Mears Homecare Limited

Mears Homecare Limited - Sheffield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Mears Homecare Limited is a nationwide registered provider of community services. Mears Homecare Limited - Sheffield is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the S4 area of Sheffield, close to transport links. An on call system is in operation.

At the time of this inspection Mears Homecare Limited - Sheffield was supporting 298 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

The Mears service had been operating at the Sheffield branch since August 2015. However, the registered provider changed the location name from Mears Homecare Limited DCA (Sheffield) and details of their address to accurately reflect the premises from which they were operating. The service was newly registered in September 2016. This inspection is the first inspection of the new registration.

The registered provider implemented a voluntary embargo on all new care packages as they had identified the need for improvement in some areas. The registered provider had worked to ensure their improvement and action plans were adhered to and improvements to the operation and delivery of the service were evident.

This inspection took place on 28 and 29 November 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because we needed to be sure that the registered manager would be available and to arrange for some care workers to visit the office during our inspection so we could speak with them.

People supported by the service and their relative's spoke positively of the staff that visited them. People said they felt safe with the staff. Some people told us the service they received had improved and was more consistent and reliable.

We found systems were in place to make sure people received their medicines safely.

Systems were in operation to ensure the safe handling and recording of people's money to protect them.

Staff recruitment procedures ensured people's safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and

knowledge for their role. Staff had a good knowledge of the people they were supporting.

Some people said the timing of visits did not always meet their needs and they did not always have regular care workers visiting them all of the time. Other people said they had a group of regular staff who generally arrived on time and stayed the full length of time.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

Each person had a care plan that accurately reflected their needs and wishes so these could be respected. Care plans had been reviewed to ensure they remained up to date.

Some people supported, and their relatives or representatives said they could speak with staff if they had any worries or concerns and felt they would be listened to. Other people told us they had found the office staff less reliable but said this had improved recently.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys and the results of these surveys had been audited to identify any areas for improvement. The registered provider was aware that achieved improvements to the running and delivery of the service needed to be sustained to make sure they were embedded into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they felt safe when receiving care and support.

Systems were in place to help to protect people from harm. A staff recruitment procedure was in operation. Staff were aware of whistleblowing and safeguarding procedures.

People were supported to take their medicines in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

The scheduling and delivery of care calls did not always meet the needs of people who used the service.

Staff received relevant training, supervision and appraisal for their development and support.

Staff and management understood the requirements of and worked within the guidelines of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Staff knew to always maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care and support needs and preferences in order to provide a personalised service.

People had been provided with information about how to raise any concerns or complaints. Where people reported concerns, these had been responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements need to be sustained to evidence they were embedded in practice.

Staff said they were supported by management at the service.

There were quality assurance and audit processes in place to make sure the service was running well. The management and monitoring of the service had identified and acted upon some issues where improvement was required.

The service had a full range of policies and procedures available to staff.

Mears Homecare Limited - Sheffield

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We usually ask the registered provider to complete a registered provider Information Return (PIR). This is a document that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We did not request a PIR for this inspection as one had been requested and received under the previous registration and the date of this inspection was moved forward so that we could ascertain if improvements had been achieved.

Prior to our inspection we spoke with the local authority to obtain their views of the service. Information received was reviewed and used to assist with our inspection. We also reviewed information we had received, including notifications of incidents that the registered provider had sent us.

This inspection took place on 28 and 29 November 2016 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because we needed to be sure the registered manager would be available. This inspection was undertaken by two adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of expertise for both experts was in supporting older people.

As part of this inspection we spoke in person or over the telephone with people supported by Mears Homecare Limited - Sheffield, to obtain their views of the support provided. We telephoned 30 people supported by Mears Homecare Limited - Sheffield and were able to speak with them, or their relatives. In addition, we visited four people in their own homes to speak with them and to check the Mears Homecare

Limited - Sheffield records held at their home. During home visits we also spoke with two relatives of people receiving support.

We visited the office and spoke with the registered manager, the operations manager, the training officer, a visiting officer and a care coordinator. In addition, four staff who supported people in their homes visited the office base so we could speak with them about their roles and responsibilities.

We spent time looking at records, which included eight people's care records, (including four people's care records during our home visits, and four people's care records during the visit to Mears Homecare Limited - Sheffield office), four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff from Mears Homecare Limited - Sheffield. Comments included, "The carers are doing a good job, I feel safe with them," "Regular people make you feel comfortable and safe," "They always make sure that the straps (on the persons hoist) are right so I feel safe," "Yes they help (with transferring from bed to chair). It's definitely safer than when I am on my own" and "I feel safe. They [staff] explain everything to me."

Relatives spoken with said their family members were safe with Mears Homecare Limited – Sheffield staff. Comments included, "[Family member] always feels safe with the carers" and "They [staff] are smashing. [Name of family member] is definitely safe with them."

Some people who used the service were supported by staff to take their medicines. We asked people about the support they received with their medicines. Comments included, "They [staff] make sure I take the right tablets. I always get them on time" and "They [staff] help with my tablets. They give them to me and I take them."

A relative commented, "They [staff] are very competent with the meds. I know they have been trained and they have refresher training, it shows in how they work."

Two people spoken with during visits to their homes told us that they managed their own medicines. We looked at their care plan and found this was clearly recorded.

We found appropriate policies were in place for the safe administration of medicines so staff had access to important information. We found the care plans we looked at contained detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. The care records seen also contained details of the person's medicines so staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. They told us they were observed administering medicines by a senior person to make sure they were following safe procedures. We looked at the staff training matrix which showed all care staff had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health.

We checked four people's Medication Administration Records (MAR) during the office visit, and two people's MAR during a visit to their home. Records had been fully completed to show medicine had been administered.

The registered provider had previously identified a need to improve the support people received with their medicines. Additional staff had been recruited and trained so that regular schedules could be provided which meant people experienced fewer missed visits. We found the number of notifications we received informing us of missed medicine calls has significantly reduced in the months prior to this inspection. This showed the systems in place to promote people's safety had improved.

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the business support manager and registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of four staff. They all contained an application form detailing employment history, references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

At the time of this inspection 123 staff were employed to undertake visits to people's homes. Office staff included a lead visiting officer, visiting officers, care coordinators, a training officer and a recruitment officer. At the time of this inspection 18 new staff were undergoing the recruitment process. Eight new staff were undertaking induction training during our visit to the office. These staff had been identified to work in a specific area so that people had regular care workers. This showed that staffing levels were considered and steps were undertaken to ensure sufficient staff were provided. The registered manager informed us that additional recruitment had meant that agency staff were no longer used, in line with the registered provider's improvement plan. The use of agency staff had ceased on 23 October 2016.

We looked at eight people's care records in total. This included four people's care records during our home visits, and four people's care records during the visit to Mears Homecare Limited - Sheffield office. The care records seen included individual care plans. Each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual. Prior to a person being provided with a service, risk assessments were completed which identified potential or known risks to both the person who used the service and the staff. This included environmental risks and any risks due to the health and support needs of the person. For example we saw information in people's care plans about how staff must support people when they were moving around their home and transferring in and out of chairs and their bed.

Systems were in place to make sure any accidents or incidents were reported to the relevant people. Staff told us they would report any accidents or incidents to their line manager or the person on call. Staff said they were confident their manager would take the necessary action to make sure people who used the service and the staff were kept safe until further support and assistance was in place.

Staff spoken with told us they had received training in the control of infection. People spoken with told us staff always used personal protective equipment (PPE) for example gloves, when providing personal care and when preparing meals. Staff said the use of PPE was checked by the manager's when they carried out their staff observations. One relative told us, "They [staff] have very good hygiene practice; they are clean and use the correct gloves. They tidy up after themselves."

Requires Improvement

Is the service effective?

Our findings

In the main people spoken with said the staff were good at their job and well trained. Their comments included, "The regular carers are very good, they seem well trained and sometimes talk about their training courses," "I find them satisfactory," "They [staff] are lovely girls. I like all of them," "I have no complaints with the regular carers, I would like them more often" and "I think things are a bit better with Mears, its working out fine."

Relatives spoken with commented, "I think they [care workers] are well trained. If [family member] has had a fall they know exactly what to do" and "They [staff] do ask [family members] consent but they know what to do and have a routine" and "Yes they [care workers] are trained and the ones that are new are usually shadowed when they start."

Most people told us they had a small team of regular staff who were reliable. Comments from people supported and their relatives included, "They [staff] are great. We get on really well. They are very reliable" and "They [staff] keep to a reasonable timetable," "The carers are great, I have the same carers all the time," "I have a regular carer, she is very good," "They [staff] are on time and I've not had any missed calls. If they are going to be late they let me know. I have the right number of carers," "They have very good timekeeping, I think they do very well to keep to their schedule," "Since the agency staff have gone, [family member] now has regular carers. One of three during the week, one at weekends," "I am more confident now that [family member] is safe with regular carers" and "I have a circle of regular carers who know me. I've not had strangers visiting."

Other people reported they did not always have regular care workers and the timing of visits was not always reliable. Comments from people supported and their relatives included, "The carers timekeeping can be poor," "They [staff] are normally on time for the morning calls but can be late in the afternoons," "The carers are all very nice, but I can see lots of different carers in a week. I would prefer to have regular carers," "Their timekeeping is not very good, they sometimes call at 6pm when they should call at 7.30 p.m. Weekends are worse than through the week, it puts a lot of stress on us" and "Relief carers or new carers more often arrive late."

We discussed these concerns with the registered manager and operations manager who had identified this issue and were taking action to improve the scheduling of visits so people had a regular and consistent service. The area manager explained that in one area people's visits were matched to staff availability rather than the persons identified needs until further staff had been recruited to that area. On the day of this inspection we found eight staff were receiving induction training to work in the identified area so that people had regular staff visiting them. Staff spoken with told us they now had regular schedules and had seen a "definite improvement" to their rotas.

We looked at the registered providers action and improvement plans and found significant improvements had been made to the scheduling of visits so that people were being provided with a reliable service from people that they knew. The service had an electronic call monitoring (ECM) system in place where staff

would electronically log their visit times. From these a 'planned versus actuals' report was produced which showed the planned visit time and the actual visit time so that these could be monitored. We looked at 'planned versus actuals' for four people for the month of November. The reports showed that three of the four people were receiving calls for the planned duration and time, some calls evidenced staff stayed longer than planned. We looked at the weekly audit reports which collated information from ECM. These showed a duration compliance of between 91 and 97 per cent.

All of the staff spoken with said they had a regular schedule and were provided with sufficient travel time between visits.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. Training records showed there was a comprehensive training programme in place. Staff were expected to complete a classroom based induction course which covered all mandatory training such as moving and handling, first aid, medicines and safeguarding. Care staff were also supported to complete the 'Care Certificate' where appropriate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

The registered provider had employed a training officer with specific responsibility to organise and provide training. We looked at the training matrix which showed a programme of refresher training was in place so that staff skills remained up to date.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. The registered provider had identified improvements had been needed to the frequency of supervisions and had implemented a schedule for all staff supervisions and appraisals. We looked at the Mears staff record which monitored all supervisions and appraisals. This showed that staff were being provided with four supervisions which included an appraisal. Where gaps had been identified, these had been explained. For example, when staff were off sick or undergoing induction.

All staff spoken with reported an improvement in the frequency of supervisions. Staff said supervisions were provided regularly and they could talk to their managers' at any time. Staff were knowledgeable about their responsibilities and role.

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, 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who needed help with making decisions an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection no one who used the service was deprived of their liberty or under a court of protection order.

Care plans seen held people's signatures to evidence they had been consulted and agreed to their plan. The plans seen showed people's dietary needs had been assessed and any support people required with their

meals was documented. Food preparation was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Good

Is the service caring?

Our findings

People supported spoke positively about the staff and told us they were supported to maintain their independence. Comments included, "I am keeping my independence with the help of the carers, they encourage me to do things for myself and they help me with the things I can't manage," "90% [of the staff] are brilliant and go out of their way to help" and "The regular ones [staff], they leave me alone when I am in the shower unless I want assistance."

People also told us that staff always respected their dignity and privacy. Comments included; "I have a good chat with the carers. They explain as they go," "They [staff] handle all my situations well. They will explain what they are doing and chat to me whilst they are busy," "Carers don't talk to my neighbours about how I am doing. They just say I'm fine," "They [staff] always cover me with a towel before they start," "They [staff] close the curtains and close doors," "They [staff] talk to me softly," "If there is anything personal staff don't say anything to anybody else," "Most [staff] I get on really well with. Most talk to you," "The carers are lovely. They are very nice, very polite and very helpful. They'll go above and beyond," "I think they do a very good job, the people are good, and they really care," "They have good carers, and they seem to like working for the company," "They [staff] have total respect for me, they are normally on time and if they are late the office will ring me" and "In general the carers are kind, respectful and compassionate, but the older more experienced carers are better than the young ones."

Relatives of people supported also told us they found staff caring. One relative told us, "They [staff] are smashing. They make sure we are both all right. It's like family calling." Another relative commented, "They [staff] treat [family member] with great dignity. They [person supported] aren't uncomfortable because they [staff] talk to them."

We visited four people in their homes and spoke with them and two of their relatives. A member of staff was present for part of one visit. We observed a caring attitude and conversation was shared which showed they had a good rapport with the person we were visiting, and their relative. People showed warmth to the staff.

People told us care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed staff had an awareness of the need for confidentiality to uphold people's rights.

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so important information was available to staff. Staff spoken with could describe how they respected people's privacy and maintained their dignity, for example, making sure curtains were closed when they were helping a person to wash and dress and never speaking about a person supported to other people they visited. Staff told us the topics of privacy and dignity were covered in training events and team meetings.

We spoke with staff about people's preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they

undertook. Staff also described good relationships with the people they supported regularly.

We looked at eight people's care records in total. This included four people's care records during our home visits, and four people's care records during the visit to Mears Homecare Limited - Sheffield office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave some details of people's preferences, likes and dislikes so these could be respected by staff. People told us their views were listened to and they were involved with developing their own care and that it met with their needs.

We saw no evidence to suggest anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

People spoken with said they had been involved in planning their care so the support provided could meet their needs. People said someone from the Mears Homecare Limited - Sheffield office had visited them to assess their needs and write a care plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so their opinions were considered.

People commented, "I remember someone from the office coming to check everything was all right and up to date," "I know about my care plan. The supervisor came and reviewed it," "[Name of family member] has a care plan. They [staff] checked to make sure they understood the content" and "[Name of office staff] comes and they read it out slowly to me."

People receiving support and their relatives also said staff respected their choices and preferences. Comments included, "They [staff] do everything I ask them to do," "When they [staff] are trying to coax me to eat they make reference to the food they've bought (to encourage them to eat)," "They serve food the way I like it (in its plastic carton so that it doesn't slip off the plate), "[Staff] ask what I want to eat, how I like it cooked. They respect that," "They [staff] are very good at their work. They notice any changes to [my family member's] health and inform me" and "[Staff] have built up a routine with [family member]. When they [staff] come in, off they go. They make sure the shower is the right temperature. They listen." One person told us they had discussed their preferences and needs with staff and told them they preferred female staff to visit them. They confirmed they had never had male staff visiting.

People also told us they knew how to complain and felt they would be listened to. Their comments included, "I complained when I wasn't getting the amount of showers agreed. They made sure I got the showers I should have," "I complained once, it's on-going at the moment. They [staff] came straight out and took details. They told me what the next step would be," "I was sent a male carer at first. I contacted them and they rectified that quite quickly," "I wouldn't hesitate to contact them," "I have no complaints at all" and "I have complained a few times, they're all right." The person couldn't remember an example but said the service was "all right" in terms of their response.

One person shared some concerns regarding a member of staff that supported them. The registered manager had not been aware of these concerns as they had not been previously reported. Whilst the person was clear they were safe and their needs were met, they were unhappy with a specific behaviour of the member of staff. With the person's permission we spoke with the operations manager and registered manager about these concerns. The operations manager took immediate actions to act on the information shared. The member of staff was contacted to discuss the issue and other people who were supported by this staff were also contacted to check they were happy with the support provided. The operations manager contacted the person to discuss their concerns and the member of staff was removed from their care package. All of the other people supported said they were happy with the support provided. This example showed a responsive approach to meeting people's needs.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure

was provided to people in the 'Service User Guide' kept in the file held in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. We looked at the record of complaints. These showed the nature of the complaint, the action taken and outcome was recorded .

People told us they had been provided with telephone numbers for Mears Homecare Limited - Sheffield and could ring the office if they needed to. We saw these numbers had been provided in the people's homes we visited.

We looked at eight people's care plans in total. This included four people's care records during our home visits, and four people's care records during the visit to Mears Homecare Limited - Sheffield office.. They contained a range of detailed information that covered all aspects of the support people needed. They included information on the person's history, hobbies, likes and dislikes so these could be respected. The plans gave details of the actions required of staff to make sure people's needs were met.

The care plans had been signed by the person receiving support or their relative and representative to evidence they had been involved and agreed to the plan.

We spoke with four staff that provided support to people. Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us plans were reviewed and they were confident people's plans contained accurate and up to date information that reflected the person. Staff told us they read people's care plans and were always provided with information about people before they started supporting them. We saw staff kept records of each visit to show what support had been provided.

We found the care plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

Requires Improvement

Is the service well-led?

Our findings

The manager was registered with CQC.

People supported and their relatives or representatives had met visiting officers from the service and knew their name. Whist some people thought the office was well organised, others thought communication could be improved. Comments included, "They [office staff] always sort things out straight away," "I never find any issues with any of them [office staff]. I am quite happy with them," "I can ring the office at any time," "I'm never sure when they will get back to me," "They take ages to answer the phone," "The supervisor visits me and reviews my care plan every six months, I have no complaints at all," "They [office staff] have rung me a couple of times (to check how things are). I've said it was very good," "They [office staff] have rung once before (to check how things are)" and "I got a questionnaire from the office and completed it. I think it is well managed."

The registered provider had recruited an operations manager to support effective service delivery. The operations manager and registered manager had worked closely with the local authority to ensure their improvement plan was implemented. A weekly action plan was provided to the local authority to show the service was undertaking audits and working towards agreed targets. We looked at the weekly action plans for the month of November 2016. These, alongside information received from the service and local authority, showed that significant improvements had been achieved. For example, complaints and safeguarding records had a clear audit trail, the frequency of staff supervisions had improved and more people supported by the service had a regular team of staff visiting them. However, the operations manager and registered manager were aware that these improvements needed to be sustained to ensure they were embedded in practice. Further improvements had been identified, for example to the scheduling of visits.

There was a clear staffing structure including care coordinators and visiting officers. Staff spoken with were fully aware of the roles and responsibilities of managers' and the lines of accountability.

The registered manager and operations manager displayed a commitment to their role. They told us they felt well supported.

We found the office well organised and all records seen were up to date.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so gaps could be identified and improvements made.

We saw checks and audits had been made by the registered manager, operations manager and some office staff to ensure safe systems were in operation. For example, we saw checks and audits on care plans, medication administration records (MAR) and financial transaction records to ensure these had been fully completed in line with safe procedures. The registered manager explained that where any discrepancies or gaps were identified these would be discussed with the relevant member of staff. Planned versus actuals reports seen held evidence that they had been checked. A 'client list' of yearly risk assessment review dates,

three and nine month telephone review dates and six monthly care plan review dates had been kept and a system was in place to notify staff when these were due, in line with quality assurance procedures.

We looked at the 'Mears staff record' which monitored all supervisions and appraisals. This showed that staff were being provided with four supervisions which included an appraisal, two medicines competency observations and two 'spot checks' to observe practice each year.

We found these visits to people's homes to observe staff and speak to the person supported (spot checks) were undertaken by a senior member of staff. A system was in place to monitor the frequency of spot checks and we saw records of spot checks which showed these took place on a regular basis. A system to monitor the timing and frequency of visits to people's homes was in place so these could be monitored. Staff used their work mobile phones to log in and out of each call. This information was then transferred to a 'planned versus actuals' record so any discrepancies could be noted and a file note made of any reason for these discrepancies.

As part of the service quality assurance procedures, an internal quality review was undertaken by staff external to the Sheffield branch each year. We looked at the report from the quality review dated 13 and 14 September 2016. This showed all aspects of the management and service delivery had been checked to identify good practice and any issues requiring improvement.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

All of the staff spoken with said the registered manager was approachable and supportive. Staff said they could voice their opinion and would be listened to. Records of staff meetings showed these took place on a regular basis and were well attended.

We found the management of the service was proactive in seeking and acting on people's views. As part of the services quality assurance procedures, surveys had been sent to people supported to obtain their views of the support provided. The registered manager told us where any issues were identified, these would be addressed in an action plan. We saw that the results of the survey had been posted to staff and people supported in July 2016 so that important information was shared.

We saw policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held at the services office. The policies seen had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.