate an effective system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16 (2)

The enforcement action we took:
We are aware Mears Care Limited has plans in place to improve and transfer the services managed from Mears Care - Fareham to other providers and to deregister this location. We will monitor their progress by means of weekly reports sent to us by Mears Care Limited and will take formal enforcement action if we consider it necessary to protect people who use the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

The registered person did not operate effective systems and processes to assess, monitor and improve the quality of the services provided. The registered person did not maintain accurate, complete and contemporaneous records in respect of each service user. The registered person did not maintain other records as were necessary to be kept in relation to persons employed and the management of the regulated activity.

Regulation 17 (1) and (2) (a), (c) and (d)

The enforcement action we took:
We are aware Mears Care Limited has plans in place to improve and transfer the services managed from Mears Care - Fareham to other providers and to deregister this location. We will monitor their progress by means of weekly reports sent to us by Mears Care Limited and will take formal enforcement action if we consider it necessary to protect people who use the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Persons employed did not receive appropriate training, supervision, and appraisal as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (1) and (2) (a)

The enforcement action we took:
We are aware Mears Care Limited has plans in place to improve and transfer the services managed from Mears Care - Fareham to other providers and to deregister this location. We will monitor their progress by means of weekly reports sent to us by Mears Care Limited and will take formal enforcement action if we consider it necessary to protect people who use the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 of the Act was not available in relation to each person employed. Regulation 19 (3) (a)

This section is primarily information for the provider

Enforcement actions

The enforcement action we took:
We are aware Mears Care Limited has plans in place to improve and transfer the services managed from Mears Care - Fareham to other providers and to deregister this location. We will monitor their progress by means of weekly reports sent to us by Mears Care Limited and will take formal enforcement action if we consider it necessary to protect people who use the service.