Mears Care Limited

Mears Care - Richmond

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was a comprehensive inspection which took place on 18 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the manager would be available.

The last inspection took place on 21 March 2017, when we rated the service as Requires Improvement, with an inadequate rating for the key question of Safe. We found breaches of five Regulations in relation to person-centred care, need for consent, safe care and treatment, good governance and staffing. We issued a warning notice for breaches in safe care and treatment telling the provider they must make improvements by 30 April 2017. We issued requirement notices in respect of the other breaches. At the inspection of 18 July 2017 we found that all the breaches had been met. However, some areas of the service still required improvements to make sure people were always cared for in a way which reflected their needs and preferences.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Mears Care – Richmond is a domiciliary care agency providing personal care and support to people living in their own homes within the London Borough of Richmond upon Thames. The majority of people had their care funded and organised by the local authority. As part of the provider's contract with the local authority they provided the care and support to people who lived within two extra care schemes in the borough. They also provided short term care and support alongside the treatment provided by the health authority to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously. The number of people who used the service changed regularly because the agency was one of the main providers used by the local authority. At the time of the inspection the agency was delivering approximately 3,000 hours of support a week. Mears Care Limited is a national organisation and has branches in different counties and London boroughs. The Richmond branch was located in an office with a number of other branches.

There was a manager in post. They were registered to manage a different branch of Mears Care Limited. They had changed role to manage this location and were in the process of transferring their registration for the management of Mears Care – Richmond. 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.

There had been improvements at the service and the previous requirements and warning notices we issued had been met. Most people using the service, their representatives and the staff told us they had experienced improvements. However, some people still felt the service did not meet their needs. In particular some people were not happy with the times care visits took place because these were not always consistent and did not always reflect when they needed care. Another concern was about the changes in the care workers who visited them. Whilst some people had regular care workers and they were happy with this, others told us they did not always know who would be caring for them and they did not like this. The third main concern people raised with us related to communication with the agency. They told us that they were not informed when changes to their care worker were planned or if care workers were running late. Some people also told us that when they raised concerns they did not always get told what was happening with these.

The manager acknowledged that further improvements were needed to the service. They told us they had focussed improvements on the most urgent and serious concerns relating to risks and medicines management. They had also started to improve the scheduling of care visits; however, they said that this was an area where more improvements were needed.

People using the service and their representatives liked their regular care workers. They told us that care workers were polite, kind, considerate and that they had good relationships with them. Most people told us that the care workers met their needs.

People were involved in planning their own care and had consented to this. Care plans included detailed information about people's individual preferences and how they wanted to be cared for. People were supported to be independent where they were able.

Medicines were managed in a safe way. There had been considerable improvements in the way that the agency monitored and managed medicines. The work undertaken by the branch in this area had also led to changes and an improvement in some of the provider's other branches and the way the provider trained the staff.

The risks people were exposed to had been assessed and planned for. There was clear information for the staff and contingency plans for different emergency scenarios. The provider had a procedure for safeguarding people and the staff had a good understanding of this.

The staff were recruited in a way which made sure they were suitable and appropriately skilled. There were comprehensive systems for inducting, supporting and training new members of staff. The staff we spoke with felt supported and had the information they needed to undertake their jobs.

The branch was being managed in a way which developed an inclusive and open culture. People using the service, other representatives and the staff were asked for their opinions and their feedback was used to help make improvements. The manager had introduced new audits and quality monitoring processes which had identified where improvements were needed. There was evidence action had been and was continuing to be taken to make the required improvements.

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

Some aspects of the service were not safe.

There had been improvements in the way in which the staff were deployed and care visits were scheduled. However, further improvements were needed to make sure people always received the right care at the time they needed this.

People were administered their medicines as prescribed and in a safe way. The provider's procedures for monitoring this ensured any problems with medicines management were dealt with promptly.

The risks people were exposed to were appropriately assessed, monitored and mitigated.

There were systems for managing emergency situations.

The procedures for recruitment ensured that staff who were employed were suitable.

Is the service effective?

Good

The service was effective.

People's capacity to consent had been assessed and they were able to make choices about their care. The provider had acted in accordance with the principles of the Mental Capacity Act 2005.

People were cared for by staff who were appropriately trained, supported and supervised.

People's dietary needs were being met.

The staff monitored people's health and took appropriate action when there were changes in their health needs.

Is the service caring?

Good

The service was caring.

People were cared for by kind, polite and considerate staff.

People's privacy and dignity were respected.

People were supported to maintain independence and make choices about their own care.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Some people did not receive care visits at the right time to meet their needs and there was variations about the timings of calls each day. In addition the provider did not communicate when care workers were running late or when there were changes in care workers.

People were involved in planning their own care.

People knew how to make a complaint and the provider responded to these. However, some people did not feel they had enough information about how their complaints were investigated.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

There had been improvements at the service and these had made a difference to people's care. However, further improvements were still needed to make sure people received a consistent service which always met their needs.

The systems for monitoring quality and making improvements were well-managed.

Records were up to date, accurate and complete.

Mears Care - Richmond

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 18 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available.

The inspection visit was conducted by one inspector.

Following the visit we telephoned people who used the service, their representatives and staff to ask for their feedback. Some of these telephone calls were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plan for meeting the breaches we had identified, information from the local authority, safeguarding alerts, also records of accidents, incidents and complaints.

During the inspection we met the manager, provider's regional support manager, two visiting officers and the two extra care scheme managers. We looked at the care records for 10 people who used the service, the recruitment, training and support records for 10 members of staff and other records used by the provider which included information about their audits, complaints, accidents and incidents.

Following the visit we spoke with the contracts manager from the local authority, 12 care workers, 24 people who used the service and the relatives of six other people who used the service.

Requires Improvement

Is the service safe?

Our findings

At the inspection of 21 March 2017 we found the staff were not always deployed in a way which met people's needs and kept them safe. We served a requirement notice telling the provider they needed to make improvements.

At the inspection of 18 July 2017 we found that improvements had been made. However, some people still had concerns about care visits not taking place at the same regular time each day and that the deployment of staff had a negative impact which meant that they did not receive the care and support they needed.

Their comments included, ''I'm usually up and dressed by the time they arrive but then they do get on with other things'', ''They don't let me know when the regular girl is off – they muck me about'', ''I rely on transport to my day centre, so if the carers are late I miss this and I do not think the agency realise the importance of this'', ''Last week I had an appointment which I missed because the care worker was late, I told the office how important it was but they did not listen'', ''You are left guessing if someone comes or not, communication with the office about calls is poor'', ''The timings are awful and no one lets you know'', ''My regular girl is great but if she is away they send the wrong people'', ''I have a few regular girls but I never know who is coming or what time to expect them'', ''It's been a bit of a rollercoaster using this agency I am not sure what to expect'', ''Coming late and us not being told is a big problem and very frustrating'', ''[My relative] is upset when strangers come and [they] do not have a regular carer'' and ''Late calls is a constant problem.''

We spoke with some people who required the assistance of two care workers. In the past there had been a significant problem that care workers did not arrive at the same time. This problem had been widespread. Some people told us there had been improvements with this, although others told us it was still a problem. One person commented, ''Twice only one carer has arrived instead of two. I have rung the office to tell them it is not safe, the other carer was on holiday.''

Some people told us that there had been improvements and said that their care workers arrived at the right time. They told us there had been improvements, or that they had not experienced any problems with this in the past. Some of their comments included, ''They never rush us but if they are finished and we're okay then I say they can go'', ''They are generally within a 15 minute window of when they are supposed to arrive'', ''I have regular carers in the week and weekends and I am very lucky'', and ''There have been improvements with the timing of calls recently.''

The provider had recruited new staff and had reduced the amount of temporary workers. There had also been improvements in the way care visits were planned. The manager had worked directly with the care coordinators to improve rostering so that staff had more travel time and care visits did not overlap. The manager told us there had been noticeable improvements in some parts of the borough but that further improvements were needed in other geographical areas. The local authority representative confirmed this, telling us that there had been improvements in the deployment of staff but that further improvements were needed.

The provider used an electronic call monitoring system. This allowed them to track when staff arrived and how long they stayed for each visit. A senior member of staff was assigned to monitor this at all times and if care workers were late or did not arrive for visits they were immediately alerted. The local authority representative told us that compliance with this system had improved and we saw evidence of this in the provider's own records.

The staff told us that they received their rotas in advance and knew who they would be caring for and when. They told us this was an improvement as in the past they had been asked to attend care visits at short notice. The staff told us that there had also been improvements in how the work was assigned so that they had care visits which were geographically close together and were given a schedule which allowed them to stay for the right amount of time to care for people.

At the inspection of 21 March 2017 we found people did not always receive their medicines in a safe way or as prescribed. We issued a warning notice in respect of this telling the provider they had to make improvements by 30 April 2017.

At the inspection of 18 July 2017 we found improvements had been made. The provider had taken comprehensive steps to implement a new system for managing medicines. As a result people received medicines in a safe way and as prescribed.

People using the service told us they were happy with the support they received with their medicines. They told us the care workers supported them and explained what they were doing when they were giving this support.

Senior staff had reassessed the medicines needs of all the people who used the service. They had written new care plans and risk assessments in relation to these. As part of this they had reassessed people's capacity to understand their medicines and whether they required additional support. Medicines administration records had been redesigned to better represent the different support people needed with their medicines.

The manager had met with all the staff in small groups and provided training and written information about medicines and the responsibilities of staff. Handouts had been given to the staff. The staff had been told that errors in administration or recording of medicines would be addressed and we saw this was the case, with staff receiving warning letters, being disciplined and being enrolled on further training.

The senior staff collected and checked medicines administration records each month. They responded to any discrepancies in recording. We saw evidence of medicines error report forms attached to each completed administration record.

The senior staff had also increased the number and frequency of observing care workers administering medicines. We saw evidence of these observations and comments about how competent the member of staff was and if any action for improvements was needed.

The senior staff we spoke with told us they had seen significant improvements in the way in which medicines were managed. They told us that people using the service were more involved in this and each person's care plan, medicines administration record and risk assessments reflected their individual needs better than they had previously. They told us that the care workers had a better understanding of the importance of medicines management and they were proactive at contacting the office staff if they had any concerns about a person's medicines. The care staff confirmed this, telling us that they had enjoyed gaining

a better understanding and support to manage people's medicines safely.

At the inspection of 21 March 2017 we found the provider had not always assessed or mitigated the risks to the health and wellbeing of people using the service. We issued a warning notice in respect of this telling the provider they had to make improvements by 30 April 2017.

At the inspection of 18 July 2017 we found that improvements had been made. The provider had identified, assessed and mitigated risks for people using the service. There was clear information for the staff on how to minimise these risks.

There were assessments for each person covering a range of risks. These included environmental risks, identifying hazards within the person's home environment and how these were managed. There were also assessments in relation to physical and mental health, medicines, use of equipment, skin and nutritional risks. The assessments were regularly reviewed and updated. We looked at a sample of care records and all included risk assessments which had been reviewed in the previous six months. The plans included details of equipment used and information about these, such as service dates, how the equipment should be used and any hazards associated with this. The risk assessments also included information about people's capacity and cognitive abilities, highlighting where poor memory or lack of understanding might enhance a risk. There was information for the staff about how people should be supported and evidence the provider had taken steps to mitigate any risks.

Most people using the service and their family representatives told us they felt safe being cared for by the agency. However, some people expressed concerns about when there were changes in care workers and they did not know who would be caring for them. Other people felt unsafe when care workers were late and they were worried that the visits would not take place. People told us that they would like a rota in advance so they knew which staff would be caring for them. Some of their comments included, ''I would feel better if I knew who was coming and when in the morning they were going to be here'', ''I'm on my own here and I let them in – it's usually the same few but you don't know'', ''There used to be a rota and you knew who was coming but not anymore'', ''If I have any concerns I speak with social services and they tell the agency'', ''I feel safe enough'', ''The agency listen and they have been proactive with us, we would not have it any other way'', ''I need two carers to move me. They never move me until they are both here. The care workers get on well together and we have a good time, they are a good company'', ''The carers respond well if there is a problem, but the office staff are poor'' and ''My best regular carer - I'd trust her with my life.''

One person told us about a particular care worker who they said had been angry and had frightened them. They told us that they had reported this to the agency and this care worker no longer visited them.

The provider had a procedure for protecting people and recognising abuse. The staff had received training in this. The staff were able to tell us about different types of abuse and what they would do if they were concerned about people's safety. The local authority representative, and written evidence of safeguarding alerts, confirmed that the provider had worked with the safeguarding authority and others to protect people from harm and investigate allegations.

People who required support with shopping told us they were happy with the support they received and trusted their care workers with their money. Some of the comments from people included, ''My chap does the shopping'', ''[My care worker] helps me sort my banking or when I have had problems with the social'' and ''When I asked one of the girls to get some eggs she wouldn't take the money from me until she had bought them and brought me back the receipt.''

The provider had contingency plans covering different emergency scenarios and these included actions on how to deal with different situations. They had risk rated each individual using the service according to their vulnerability and needs, for example, people who lived alone or had significant health concerns were rated at high risk. The contingency plans for managing emergencies and monitoring if care visits took place were designed to help protect the most vulnerable people.

The provider's procedures for recruiting staff were appropriate. Staff were invited for a formal interview. There was evidence of this in staff files. The staff completed application forms, with employment histories. The provider obtained evidence of identification, eligibility to work in the United Kingdom, criminal record checks, references from previous employers and evidence of literacy and numeracy skills. All the staff files we examined contained the required information.

Good

Is the service effective?

Our findings

At the inspection of 21 March 2017 we found the provider was not always acting within the principles of the Mental Capacity Act 2005 because they had not always assessed people's capacity to make decisions about their care and treatment.

At the inspection of 18 July 2017 we found improvements had been made. Previously the information about people's capacity was not accurately recorded and therefore the risks associated with their care had not been properly assessed. We found that care plans and risk assessments included clear information about the person's capacity and how they were able to understand and make decisions. Where people were able to make decisions about their care, there was evidence this had been discussed with them and they had signed consent to their care plans, medicines administration and risk assessments. If people had given verbal consent this had been recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked that the provider was working within the principles of the MCA. We found evidence that the care plans for people who lacked capacity had been discussed and agreed with their representatives. The relatives of people confirmed this, telling us that they had been involved in planning care which was in people's best interests. Information about legal representatives and important family members was included in assessments of need so that the provider had information about who they needed to speak with if people's needs changed.

People were cared for by staff who were appropriately trained and supported. The provider gave all staff a comprehensive induction which included classroom based training and shadowing experienced members of staff. The staff skills, knowledge and competencies were tested at the end of this induction. We saw evidence of this. The staff were offered regular training updates and the manager had systems to make sure all staff training was up to date. In addition, we saw evidence that training was rearranged for staff following incidents where they had not performed appropriately.

The staff told us that they enjoyed the training and found this useful. They also said that they were given opportunities to undertake professional qualifications relevant to their jobs.

The provider undertook regular spot checks where they observed how the staff were performing during care visits. They recorded these observations and asked the people who they were supporting for feedback. There were also regular individual and team meetings where staff had the opportunity to discuss their roles and responsibilities, and annual appraisals of their work.

The staff were given a good amount of information about the provider and their roles. These included a handbook, access to the provider's online resources and information and regular updates via email and text about changes to the service.

Some people received support at mealtimes. People we spoke with told us they were happy with that support. Some of their comments included, ''They help with breakfast and lunch – it's always our choice as the food is already in. If there's time they will peel the vegetables for dinner in the evening as I like to do that myself and I appreciate their help'', ''They help by checking the dates of things in the fridge'', '''I usually have cereal but if I fancy they'll do me an egg and soldiers'' and '''They prepare from the choices I have already made – always put out well and not hurried.''

People's dietary needs and preferences were recorded in their care plans. The staff wrote details of the food they offered people in the logs of their visits. There was evidence that people received the food they wanted and that the staff supported them to meet their nutritional needs.

People's healthcare needs were recorded in their assessments and care plans. There was evidence the staff monitored people's health and took appropriate action if their needs changed. For example, accident and incident reports showed that the staff had followed correct emergency procedures and called for medical assistance when needed. Logs of care showed that changes in people's health or condition had been recorded and the action the staff had taken, which included notifying the provider and the person's next of kin. Information about doctors and other healthcare professionals had been included in care plans and assessments so that the provider had this information when needed.

Good

Is the service caring?

Our findings

During the inspection people who used the service and their relatives told us that most care workers were kind, caring, polite and thoughtful. People had good relationships with their regular care workers.

Some people told us they had experienced problems with the attitude of a small number of care workers. They said that they had reported these problems to the agency or the local authority. One person told us that a care worker had been unkind and they had reported this to the agency but they had continued to send this care worker. We did not identify any people giving us feedback during our discussions with the manager but they told us about some similar concerns which had been raised about particular staff. The manager explained that these had been investigated and said that in some cases there was a personality clash rather than a care worker behaving inappropriately. Where possible the agency tried to match care workers so that people had positive relationships with them. There were some situations where people had been unhappy with all the care workers they had received. In these situations the agency and local authority were working together to try to resolve the concerns with the people involved.

The majority of comments from people using the service and their representatives demonstrated that they felt the care workers were polite and respectful. Comments included, ''I have been impressed with the dignity and respect that they show to [my relative]'', ''They talk with him and not at or over him'', ''A man that comes to me is very gentle and caring – his manner, voice and how he does things'', ''A couple are excellent – one in particular is a positive whirlwind'', '''No one comes miserable and that's good'', ''I needed a buddy and someone to help me generally and [my care worker] is perfect'', 'It's very important that I have the same person and so far so good'', '''She is a bright spark in my day'' and ''I really appreciate how well they get on together and work together and especially how they show consideration for my [relative].''

Some people told us about examples of when the care workers had gone the extra mile or taken extra care to help them. For example, one person told us that when their electricity meter was running low the care worker went to the shop to top up their card so they were not left without electricity.

People told us that the care workers respected their choices and allowed them freedom. One person said, ''I need support more than help so they let me do as much as I can for myself.'' Another person told us, ''They encourage me to try things, especially when washing myself.'' We saw that care plans included information about people's abilities and strengths. There was an emphasis on supporting people to be as independent as they were able and wanted to be.

People's privacy and dignity were respected. They told us that the staff addressed them in the way they preferred and made sure care was delivered in private.

People's cultural and religious needs were recorded in their care plans. There was information about how these needs should be met, for example through special diet or how the care workers should behave in their homes. Where people had expressed a preference for a specific gender care worker this was recorded and

people told us this was respected.

Requires Improvement

Is the service responsive?

Our findings

At the inspection of 21 March 2017 we found the provider had made improvements to the timing of visits so that more of these happened at the planned time. However, this was not experienced by everyone and some people's care visits took place much later or earlier than planned. Some people did not receive care visits for the full allocated time, including some visits which were so short no care had been provided.

At the inspection of 18 July 2017 we found that there had been further improvements. People told us that care workers usually stayed for the allocated time or only left early when asked to do so by the person. However, people were still experiencing problems with the times the care workers arrived for the visits.

The majority of people told us that they had the same regular care worker. However, people told us the agency did not always tell them when there was a change in care worker and they would like them to. They also told us that they were not always told when a care worker would be late.

A great many people experienced care workers arriving at a variety of times and arriving either too late or too early for the care visit. This was a problem we had previously identified and some people told us this had not improved.

Through our discussions with the manager we identified that this was an issue with the scheduling and deployment of staff. The manager acknowledged that further improvements were needed. They told us that they had prioritised care visits where timing was vital, for example when people were prescribed time critical medicines and for people who were particularly vulnerable. The local authority representative told us that the provider was not yet meeting the requirements of attending care visits within the agreed times.

We viewed the logs of visits for 10 different people. These showed that most of the time care visits took place as planned or within a half an hour interval of the planned time. There was also evidence that the care worker had stayed for the correct time and completed a variety of planned tasks. However, there were some examples where care visits varied from day to day. In one person's log there were several days when lunch time and tea time visits had been within an hour of each other because the lunch call had been so late. There were also some examples where morning calls varied between before 7am some days and as late as 10am other days. This kind of variation meant that people were left waiting and their needs were not being met at the right time for them.

People told us that care workers stayed for the agreed length of time and attended to all the tasks they were supposed to. Most people told us that their needs were being met. However, one person told us that they had experienced regular problems with care workers not completing the tasks listed in the care plan. They said they had spoken with the agency office about this but things had not improved. Other people told us they had seen improvements in the way the agency was managed and their experience of care. One person told us, ''The new manager oversees things and as a result medicine is checked, the staff are consistent and seem better trained and the [agency] checks staff are logging in and out.''

People using the service and their relatives told us that they had been involved in planning their own care and they were happy with how their needs were recorded. They had copies of their care plan and they told us they could ask for changes if they needed. Some of their comments included, ''I feel involved in my care plan and we talk about what they are doing and what I want'', ''It is not regular but we do talk about the care plan from time to time'', ''I speak with the social worker and they talk to the agency'' and ''I go through the care plan with them every six months or sooner if we need.''

Care plans included clear details about people's needs, their interests and how they would like their care provided. People's skills and abilities were recorded so that the staff knew when they could do something for themselves. There was information about the outcomes the person wanted to achieve from having care provided. There was also a clear record of all the tasks the care worker needed to perform at each visit.

Care plans and risk assessments were regularly reviewed. The logs of visits showed that care workers had provided care which met people's needs.

People were given information about the service to keep at their homes. This included information about making a complaint, about emergency contact details, key policies and a guide to the service.

Some people lived in extra care schemes. The provider had a scheme manager and a team of allocated workers for each scheme. As well as providing personal care to individuals the provider organised activities and social events. The scheme managers worked at the locations and were available when people needed them.

The provider helped to care for people returning from hospital or following a fall who required reablement support to regain skills and independence. This care was coordinated by the local health service and included work with healthcare professionals. The staff involved in this support worked closely with the health service and had received specific training around meeting people's reablement needs.

People using the service and their families knew how to make a complaint. The majority of people who told us they had raised a complaint or a concern were happy with the way in which these had been dealt with, although some people were not happy and did not think changes had taken place. Some of the comments people made included, ''I have no faith in the office'', ''They have tried to make improvements but it feels like they do not listen'', ''We made a complaint and someone from the office came out, they got rid of the carer and they acted quickly we felt happy with this'', ''I made a complaint and they rang and spoke to me about it but I have not heard any more'' and ''I told them about [a concern I had] and they put things right.''

We looked at the providers records of complaints. They had a system to log all complaints and concerns and show what action they had taken. There was evidence they had responded and investigated these. We saw copies of correspondence with complainants, evidence of investigations and where action had been taken. This action included disciplining staff, retraining staff and changing the care workers for people. Therefore we judged that, whilst some people felt dissatisfied with the way in which their complaints had been handled, the provider had taken reasonable steps to respond to and investigate all complaints they had received.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of 21 March 2017 we found the provider had introduced systems for monitoring the service and improving quality. However, some of these systems were not working effectively. Whilst improvements were noted in some areas, there were still people whose needs were not being met and problems which had not been addressed or resolved.

At the inspection of 18 July 2017 we found further improvements had taken place, although there were still some concerns relating to the deployment of staff.

People who used the service and their relatives gave us mixed feedback about their experiences. We identified some general themes where a number of people had concerns or felt improvements were needed. These included, a lack of consistency of weekend care workers, not receiving information about which care workers would visit in advance, the times of care visits not meeting their needs, the agency not communicating when care workers were late and not always being told what had happened following a complaint or concern. Some people were happy with the service and spoke about positives such as, the commitment and kindness of care workers, the friendly approach of all staff and the knowledge and skills of the care workers.

There were more organised systems for planning how the service was managed and monitoring this. For example, the manager had worked with care coordinators to develop better ways of scheduling staff visits. This work was still taking place and further improvements were needed. There were improved audits and checks on staff competency, record keeping and monitoring how care was being provided. The extra care scheme managers told us that they had developed their own systems for organising information. For example, they said they had created charts for recording food and fluid intake in addition to the logs where the staff normally wrote this information. They had also developed emergency information sheets where key details about people's care needs were recorded on an easy to read and access single sheet. They explained that they had discussed these systems with the staff managing the community so that they could develop similar systems for the people they cared for.

The improvements made in respect of medicines management had a far reaching effect. The managers from other branches of Mears Care Limited had attended meetings to learn about the systems Mears Care – Richmond had introduced so that they could adopt a similar approach in their branches. In addition the manager of the Richmond branch had identified inconsistencies in the Mears Care training and procedures relating to medicines. They had shared this information with the provider so that these inconsistencies could be addressed at an organisational level.

There was evidence of continued improvement at the service. The senior staff at the location told us they felt the service was much better organised and problems were quickly identified and rectified. However, some areas of the service needed further improvement, in particular around the consistent timing of care visits.

The local authority representative we spoke with was responsible for monitoring how the service was being

managed and whether people's needs were met. They told us, ''There has been a vast improvement at the service.'' They explained, ''[The manager] has put lots in place to make improvements and set up systems to enable continuous development, the medicines audits are good, the rostering (of staff) has improved and [the provider] has learnt a lot over the last few months.'' They also commented that the number of service concerns raised with the local authority about the service had reduced. They said that staffing levels needed to increase further so that care visits took place on time more regularly.

At the inspection of 21 March 2017 we found that records were not always complete or accurate.

At the inspection of 18 July 2017 we found that improvements had been made. Care plans and risk assessments had been reviewed and updated. They included accurate information about people's needs and this was reflected in the logs of care given. The provider had undertaken monthly audits and checks of all medicines administration records, log books and financial transaction records so that any mistakes or gaps were identified promptly. They had developed a sheet for recording audits so that each problem and the specific action taken in respect of this were recorded.

The provider carried out telephone monitoring to gain feedback on a continuous basis. They contacted 25% of the service users every quarter by telephone to ask about their experiences. This monitoring was in addition to people's individual reviews. We saw that feedback from the most recent telephone monitoring was positive and that most people felt the service met their needs. The provider analysed the results and included concerns from these in their action plan for improvements. Some of the comments from the feedback the provider had received included, ''Fantastic treatment from staff'', ''100% reliable carers'', ''I am involved as much as I can be'', ''They are very caring'', ''I am happy with my care worker'' and ''I am always asked what I want and given choices.''

The provider had systems to monitor all accidents, incidents, complaints and safeguarding alerts and we saw evidence that these were analysed for any trends. There was clear evidence of the action taken in response to these.

The manager had been in post since February 2017. They were experienced at managing other branches of Mears Care Limited. They were in the process of applying to be registered for the Mears Care Richmond branch. The staff we spoke with told us they felt the manager was very supportive. They said the manager listened to their ideas and took these on board, giving them opportunities to be part of making changes. They said the manager was fair and friendly. They told us the manager provided strong leadership and had made positive change that had improved their working conditions as well as the care for people who used the service.

The local authority representative told us that the manager was supportive of the staff. They informed us that the manager addressed and appropriately responded to any concerns. They said that the service needed consistent strong leadership and they felt the current manager offered this.

The manager and provider had worked closely with the local authority to implement and maintain improvements. They had kept the Care Quality Commission updated with changes and any problems they had experienced.