Mears Care Limited

Mears Care Mansfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an announced inspection of the service on 23 June 2017. Mears Care Mansfield is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 413 people. 122 of these people had joined Mears Care Mansfield in May 2017 from another service from within the provider's group of services. For the purposes of this inspection, the views recorded from people and the records reviewed relate solely to the people using the service before May 2017.

On the day of our inspection there was a registered manager in place. 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. The current registered manager has been registered with the CQC since 21 February 2017; however it has only been in the past two months that they have worked fulltime at the service.

People told us they felt their safety may be placed at risk because staff regularly arrived late to support them in their homes. Records showed up to 37% of all calls were at least 15 minutes late. However, when staff did arrive people felt safe when they were in their homes. Risks to people's safety were assessed and reviewed however many of these assessments lacked detail and did not always provide staff with sufficient guidance on how to reduce the identified risks. Safe recruitment processes were in place. People's medicine administration records were not always accurately completed.

People were supported by staff who completed an induction and training prior to commencing their role. However, records showed that 25% of all care staff had not completed refresher training in a number of key areas needed to provide effective support for people. Staff received some supervision of their work but not all had received sufficient amounts to enable the registered manager to be confident they were completing the roles effectively.

The principles of the Mental Capacity Act (2005) had not always been appropriately followed when decisions were made about people's care. Guidance for staff to communicate effectively with people living with dementia was limited. People were supported to maintain good health in relation to their food and drink intake. People's day to day health needs were met by staff.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views. People felt the care staff treated them with dignity and respect with some people enjoying positive, friendly relationships with them. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People told us their personal preferences were not always respected. Some people told us they did not always receive the same staff at their home, and new staff did not understand how to support them.

Additionally, some people had specifically asked for male or female staff to support them but this choice was not always respected. Guidance for staff on how to support people living with dementia was limited. Some people felt their care needs were regularly reviewed, whilst others felt they were not involved with the reviewing of their care. Some people felt the office staff responded to their complaints effectively, whilst many others felt they did not.

Current quality assurance processes were not effective in ensuring that people received a high quality service at all times. Some of the issues highlighted within this report had been identified by the registered manager, with some action taken to address them, however further work and improvements were needed. Many people felt the office staff did not respond appropriately when they wished to make changes to their care package, whilst many people also did not know who was currently managing the service. A survey had been carried out to gain people's views, however the results of these surveys had not yet been analysed, nor an action plan for improvement put in place. Staff understood how to report serious concerns via the provider's whistleblowing policy.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this 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 told us they felt their safety may be placed at risk because staff regularly arrived late to support them in their homes.

When staff did arrive, people felt safe when they were in their homes.

Risks to people's safety were assessed and reviewed however many of these assessments lacked detail and did not always provide staff with sufficient guidance on how to reduce the identified risks.

People's medicine administration records were not always accurately completed.

Safe recruitment processes were in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who completed an induction and training prior to commencing their role, however records showed that more than a quarter of care staff required refresher training in a number of key areas.

Staff received some supervision of their work but not all had received the sufficient amounts to enable the registered manager to be confident they were completing their roles effectively.

The principles of the Mental Capacity Act (2005) had not always been appropriately followed when decisions were made about people's care.

Guidance for staff to communicate effectively with people living with dementia was limited.

People were supported to maintain good health in relation to their food and drink intake. People's day to day health needs

were met by staff.

Is the service caring?

Good

The service was caring.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views.

People felt the care staff treated them with dignity and respect with some people enjoying positive, friendly relationships with staff.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People felt their personal preferences were not always respected. Some people did not always receive the same staff to their homes and felt the new staff did not understand how to support them.

People's wishes to have either male or female care staff to support them were not always respected.

Guidance for staff on how to support people living with dementia was limited.

Some people felt their care needs were regularly reviewed, whilst others felt they were not involved with the reviewing of their care.

Some people felt the office staff responded to their complaints effectively, whilst many others felt they did not.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Current quality assurance processes were not effective in ensuring that people received a high quality service at all times.

Many people felt the office staff did not respond appropriately when they wished to make changes to their care package. Many people also did not know who was currently managing the

service.

A survey had been carried out to gain people's views, however the results of this survey had not yet been analysed, nor an action plan for improvement put in place.

Staff understood how to report serious concerns via the provider's whistleblowing policy.

Mears Care Mansfield

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 the 23 June and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection team consisted of one inspector and four Expert-by-Experiences (EXE). These are people who have had personal experience of using or caring for someone who uses this type of care service. The ExEs spoke with a total of 60 people and 13 relatives before, during and after the inspection to gain their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures. We spoke with three members of the care staff, two care coordinators, and the registered manager.

Requires Improvement

Is the service safe?

Our findings

Effective processes were not in place to ensure that staff arrived on time to support people within their own homes. Many of the 73 people or relatives we spoke with raised significant concerns about the punctuality of the staff. We were given many examples where staff were over half an hour late, with people not always notified that staff were going to be late.

One person said, "I need them [staff] here early for me to attend hospital regularly but I can't rely on them getting here on time. I have spoken to the office but there seems to be no difference." Another person said, "I should have somebody come to put me to bed between 8.00pm and 8.30pm, but during the last three weeks, the timings have been more from 9.00pm onwards and there were three nights in a row where it was nearly 10.30pm by the time a carer showed up." A third person said, "They don't arrive on time, it's now an hour late each visit. They've got to realise I haven't had any breakfast or tea; it's disgusting really." A relative said, It should be (an arrival of) 9.15am and they know it is a critical time, but it's often around 10.00am and then one carer will turn up and the other won't. I don't see why they can't give us a courtesy call if they have to change the time."

We checked the provider's records of when staff had arrived at people's homes for the months of April and May 2017 and the month of June up to and including 22 June 2017. The reports used to assess staff punctuality measured calls as being late or early if staff arrived 15 minutes before or after the agreed time. The records showed that for each of these periods 35-37% of all calls were either early or late. Calls not carried out at the agreed time could place people's health and safety at risk. This could result in food and drink being offered at the wrong times, people not being able to get up or to go bed at the time they needed to and also in extreme circumstances, medication could be given at the wrong time.

We raised these issues with the registered manager. They told us they were aware that there had been issues with the punctuality of the staff and had recently worked with their care coordinators, to plan care workers' routes more effectively to improve punctuality. They told us reducing the number of early or late calls was their main priority.

Risk assessments were in place in areas such as people's mobility, personal care and medication. We noted that whilst some of these assessments were detailed others contained limited information to support staff in providing safe and effective care for people. For example, we saw in many of the records the statement, 'if there are changes report and record.' It did not state what change in risk there needed to be in order for the staff to report it, which meant there could be an inconsistent response from staff, potentially placing people at risk. We also noted there was inconsistent documentation used to record known risks. A new risk assessment format was in place for some people's records, these contained detailed entries about known risks. However, for others, the documentation was limited and only a small entry could be made, limiting the amount of information that could be recorded for each person. The registered manager acknowledged this was an issue. They told us plans were in place to remove all paper copies of care planning and risk assessment documentation and a new handheld computerised system would be introduced. However they told us that before the implementation of this system, they would carry out a thorough review of people's

care records to ensure known risks were appropriately recorded.

These were examples of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

Protocols were in place that were intended to keep people safe. This included the process staff should follow if a person was not in or did not answer their door when a member of staff arrived at their home. Protocols were also in place that ensured any allegations of abuse or poor practice by staff was reported to the appropriate authorities such as the local multi agency safeguarding hub and the CQC. Staff spoke knowledgably about this process and told us they were confident that the manager would act on any concerns raised.

The majority of people and relatives we spoke with told us when staff came to their home they felt safe. One person said, "I do feel safe with them in the home and they treat my possessions well." Another person said, "I don't have any concerns whatsoever about my safety when I have my regular carer because they really help support me, particularly when I'm having a shower." A third person said, "I certainly do feel safe with staff in my own home and have never come across a concern." A relative said, "[My family member] is safe with the carer we have. I feel confident in the carer. They are straightforward and definitely know what they are doing."

Some people did raise concerns about their safety, particularly in relation to receiving personal care from new and particularly younger members of staff. One person said, "I don't always feel safe enough to shower with some of them so I tend to wait until one is here that I feel confident with." Another person said, "Some of the carers are young and not very big. I won't let some of the carers shower me as I feel unsafe." A third person said, "Often I don't feel safe and some of them are very young and don't know what they are doing." During the inspection the registered manager told us there had been some new members of staff and that it would take time for them to learn the way each person preferred and needed to be supported.

Regular assessments of when people had been involved in an accident or incident that affected their health, welfare or safety were carried out and reviewed centrally by representatives of the provider. Where serious risks were identified action was taken to address them.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members supporting people. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

Many of the people we spoke with were able to manage their own medicines or were supported to do so by their relatives. For those that did require support from staff, they told us their experiences were positive. One person said, "I am supported to take my tablets and my carer will usually give me a glass of water and give them to me to take. Once I have taken them, it is written in the book so that there is a record of me having taken my tablets." Another person said, "They put my tablets in a pot for me and check I take them." A relative said, "The staff wear gloves and push the tablets out of the pack into (family member's) hand, they take care not to touch them and they will sign the book."

We looked at the medicine administration records (MAR) for five people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. We noted these records included details of people's allergies and also how they preferred to take their medicine. The majority of these records were appropriately completed. However, we noted there had recently been a review of people's MAR carried out by the registered manager. These checks were carried out to establish

whether staff had been correctly recording when people had or had not taken their medicines. Records showed that in April 2017 39 gaps and in May 2017 11 gaps had been identified in people's records respectively. The registered manager told us that this was in relation to staff not recording that people had taken or refused their medicines and not that staff had failed to administer them. The registered manager told us each time an omission had been highlighted staff were removed from administering medication until they had attended a refresher course for the safe administration of medicines. Further supervision and competency assessments were also carried out. The manager told us that although since starting this review in April significant improvements had been made, they would continue to carry out these reviews to ensure records were accurately recorded. The accurate recording of whether people have taken or refused their medicines is essential in ensuring people received safe and effective care and treatment.

Requires Improvement

Is the service effective?

Our findings

People raised concerns about the effectiveness of the staff with some people telling us they felt staff did not always understand how to support them. One person said, "It's hard to keep training staff because I'm [years old]. It gets too much when you have to explain yourself over and over. We also have nothing to talk about, they do their job and that's it." Another person said, "I seem to get a lot of new ones [staff] I feel like I am training them. I have to direct them a lot. Sometimes they send a new one with another carer but that doesn't always seem to be the case." A third person explained a specific procedure they needed help with each day and said, "They [staff] don't seem to know how to work these things." A fourth person said, "Some staff are not as well trained as others. Some staff don't do the detail like checking things properly."

We checked to see what training staff had completed and whether refresher training was provided for staff to ensure their knowledge was up to date. We found a number of examples where staff had not carried out refresher training in line with the provider's expected frequency of training. We found 25% of all staff had not completed refresher training in the following key areas; moving and handling, medicine administration, safeguarding of adults and mental capacity and deprivation of liberty safeguards. For some staff this training was months out of date with a small number of staff not having had refresher or training for over a year. These four areas of training are important in ensuring that people receive safe and effective care and support. After the inspection we were informed by the registered manager that refresher training courses had now been booked.

Staff did not always receive regular supervision of their work. The registered manager told us there was an expectation that staff should expect to receive four supervisions a year as well as an annual appraisal. Records showed for a number of the 105 staff, they had not received the frequency of supervision meetings as expected for this time of the year. The registered manager told us since they arrived at the service in March 2017, they had started to implement a system where the frequency of supervisions was more closely monitored and the responsibility for carrying out the supervisions delegated to supervisory staff. They acknowledged that more work was needed to ensure this process operated effectively.

This was an example of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

Some people we spoke with were positive about the effectiveness of the staff. One person said, "They all seem to know what they are doing. Well they do everything alright for me. We have got to know one another we have some banter." Another person said, "They seem quite well trained. They do what I ask no problems." A third person said, "I think the girls are pretty clued up and I can trust them."

Staff spoken with told us they felt supported by the registered manager and the care coordinators. One staff member said, "I feel supported by the manager and I would definitely raise it if I didn't." Another staff member said, "I feel supported by the new manager. It has been very unstable here recently but things do seem to have calmed down since the new manager came."

The people we spoke with did not raise any concerns in relation to staff doing things without their consent. People's records showed before they commenced using the service the care and support to be provided had been agreed with them, with many people signing their care records to say they agreed.

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.

People's records contained examples where MCA assessments had been carried out where it had been assessed that people were unable to make certain decisions. However, we did see examples where the assessments did not always contain sufficient information about what specific decision was being made. We also found examples where a MCA assessment may have been needed but had not been completed. For example, one person's records stated they had 'vascular dementia and Alzheimer's' yet no MCA assessments had been completed. The consistent and effective assessment of people's ability to make decisions for themselves is crucial in ensuring that decisions that are made for people are always made in their best interest.

We raised this issue with the registered manager. They agreed that a more consistent approach to the assessment and reviewing of people's ability to make decisions for themselves was needed. We were shown did examples of new documentation that was being used to assess people's capacity levels, however more needed to be done to ensure that all staff carrying out the assessments did so consistently.

People's care records contained limited guidance for staff to enable them to communicate effectively with people who may have communication needs. We saw an example where a person had been described as 'confused'. The guidance for staff to support this person stated, 'Care support workers to be vigilant when talking to [name].' There was no guidance in place to advise staff what they should do if the person became confused, and also did not advise staff what they were to be 'vigilant' of. We also saw another example where a person had been described as having 'variable dementia'. There was no guidance for staff to follow to support this person effectively other than the staff were to be aware that the person had 'naïve innocence due to memory loss'. When we spoke with staff, they told us they had developed their own ways of communicating with the people they supported and felt they had built positive and effective relationships over time. However, due to the high turnover of staff, less knowledgeable staff may struggle to communicate with people effectively. We raised this issue with registered manager. They told us they would ensure a full review of people's care records was carried out and clearer guidance put in place to enable staff to communicate more effectively with people.

Many of the people we spoke with were able to manage their own meals or received support from relatives. Those who did receive support from staff were happy with the support they received. One person said, "The first thing my carer does when they come in, is to make me a hot cup of tea and they always leave me with another hot drink before they go. Then I always have a least a glass of water on my little table so that I can reach it when nobody else is here." Another person said, "I have ready meals so they just have to pop it in the microwave."

People's day to day health needs were monitored by the staff and any changes to people's health were recorded in their care records. One person said, "They [staff] really helped me out when I had [condition] and they just sorted me out without a fuss." If referrals to external professionals were needed these were done with people's consent. People told us they did not need the assistance of staff to attend appointments

with external professionals.

Good

Is the service caring?

Our findings

The majority of the people we spoke with felt the staff who supported them within their home were kind, caring and compassionate and they enjoyed their company. One person said, "My regular carer is brilliant. They've got a good understanding. We've become friends and have a chat and talk about each other's lives." Another person said, "I do like the carers and feel happy with them. We have a laugh and a joke. They are like part of the family. I mainly have women carers but they send the odd man every now and again. I don't mind that." A third person said, "The staff are polite, caring and kind. I don't know what I would do without them. They cheer me up." A fourth person said, "The carers are very kind and very pleasant and most have time for a little chat."

The staff we spoke with told us they enjoyed their jobs and liked building positive and trusting relationships with people. One staff member said, "I love my job. I like to be able to make a difference. We are a comfort blanket for some people and I find it very rewarding."

Many of the people we spoke with told us the staff understood their care needs and welcomed and acted on their input into how they would like their care to be provided. One person said, "They do a good job and dry me properly. They are kind and friendly especially those I see more often and have got used to." Another person said, "They check that I feel well enough to have a wash and ask me how I am. They remember it's my home they are in." A third person said, "They are all caring and good staff. It's all what I want to do. They always ask if I want a shower and things. They will even check if my scooter needs charging and put it on for me."

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the registered manager told us they ensured all staff we made aware.

Information about people's life history and their likes and dislikes was recorded in their care records. This information was included in regular reviews to ensure the staff who visited were made aware of any changes to people's care. Records showed reviews took place at least annually with other less formal reviews such as shorter telephone interviews taking place. The majority of people told us they felt the staff knew them well and were interested in what they had to say, although some did raise concerns about the quality of the new staff and not understanding how to support them.

The majority of people and their relatives felt staff treated them or their family members with dignity and respect when they supported them. One person said, "They are pleasant and help me keep myself clean." Another person said, "They are respectful and make sure I am comfortable." A relative said, "[Staff member] respects [my family member's] privacy and dignity. [Staff member] will always check that my [family member] is well enough and happy to be helped that day."

People were supported to remain as independent as they wanted to be. Care records contained guidance for staff on what people were able to do for themselves and where they needed support. One person said,

"My regular carer certainly supports me to do as much as I can when I'm having a wash in the morning and they will only step in when I can't reach the middle of my back on the backs of my legs." A second person said, "They help me if I need it. When I am showering they stop in the room but usually turn away. They use towels to keep me warm and covered up. The staff are really caring."

Staff spoken with talked respectfully and knowledgably about the people they supported. One staff member said "We are like the eyes and the ears of people and I'm pleased I'm able to bring a little comfort to people's lives.

People's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

Requires Improvement

Is the service responsive?

Our findings

People's care records contained detailed information about their daily routines and preferences and how they would like support to be provided for them. This included, the time of day they liked their calls to be made, the time they liked to get up and to go to bed, the support they needed with their daily meals and whether help was required with their medication. This information was then provided to guide staff to help them understand how each person wished to be supported.

People told us when they received their regular care staff then their daily routines, preferences and support needs were met. However, many people raised concerns with us that when they did not receive their regular staff, then care and support was not always provided in the way they wanted. One person said, "The newer carers don't read the care plan, they say they haven't got time. When I asked them how they manage with people who can't tell them what to do such as those with dementia, they say they just copy what the previous carer has written in the notes." Another person said, "I would like my regular [staff member] back. They have moved them but I don't know why. Recently I have had a lot of different ones. They don't know the routine so it makes it all harder." A third person said, "You get a lot of staff come and they don't know what to do." The registered manager acknowledged that there had been some staff turnover and also changing of staff member's calls to try to ensure calls were met on time. They also stated it took new staff time to learn people's routines but were confident that moving forward this would improve.

We noted in some people's care records it had been recorded whether people preferred a male or female member of staff to support them. Whilst many of the people we spoke with told us they received their preference others raised concerns that they sometimes did not. One person said, "I have requested they don't send male carers but I still keep getting them. This week I have had three. I won't go into the shower with a male carer, it doesn't feel right." Another person said, "They do send men and I have told them I don't want men washing me but they still send them. I don't want them here and so I don't let them in." A relative said, "Sometimes they send a male carer to [my family member]. [My family member] doesn't mind but wasn't asked whether it was ok."

The staff we spoke with could explain in detail how they supported people and ensured they did so in line with each person's personal preferences. One staff member said, "I have had the same people for a while now so you get to know them. The care plans could be improved though, they don't always have the information you need and you have to learn as you go along." Another staff member agreed, and told us they felt more information was needed to ensure people received the support they wanted from staff.

All three of the care staff we spoke with raised concerns about the quality of the information within care plan records when supporting people living with dementia. One staff member said, "The information is limited and more training is needed for staff to help us with this really important issue." Our concerns matched those raised by the staff. We discussed this issue with the registered manager. They acknowledged that the level of detail recorded for some people living with dementia was not sufficient. They agreed more needed to be done to ensure staff had as much information available to them as possible to enable them to support people in the way would want. They told us they would ensure a review was carried out of the relevant care

records and improvements would be made to the care planning documentation.

Prior to people using the service a pre-assessment was carried out to ensure their needs could be met. This involved a trained staff member visiting people and discussing their care and support needs and agreeing what support would be provided by staff. Following on from this initial assessment, further reviews of people's care were carried out. People told us they generally felt involved with this process. One person said, "I was involved with setting up my care plan and I signed it." Another person said, "They came out today to do my review. [Staff member] was here for about three hours. It went well and I did feel listened to and I mentioned about the late calls. I hope it will improve." A third person said, "They came out recently and asked me a lot of questions but I said I was happy with everything." A third person said, "Two staff came out earlier this year and reviewed my care plan. I really felt that they listened and involved me and my [family member]."

However some people told us they had not received a review or, if they had, then they felt their views had not led to an improvement in the care and support. One person said, "My care plan has not been updated. One of the senior staff said they were coming out to update it when they could get round to it but I haven't seen them." Another person said, "I can't recall anybody coming out yet to review the care plan." A third person said, "They rang to say they wanted to come and review my plan but it wasn't convenient. We reorganised and despite sitting in and waiting they never turned up to do it."

The majority of the people supported by the service did not receive assistance with their hobbies or interests as part of their care package. However, some people spoke positively about the staff, stating they took an interest in the things that were important to them. One person, when describing their regular staff member said, "We've become friends and have a chat and talk about each other's lives."

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting concerns internally, but also to external organisations such as the CQC or the local authority.

We received a mixed response when we asked people if they were satisfied with the way their complaints were handled. Some people were pleased with the process. One person said, "Although I've not had to complain I feel confident to do so and would speak to the manager. I believe I would be listened to. I would recommend this company." Another person said, "If I had any worries I would speak to the office staff. It's easy to get through and they are friendly enough. I think there is information about how to complain in the folder." A third person said, "I would know who to speak to if I had any concerns. I needed to make a complaint in the past and it was dealt with."

However, other people were not satisfied with the process. One person said, "I have spoken to the office about issues over the months past but nothings changes." Another person said, "It's no good complaining, they just don't want to know." A third person said, "To be honest, I've never made a formal complaint but that's only because they've never dealt with any of my other concerns or issues I've talked to them about, so I really didn't feel like wasting my time anymore in making it an official complaint."

We looked at the service's record of complaints and saw processes were in place to ensure the formal complaints were dealt with in line with the provider's complaints policy. However, from the feedback received from people it was clear improvements were needed in supporting people who had made informal complaints, either via their care staff or the telephone to office staff to ensure all complaints are handled appropriately.

Requires Improvement

Is the service well-led?

Our findings

Quality monitoring and assurance processes such as random spot checks of staff performance and reviewing staff members' ability to administer medicines safely were in place; however these were not effective in ensuring that people always received a good quality service that met their needs. Throughout this inspection people and relatives told us that there are a number of areas of improvement needed. Our observations of the effectiveness of this service support this view. Whilst the current quality assurance systems had identified the main areas of concern in relation to poor punctuality, staff training and supervision and the inaccurate recording of people's medicines administration records; a more in-depth review of the issues within this service was required. The new registered manager was aware of these issues and told us they had started to address them but agreed that more progress was needed to ensure people received a high quality of service. A formal action was not yet in place to address these concerns.

Whilst some of the people and their relatives were happy with the way the service was managed and told us they had a good relationship with the office staff, many others raised significant concerns that they did not feel their complaints or issues raised were dealt with effectively. Some people told us they felt there had been a high turnover of staff and managers and this had affected the quality of the service they received.

One person said, "They are a bit up and down as an organisation and I don't know that I would recommend them to somebody else. I have no idea who the manager is. They have had a bit of a change over the last six months and I don't know who is in charge." Another person said, "The people in the office are ok although sometimes it's hard to get hold of them. I don't know who the manager is." A third person said, "I don't know the manager. They keep changing them. I am not very happy on and off like this. You don't know who to talk to." A fourth person said, "The carers are good but the admin is shambolic. I have brought issues up with the office and nothing changes." A fifth person said, "It's the office and organisation that is rubbish not the carers."

People also raised concerns that when they contacted the office to make changes to their care package or to inform them they did or did not need support on a certain day, then this was not always acted on. One person said, "If I ask them to come at a specific time to get to a hospital appointment it just doesn't happen. Last year I was in hospital for three days and they still sent a staff member despite my [family member] informing them." Another person said, "I am not sure about their ability to organise things. I have asked my carer to cancel visits for my hospital appointments and I have heard them do it. Yet they still send someone when I am not here. It is a waste of their time." A third person said, "I don't think they listen to you. I ask them not to come some dinner times because I know I will be out but they still come. Then they are on to me asking where I was."

People told us they had recently seen an increase in the number of staff talking to them about how they were treated by the organisation. One person said, "I don't think my carer feels supported by the organisation." A second person said, "The carers have been mucked about and people are leaving. They are not very happy with the office. They are changing their rotas all the time." A relative said, "I think the carers despair of the office." One person told us they had to tell a staff not to talk to them about their issues with

the organisation as they did not think it was appropriate.

These were examples of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

We reviewed the latest survey results completed in April 2017. This survey gave people the opportunity to comment on the quality of the service provided in a number of areas. These included; the quality of the care, ability to make their own choices, the flexibility of the staff, whether the staff were caring and their ability to lead independent lives. At the time of the inspection the results of this survey had not yet been reviewed. As a result we could not ascertain an overall account of people's views. However the sample of records we looked at showed mixed feedback with some commenting positively about the service and others not

A registered manager was in place at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The current registered manager has been registered with the CQC since 21 February 2017; however it has only been in the past two months that they have worked fulltime at the service. The registered manager told us since the previous manager had left there had been a period where the management of the service had not operated as effectively as it should have done. They assured us their role was now to "fully focus" on improving the service and assured us this would happen. We were assured that the systems they had introduced since working at the service would improve the quality of the service people received.

The staff we spoke with told us they felt there had been a period of instability at the service until the new registered manager started to work there full time. However they felt the new manager had started to make improvements. One staff member said, "You can see what she is trying to do. It will take time, but we get there."

A whistleblowing process was in place. A whistleblower is a person who raises a concern about a wrongdoing in their workplace or social care setting. The staff we spoke with felt able to report any concerns they had to the registered manager of the provider.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary and when action was taken to address these events, the CQC were regularly updated.

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 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment 12.—(1) Care and treatment was not always provided in a safe way for service users. 12 (2) (a) the registered person did not always effectively assessing the risks to the health and safety of service users of receiving the care or treatment; 12 (2) (b) the provider did not do all that was reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance 17 – The registered person did not (2) Effective systems or processes were not always in place to enable the registered person, in particular, to— (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c) maintain securely an accurate, complete and contemporaneous record in respect of each
service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;
(e) seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing - 18.—(1) The registered person had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced persons to be deployed in order to meet the requirements of this Part.