

Meadow Home Care Services Limited

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Inspection report

8-10 Ulverley Green Road
Solihull
West Midlands
B92 8BG

Tel: 01217062808

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Meadow Home Care Services Ltd. is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the agency supported approximately 150 people with personal care and employed 53 care staff.

Following our last comprehensive inspection of the service in January 2016 we rated the service 'Requires Improvement'. This was because the provider was not meeting the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of the legal requirements for good governance of the service, and improvement was required for the service to be consistently effective and well led. During our comprehensive inspection in March 2017 we found improvements had been made, but continued improvements were required to ensure the service was consistently responsive to people's needs and was effectively managed.

We visited the office of Meadow Home Care Services on 2 March 2017. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service. The visit was supported by the office manager.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. The character and suitability of staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

There were enough staff to deliver the care and support people required. Staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. Not all training had been updated in line with the provider's time scales, however people told us staff had the right skills to provide the care and support they required.

The managers and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided personal care.

People had different experiences with the times staff arrived to provide their care. Some people said staff arrived around the time expected; others had experienced late or missed calls. Some people told us the service they received at weekends was not as consistent or reliable as the service they received during the

week.

Most people told us staff stayed long enough to provide the care they required and people said they received care from staff they knew. Staff we spoke with visited the same people regularly and knew how people liked their care delivered. Care plans provided guidance for staff about people's care needs and instructions of what they needed to do on each call.

People told us staff were kind, respected their privacy, and promoted their independence. Staff felt supported by the management team and there was an 'out of hours' on call system, which ensured management support and advice was always available for staff.

People knew how to complain if they needed to. People who had raised concerns or issues with the managers said these had been resolved to their satisfaction. Recording of complaints required improvement to ensure all complaints were recorded and investigated in line with the provider's complaints procedure.

Quality assurance systems to assess and monitor the quality of the service had been improved since the last inspection. These included; an increase in the management team by recruiting senior care workers, implementing observations of staff in people's homes, and more structure for management procedures. People received visits to review their care and were sent an annual questionnaire to find out their experience of the service.

There was a programme of other checks and audits which the provider used to monitor and improve the service. We found these had not always been implemented consistently, and improvement was required in how some late and missed calls were monitored.

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 felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. People received support from staff who understood the risks associated with their care and knew how to support people safely. The provider checked the suitability and character of staff before they were able to work in people's homes. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers followed the principles of the Mental Capacity Act and staff respected decisions people made about their care. Where people required support with their nutritional needs, staff made sure people had enough to eat and drink. People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Most people received care and support from staff they were familiar with and who understood their individual needs. People were supported by staff who they considered caring and respectful. People said staff maintained their privacy and supported their independence so they could remain at home.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive their care at the times expected and some people had experienced late or missed calls. People's care needs were assessed and staff understood people's individual needs. Most people received a service that was based

on their personal preferences and staff were kept up to date about changes in people's care. People knew how to complain but recording of complaints was not consistent.

Is the service well-led?

The service was not consistently well led

Most people were satisfied with the care they received. Staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the managers. There were procedures for reviewing the quality of service people received, but systems were not always effective and consistently implemented.

Requires Improvement ●

Meadow Home Care Services Ltd

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 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.

The office visit took place on 2 March 2017 and was announced. We told the provider 72 hours before the visit we would be coming so they could arrange for us to speak with care staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no new information to share about the service.

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 were able to review and confirm the information in the PIR during the inspection.

The provider also sent a list of people who used the service; this was so we could contact people by telephone to ask them their views of the service. We spoke with 11 people by telephone, four people who used the service and seven relatives.

During our visit we spoke with two care workers, a senior care worker, two care co-ordinators, an accounts manager who monitored the call monitoring system, and the office manager who supported the inspection

in the absence of the registered manager and provider. We reviewed five people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance checks and complaints.

Is the service safe?

Our findings

Most people we spoke with told us they felt safe with the staff from Meadow Home Care. One person told us, "They [staff] are safe and I do feel secure with them. I have no worries or concerns at all." Another said, "I feel absolutely safe in their hands."

However we received comments from two relatives where they felt their family member did not always receive the care they required. For example one relative told us, "They do move her safely but the intimate care leaves an awful lot to be desired at times." They went on to explain their concerns, which we referred to the local authority safeguarding team for investigation. When the local authority contacted the person, the relative told them their concerns had been resolved. We looked into the persons concerns during our visit. We found this related to incidents that had happened in June 2016, and there was evidence that action had been taken in response to the concerns raised. The other person's concerns were being investigated by their social worker. The provider was aware of both relatives concerns.

Staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. They understood the type of concern they should report and how to report it. For example, they told us they would look out for changes in people's behaviour, unexplained bruising, or neglect by not providing the care people required. One staff member told us, "We have recently had an update in safeguarding training. If I had any concerns about someone I visited, I would ring the office and report it." Staff were confident any concerns they reported would be acted on by the managers. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us. Staff told us the provider also had a 'Whistleblowing' policy and procedure so they could share any concerns about other staff's practice in confidence. A staff member told us, "If I saw any of my fellow staff doing anything I thought was not right, I would let management know."

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. Relatives told us staff knew how to move people safely, comments included, "They use a rotunda to help move [name] and it is used safely." And "[Name] is hoisted and they are fully conversant and safe with how he is moved. Generally we have no concerns around his care."

Where people were at risk of skin damage due to poor mobility, care plans instructed staff to check skin for changes and to report any concerns to the GP or district nurse and to the office staff. Some people with care plans for the prevention of skin damage did not have risk assessments completed to show they were identified at risk of developing skin damage. The office manager told us they would make sure risk assessments were completed to ensure skin care was consistently managed. The manager told us people had pressure area check lists in the care files in their homes which included a body map for staff to complete to show where the changes to the skin were. Completed care records showed care staff carried out checks and applied creams to prevent skin damage as advised.

The provider's recruitment process ensured risks to people's safety were minimised. The provider made checks on staff prior to employment, to ensure they were of a suitable character to work with people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about any criminal record a person may have and whether they are barred from working with people who use services. We found DBS checks had been completed but there was no DBS check available for one staff member. Also, where staff had DBS checks from a previous employer, the criteria for using these had not been followed. Following the inspection we referred the registered manager to recent guidance from the DBS about accepting disclosures from other employers. The registered manager took immediate action to apply for DBS checks for the staff concerned and advised they would review all DBS checks to make sure they were correct.

The office manager and care co-ordinators told us there were enough staff to allocate all the calls people required. Staff we spoke with confirmed there were enough care staff, although two staff said weekends were sometimes short staffed as, "not everyone wanted to work at weekends." Staff said they were not routinely asked to cover additional calls to people unless staff were off work at short notice.

The care co-ordinators allocated visits to staff at specific times and included the time allowed for the visit to take place. Staff received their work rotas weekly, rotas informed staff of the people they would be visiting and the time they should arrive. For people who lived in the Solihull area the provider used an electronic monitoring system to ensure staff were in the right place at the right time. This system was constantly monitored by an accounts manager, who contacted staff if they had not arrived and logged in at the expected time. This reduced the risk of late or missed calls to people. For people living in the Birmingham area, the provider relied on people or their relatives to let them know if staff had not arrived around the time expected. So they could make arrangements to cover the care call.

The provider had an out of hour's on-call system to support staff when the office was closed. One staff member told us, "I have used the on call when I needed help or advice, it works well. If you leave a message they phone you back straight away." This reassured staff that there was always someone available if they needed support.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where Meadow Home Care staff supported people to manage their medicines it was recorded in their care plan. People who were supported by staff told us their medicines and creams were administered as prescribed. Comments from people included, "They always make sure I take my medication," and, "My tablets are always given and recorded."

Staff told us they had received training to administer medicines and had been assessed as competent to give medicines safely. Staff recorded in people's records that medicines had been given and also signed a medicine administration record (MAR) or a medication book to confirm this. MARs were checked for any errors by staff during visits and by senior staff during reviews and spot checks on staff. Completed MARs were returned to the office every month for auditing by the office manager.

Is the service effective?

Our findings

Staff told us they completed an induction programme and training to ensure they had the skills they needed to support people effectively. Staff told us their induction included working alongside an experienced member of staff. People who used the service confirmed this happened, one person told us, "If there is a new member of staff, then someone shows them what to do." The office manager had responsibility for organising staff training and confirmed staff induction training was based on the 'Care Certificate'. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

People we spoke with thought staff were trained and competent to provide the care they required. People told us, "The staff do seem trained and they know what they are doing." "The staff are well trained and fully conversant with the equipment we use." Although one relative told us, "[Person] has dementia and they [staff] don't understand that she needs extra time to do things." However, they went on to say, "I have found that if I ask for advice on a problem they have been knowledgeable and helpful."

All the staff we spoke with said they had completed training during their induction and had further training to keep their skills up to date. Staff told us they had completed recent updates for, safeguarding people, moving and handling training and medication administration. One staff member told us, "I have just had to renew my moving and handling training, and how to use a hoist. We do this regularly in case there have been any changes in how we should do this and to keep our skills up to date. I use a hoist regularly so I'm familiar with how to do this, but if you don't do it often you soon become rusty."

The office manager kept a record of staff training, which included dates when refresher training was due to be renewed so this could be arranged. The manager told us all training was face to face, and that staff completed a test at the end of each training session to check their learning and knowledge. The manager told us test papers were marked 'outside the company' and staff had to attain a specific percentage before certificates were provided. Records confirmed staff had received some regular training to keep their skills up to date and provide effective care to people but some training was in need of updating. Training completed included, supporting people to move safely, medicine administration and safeguarding adults. Training that had not been renewed in line with the providers timescales included, food hygiene, first aid and health and safety training. The office manager told us "Training is not as up to date as I would like it to be." They said this was because they had been concentrating on other management duties. The office manager confirmed renewal dates would be arranged for staff within the next few weeks.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. 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.

The office manager told us there was no one using the service at the time of our inspection that lacked the capacity to make all of their own decisions. Some people lacked capacity to make certain decisions, for example, how they managed their finances. Those people had somebody who could support them to make decisions in their best interest, such as a relative.

Staff we spoke with said they had received training about the MCA. One person told us, "We have had training about the MCA. I must admit I found this difficult to understand. I'm an intelligent person and have been to university, but I did struggle with this. Not the concept of people's rights and decision making, it was the work book that was difficult." All staff we spoke with knew they should assume people had the capacity to make their own decisions, unless it was established they could not.

Staff we spoke with said people they visited could make everyday decisions about their care, or had relatives that supported them to make these decisions." Staff knew they should seek people's consent before providing care and support. One staff member told us, "I always offer a choice and ask if it's alright with them before I do anything." People and their relatives confirmed staff did this, comments from people included, "They do explain in advance what they are going to do," and, "The staff always ask what she wants and have respect for her wishes."

Most people we spoke with were able to prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals were satisfied with the service they received. One person said, "They help perfectly well with meal preparation." Another said, "I didn't need food preparing but since I broke my foot they have made sure I have a meal."

The provider worked in partnership with other health and social care professionals to support people's health. People we spoke with recalled how staff supported their health and well-being whilst providing care. For example, one person said, "They have helped with arranging appointments in the past," and another said, "They will advise me if they think I need to see the doctor."

Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor and call the GP. They would also inform the family and contact the office to let them know, so they could follow this up if needed. The office manager told us people were referred to their doctor, district nurse or other health professionals when needed. Records showed health professionals such as GPs and district nurses were consulted where concerns had been identified.

Is the service caring?

Our findings

Most people we spoke with told us staff were kind and caring. One person said, "They are caring and I couldn't do better than if I was the queen. I thank my lucky stars that I have them as they have been wonderful with me. They always make time for me as I like a chat. I really couldn't fault them." Another told us, "Some are better than others. You always get that don't you, some are caring and for others, it is just a job."

People and relatives said staff upheld people's privacy and treated them with respect. Comments included, "We all get on extremely well. I tell them what I want and they have respect for my requests," and, "The care staff are fine, they are dedicated and always talk to him. You can hear them chatting and laughing. They have respect for his dignity and privacy all of the time. Some are more chipper than others but people are different. They all have a good approach though." Another relative told us, "The carers are caring and always respectful. They respect her privacy and dignity and know the things she can do herself such as her make up. They make time for a chat too."

Senior staff said during observations in people's homes they checked, staff attitudes, how they addressed people, if they were polite, and if they offered people choices.

People said they received care from staff that they knew, one person said, "There is one main carer who comes every day and she is wonderful. She is on time and I have no worries about anything really." Another said, "We have regular staff now which helps, and they do turn up on time. If I have any worries there is always someone you can talk to." Staff we spoke with confirmed they visited the same people regularly, one staff member said, "I visit the same people every day, six days a week."

People said staff took time to get to know them. Comments included, "They listen and get to know you personally," and, "The staff are good. They are respectful and even though he is unable to express his wishes, they do manage him very well."

Staff told us they enjoyed providing care to people, one staff member told us, "I enjoy looking after older people, I get a lot of job satisfaction." Others said, "I am a caring person, I love my job. I like to look after people and improve the quality of their lives." And, "I love caring, I go into calls to look after people, not for the wage. We are here to make people feel happy."

The office manager told us staff supported people to achieve maximum independence and to continue to do things for themselves where possible. Staff confirmed they were usually allocated sufficient time to encourage people to maintain independence. This was by supporting people to carry out their own personal care where possible and helping to prepare meals and drinks. One staff member told us, "We do encourage people to be involved in their care; it's not just a 'do to' service. There is one person I visit where it's important for them to stand and walk around. We do this every day; this is to keep them mobile so they can stay at home."

Staff we spoke with told us all the management team were kind and caring. One staff member told us, "All the office staff care about the people we support and try to do their best for everyone." The office manager told us, "[Registered manager] is a very caring person, he really cares about the service and tries to have everyone's best interests at heart, both clients and staff "

One person who used the service told us, "They were very kind to me yesterday. I was quite tearful and they encouraged me to go for a walk in the garden. They are all quite good."

Is the service responsive?

Our findings

There was a mixed response from people when we asked if staff arrived on time and whether they were informed if staff were going to be late. Some people said staff arrived when they were expected. One person said, "The staff always turn up and if there is any problem someone notifies us. I have had no worries lately. The times for calls have improved in the last year or so." Others commented, "The regular lady is ace. She is always on time, keeps me informed about everything and you couldn't get any better. On her days off though, you could see a difference," and, "There is no set time for the call, they come at different times but it suits me."

Other people said the service in the week was reliable but weekends were not. One person said, "They do generally turn up on time except for weekends, there are a lot of changes to rotas but they do tend to stay for the full time." Another said, "The weekday service is good, just the weekends which are a problem." A relative told us, "They were unreliable for the morning call so we changed the time, and this has improved. The weekend service is pretty grim to be honest."

Some people had experienced late and missed calls. One person whose relative had recently used the service told us they had experienced missed calls. They said, "The company were not aware of the no shows until I contacted them each time."

People we contacted during the inspection process told us, "Lateness can be a problem as [person] has to be picked up for his day care centre. It doesn't happen too frequently though." And, "Sometimes they can be three hours late at a weekend." One person said, "They come to do my tea but they don't get here until after 8pm sometimes, far too late." We spoke with the co-coordinators about this person's evening call, which they said was scheduled for 6.30pm; they assured us they would look into this.

The office manager and co-ordinators told us, people who had told us they had received late/missed calls lived in the Birmingham area where there was no call monitoring system. The service relied on people to let them know care staff had not arrived; however, some people were unable to do this. We saw where late and missed calls were reported to the office, care co-ordinators responded to this and a record of the late call and the action taken was entered on people's individual records on the care system.

We looked at the call schedules for four people whose care we reviewed and the rotas for the staff who visited them. These people were allocated regular staff at consistent times. People told us, "They send the same regular staff and they always stay for the full time." And, "In the last year we have had lots of regular faces. It has been much better for the last twelve months."

The care co-ordinators had a good understanding of each person and what care they required. They told us where possible they tried to match care workers to client's needs and personalities. The co-ordinators told us they provided care calls to people if their regular staff were off at short notice. They said this assisted them in carrying out quality checks, reviewing call times were sufficient, and whether there were any changes to people's care needs they had not been made aware of.

We looked at five people's care files. These showed an assessment of people's needs had been completed before the service started and a care plan had been compiled following the assessment that identified how people's needs were to be met. Care plans contained details of what staff needed to do on each call and included people's preferences. Information in care records was individualised and included people's health conditions. Care and support was planned for each person based on their individual needs. Care records had been signed by the person, or their representative, where they were unable to sign records themselves.

People told us, "We do have a care plan and we adapt and modify it ourselves." And, "There is a care plan in the house which they are coming to review today. There is also a daily log book."

Staff made a record of the care they had provided on each call, and signed the record to confirm it was accurate. Staff told us they had an opportunity to read care records and daily records at the start of each visit to a person's home. The daily records gave them additional information about how the person was supported and provided staff with 'handover' information from the previous member of staff. A staff member told us, "I don't always read the care plan as I visit the same people regularly, but I always read the daily records. If there had been any changes the office would let me know and I would then read the care plan."

Staff said any changes they identified with people's care needs were referred back to the office staff for review and re-assessment. They told us office staff would telephone them to let them know about any changes and updates to the care plan.

We asked people if their care plan was reviewed regularly to ensure their needs were being met in accordance with their preferences. People we spoke with had different experiences. One person said, "They visit occasionally to review the paperwork." Another said, "They did the care plan a few years ago now. It hasn't been reviewed though. A relative told us, "There is a care plan but it is very out of date. Her needs have changed and what they do now isn't in the care plan." We spoke with the co-ordinators and office manager about this, who told us regular care staff visited and knew the person well. They said they would arrange to review the person's care service.

Care plans we looked at confirmed what people told us. Three care plans we looked at had not been reviewed within the last 12 months in line with the provider's procedures. The office manager told us there was a procedure for reviewing people's care but this had not been completed as regularly as it should have been. They said since implementing the senior care worker role in January 2017, reviews were now being completed. People we spoke with confirmed this, one person said, "They have been here to review the care and she was very nice."

We looked at how complaints were managed by the provider. People we spoke with knew how to complain and said they had complaints information in their home. They told us, "We have a complaints policy. I have complained sometimes when no one has come on time and they have been helpful. They will apologise." And, "I do have a complaints policy here but I have never complained."

Most people said they would have no problem raising any concerns or complaints with the managers. Although two people told us, "I would never complain. I am not that kind of person at all." And, "I did complain and they dealt with it. I hated calling to complain though and haven't done other times because I am afraid it will affect the care my wife receives."

People who had made a complaint were satisfied with the outcome of this. "I complained about the creams not being applied properly and they dealt with it quickly and replaced the staff." Another person said, "In the

beginning, about 18 months ago, I did complain as they were often very late, but it has been better recently."

Staff knew, what to do if people wanted to complain and that there was complaints information in people's homes. One staff member told us, "Any problems I would tell the person to ring the office. I would also refer them to the complaints information in their folder; it has numbers who they can contact, like social services and CQC." Another said, "There is a booklet in their folders that explains everything they need to know about making a complaint."

We looked at the record of complaints in the complaints book. The last entry in the book we were shown was 2014. The service had received complaints since that date as people had told us they had complained, and we had referred concerns to the registered manager to look into since 2014. The office manager was not aware if complaints were recorded elsewhere, for example, on the computer. The care co-ordinators told us any concerns or complaints they received about individuals were recorded on 'client jotters' on the computerised system. We were shown records of complaints and the action taken to resolve them. However, as complaints were being recorded individually on people's electronic record, the provider did not have an overview of the concerns and complaints people has raised. This meant they could not identify if there were any trends or patterns of concern that needed to be addressed.

Is the service well-led?

Our findings

The majority of people we spoke with were happy with the service they received. When we asked people if they thought the service was well managed, they told us, "They are good. They make my life better and are much better than the last company." And, "Overall, mum is happy and there are no improvements needed as they have sorted everything out in the last 12 months."

The service had a registered manager at the time of our inspection visit. The registered manager was supported by a management team that consisted of the provider, an office manager, accounts manager, two care co-ordinators, senior care workers and an administrator. Coordinators and senior care staff worked alongside staff in people's homes. This enabled them to check on staff performance, and keep up to date on people's care and support needs.

At the last comprehensive inspection in January 2016, the service was rated 'requires improvement'. We found a breach in the requirements for good governance in well led, and improvement was needed for the service to be consistently effective as the provider was not meeting the fundamental standards we would expect. At this inspection we found the provider was no longer in breach of the regulations as improvements had been made. However, there remained areas in need of improvement for the service to be consistently well led and responsive to people's needs.

The provider and registered manager had submitted statutory notifications where required and had completed a Provider Information Return, (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated but was not entirely accurate. In effective the PIR stated that, 'All carers training is kept up to date,' we found some staff training had not been updated.

The management team and staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Staff told us they were given information about the provider's policies during their induction when they started working for the service. Staff said the provider's policies supported their practice. For example, all staff knew they could not use a hoist or give medicines unless they had been trained to do this. They also knew about the provider's whistleblowing policy for reporting concerns about other staff practice.

Staff told us they had regular meetings with their line manager to make sure they understood their role and to discuss any personal development requirements. Staff told us they enjoyed working for Meadow Home Care, one staff member told us, "I love working here they are a good company." Another said, "I love working for Meadow and the office staff are brilliant." We asked what made it good, they said, "Feedback from people, they are always giving positive feedback and the office staff do compliment care staff."

People we spoke with said they were able to contact the office if they needed to speak with someone about their service. Comments included, "The office staff are always willing to help. I have met the manager. I have faith in the company and they are very good. I am quite happy with them. They will help with anything." And, "The office staff are helpful and they respond quickly if you raise an issue."

The office manager and staff we spoke with said there was an open door policy and staff could contact the office for advice about clients or raise any concerns. Staff said there were opportunities for them to do this at any time by phoning or visiting the office, and through regular one to one meetings. One staff member said they would have no concerns contacting the office staff, they commented, "They make you feel welcome. They are very supportive and try to help when they can."

As well as the managers operating an 'open door' policy where staff could call into the office at any time, there was also an 'on call' telephone number they could contact at any time to speak with a manager if they needed to. This provided staff with reassurance they could access

Staff said communication from the office worked well and they were kept up to date about changes in people's care and changes in policies. Staff told us, "I feel confident to phone the office for advice. Communication is good; they keep you updated about any changes."

The managers undertook regular checks of the quality of the service. This included visits to people and surveys to find out their experiences of using the service. Comments from people included, "They do visit us monthly and we can always express our views. I can't suggest any improvements. I think they have cracked it now, I have no complaints." And, "The management are very good. They do a visit to check and get feedback from us. I have no suggestions for improvement. In total sincerity I couldn't have better staff, they are like friends. Life couldn't be better."

We found some systems and processes required improvement to ensure the service people received was always responsive and well led.

Some people had experienced late and missed calls. There was an electronic call monitoring system for people in Solihull, which was monitored to ensure staff arrived within the agreed time for the call to take place and stayed the allocated time to provide all the care people required. There was no system for monitoring the calls to people the service supported who lived in the Birmingham area. Most people said care staff arrived around the time expected in the week but not at weekends. Care co-ordinators monitored late calls and responded to individual incidents. However, information was not collated to show how many late or missed calls had occurred, or if there were any trends or patterns and if improvements could be made.

There was a programme of training for staff but not all refresher training had been updated in line with the provider's timescales. The office manager, who had responsibility for staff training, was aware of this and advised training updates would be scheduled in April 2017.

There were no recent entries in the complaints log we were shown. There was no evidence that complaints had been logged and investigated in line with the provider's complaints procedure. There was nothing to show that complaint outcomes were shared with the complainant. It was not clear there had been any learning or trends identified from complaints received to help prevent them from happening again.

When people's daily records were returned to the office, managers checked the records matched the care plans. They also checked people's medicines administration records (MARs) were completed in full, to confirm people received their medicines as prescribed. We found the process for checking MARS was not always robust. On one MAR that had been checked we found errors that had not been identified. There was no staff signatures on some medicines to show these had been given as prescribed. The office manager was able to confirm from records of care calls that medicines had been administered but the MAR had not been signed.

The provider sent surveys to people find out their views of the service. One person told us, "They do send a brief survey every six months or so." The surveys sent to people in 2016 had been collated but there was no evidence to show how the management had responded to any negative comments, such as an action plan to address any issues.

The office manager told us, after the quality monitoring officer had left the service they found reviews of care and medication checks were not as up to date as they had thought. The office manager had introduced changes to the medication procedure to make it easier for staff to follow and had implemented schedules for medication checks so this could be monitored.

To ensure there was sufficient staff for the effective management of the service the provider had recruited senior care staff. One of their responsibilities was reviewing people's care to make sure the service they received continued to meet their needs. Both the office manager and the senior care staff confirmed reviews were now taking place regularly with the plan to visit people every three months. The office manager had devised a schedule for reviews for the senior staff to follow.

A senior care worker we spoke with told us, "I think the senior role is fantastic, it bridges the gap between the management team and the clients. People think it's great that it's someone who knows them and their care needs that now do the reviews. They are more open and honest if they have any concerns, as they know us."

The office manager told us following the last inspection they had implemented regular observation of staff in people's homes. Senior care staff had been given the responsibility for completing these observations. A senior staff member explained how they did this. They told us, "We go into the person after the call has been completed. We speak to the person about the call and check the times of the calls were correct and that entry records and medication have been completed correctly. We can pick up on any issues there and then." Staff we spoke with said they received feedback from observations to help them work more effectively. One staff member said, "We now have regular spot checks, we don't know when these are going to happen. If there is anything we need to change, or people say they want things done differently, the seniors let us know."

The office manager told us, the action the management team had taken following our last inspection to improve the management of the service, had a positive impact on the service provided. They said, "Since the last inspection we [management team] have a more defined purpose. We did have management meetings before but they were not recorded, we now record them so it is clear what we have discussed and any action needed." The manager told us this had improved relationships between management and people who used the service, and had provided more structure to the company. They said each member of the management team were more aware of each other's responsibilities and they had a better overview of the service as a whole. They told us, "We are much more pro-active and it has been a huge benefit. We have made lots of changes but there are still improvements we need to make." The office manager said they now felt more confident in their role.

A staff member told us, "The management team are excellent, there is good communication, you can talk to them and they listen, together we are a good team."