Mears Care Limited

Mears Care - Richmond

Inspection report

Desk 4, 114b Power Road
Chiswick
London
W4 5PY

Tel: 02089872350
Website: www.mears.co.uk

Date of inspection visit:
15 November 2016

Date of publication:
06 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

The inspection took place on 15 November 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The last inspection took place on 17 November 2015 when we found the provider was meeting all the Regulations we inspected.

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. At the time of the inspection approximately 280 people were using the service, although the number of people changed regularly because the agency was one of the main providers used by the local authority. 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.

The registered manager had left the organisation earlier in 2016. A new manager was in post and they were in the process of applying to be registered with the Care Quality Commission. 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 were not always enough suitably qualified staff deployed to meet the needs of people using the service and keep them safe. The way in which care visits were planned meant that neither the care workers nor the people using the service knew in advance who would be carrying out the visits. People did not always have the same regular care workers and they were sometimes late or visits did not take place.

People did not always feel safe with the agency. In 2016 there had been a high number of allegations of abuse where people had not received their care visits or care had not been delivered in a safe way.

People did not always receive their medicines safely and as prescribed.

People did not always receive care which met their needs or reflected their preferences.

There was a complaints procedure but people using the service and their relatives did not always feel confident that their complaints would be investigated and acted upon.

The service was not always well managed and the communication within the agency was not effective. Records were not always appropriately maintained and the systems for auditing and monitoring the service did not always lead to improvements for people.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Not all of the staff understood their responsibilities under the safeguarding procedures.

The senior staff working at the agency did not always get opportunities for support or training. We have made a recommendation in respect of this.

Not all the staff had a good understanding of the Mental Capacity Act 2005 and we have made a recommendation in respect of this.
Although we found a number of concerns, some of which were breaches of Regulation, we also found that improvements had been made at the agency within the four weeks preceding our inspection. People using the service confirmed this and over half the people we spoke with were satisfied with their care at the time of the inspection. The London Borough of Richmond upon Thames had been closely monitoring the service because of the high number of safeguarding incidents which had taken place since April 2016. They told us they had seen significant improvements and that the new manager and provider had taken positive action to improve the service. In addition external professionals who we spoke with told us they had started to see improvements.

Whilst we found problems with some records and evidence of care provided, including administration of medicines, these were records from earlier in 2016. The records of care and medicines provided in the past month were still at the homes of people using the service and therefore could not be inspected. Therefore it was difficult to judge the impact of improvements in these areas. However we saw evidence of the provider's own monitoring and audits in the past month. We saw that the provider had reviewed or planned to review everybody's care by the end of December 2016. We also saw that all staff had taken part in individual supervision meetings or were due to by the end of December 2016. The provider continued to work closely with the local authority in monitoring the service. These included meetings with senior managers each month and weekly meeting between the local authority and branch manager.

People using the service liked their regular care workers and found them kind, caring, polite and trustworthy. The staff liked their work and enjoyed caring for people.

The provider had created comprehensive care plans and risk assessments which were reviewed and updated. These included information about people's preferences.

The staff were appropriately recruited and care staff had access to a range of training which supported them to understand their roles and responsibilities.

The provider had an action plan for continuing improvements and this was regularly monitored and updated. The manager had a good overview of areas which had improved and the work which still needed to be undertaken. This included improving the rostering system to make sure people received care on time from the same regular care workers. The manager had changed the structure of the senior staff team and allocated them geographical areas within the borough which they were starting to familiarise themselves with. This meant they had a better understanding of travel time and how easy it was for the staff to move between people's houses. The impact of this new way of managing the service was starting to show as more

care visits were taking place on time and the number of missed calls had significantly reduced. However, further improvements in this area were still required and the manager was aware of this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

People did not always feel safe and gave us specific example about where they had been placed at risk.

The staff were not always deployed in a way which was safe and met the needs of people who used the service.

People did not always receive their medicines in a safe way.

The staff were not always aware of their responsibilities in keeping people safe from abuse.

The risks to people's health and wellbeing were assessed and there were plans to minimise the risks of harm.

There were appropriate procedures for the recruitment of staff.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider had taken appropriate action to gain the consent of people to their care and treatment. But the staff did not always have a good understanding of their responsibilities under the Mental Capacity Act 2005.

Not all of the staff had the opportunities for training and support they needed and this meant they did not always understand parts of their roles. However, the majority of care staff had received relevant training which they told us was useful.

The staff felt supported and had the opportunities to meet with their manager and discuss their work.

People received the support they needed with meals.

The staff monitored people's health and took appropriate action if their health needs changed.

Is the service caring?

Good

The service was caring.

People were cared for by kind, thoughtful and caring staff.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People did not always receive care which met their needs or reflected their care plans. The care visits were not always on time and sometimes did not take place.

There were care plans with information about people's needs and the majority of people felt their regular care workers followed these. However, some people had experienced care which was not appropriate and their preferences were not considered or met.

There was a complaints procedure but not everyone had confident in this and some people had experienced situations where they felt their complaints were not listened to or taken seriously.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

People using the service, their relatives and staff had experienced problems with communication within the agency.

Records were not always accurately or appropriately maintained.

There were audits and checks but these did not always result in positive changes for people.

However, most people using the service, relatives, staff and the local authority felt that improvements were being made and that the new manager had brought about positive change.

There was improving compliance with planned visits both regarding care workers arriving on time and the visits taking place as planned.

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 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.

This inspection took place on 15 November 2016. We gave the provider 48 hours' notice because they provide a domiciliary service and we wanted to make sure someone would be available.

The inspection visit was carried out by two inspectors. Before the visit an expert-by-experience spoke with people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used registered services.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

We spoke with 10 people who used the service and 17 relatives of other people who used the service by telephone. We also spoke with two scheme managers who worked for another organisation and managed the extra care housing schemes where some of the people who used the service lived. We also spoke with the London Borough of Richmond upon Thames quality assurance managers who monitored the work of the provider.

During the visit we spoke with the manager and five senior members of staff, a quality assurance officer, a reablement coordinator, a senior contracts manager, a reablement visiting officer and an independent living scheme manager. We also spoke with four care workers. Following the visit we spoke with 13 care workers over the telephone.

We looked at the care records for ten people who used the service. We looked at the staff recruitment, training and support records for eight members of staff. We also looked at other records the provider used

for monitoring the quality of the service which included records of complaints, safeguarding alerts, accidents and incidents and audits.

Inadequate

Is the service safe?

Our findings

People did not always feel safe. One person told us that on one occasion a care worker arrived but could not operate their keysafe so they went away again without offering care and without arranging a different care worker. They also told us about one occasion when a care worker left the front door open after they left the building. Another person also reported that the door had been left open after care workers left. They said, ''They have left the door open a couple of times, it's not very secure, anyone could walk in through my front door.'' A third person told us, ''I do not feel safe, they have sent so many different people I do not know who is coming or who they are.''
However, the majority of people told us they felt safe with their regular care workers but did not always feel that they would arrive on time and this concerned them.

The deployment of staff did not always meet the needs of people who used the service. Feedback from people and their relatives was that the staff did not always arrive on time and that care visits were not always being carried out by the same member of staff. People commented that the staff worked long hours and were not always fit for work. One relative said, ''[The care worker caring for my relative] is fantastic but they put too many hours on him. He works from 7am to 10pm, he is exhausted and he could make mistakes.''

The care staff told us that allocation of their work was not always well thought out and they were not informed about where and when they would be working in advance. For example, one care worker told us they often did not receive their schedule of work for the next day until after 10pm each night. They also told us that on one recent occasion they had received the schedule at 2.30am. The staff told us this meant they could not plan their day ahead and also that if anything was wrong or needed changing, there was not enough time to do this. For example, one male care worker told us they had been incorrectly allocated to provide care for a female person early the following morning. They told us they knew this was not correct because the person only wanted female care workers. The member of staff told us they had contacted the agency out of hours support team but had not received a satisfactory response and were told, ''What can I do about it?'' The staff also told us that because schedules were not arranged in advance people using the service were not told which member of staff would be visiting them and this meant they were often unhappy and unprepared for the visit.

Some of the comments from the staff included, ''I am supposed to have the same regular service users, but this does not happen, I get different people each day and they do not know me and I do not know them'', "Nothing seems to make sense on the rota. Sometimes I'm not sent to my regular clients but I don't know why", "I get emails at 10pm with rotas for the next day. Consequently people using the service may not know who will be visiting them'', "Sometimes I get my rota at 11pm for the next day, and sometimes in the middle of the week and amendments are made on daily basis. It is too late", ''I get the rota very late but there is no rule when you get it", "Once I finished a visit at 6.45pm and I got a call to cover a call at 7pm. I couldn't do it, it was too late", "Once I got my rota (for the next day) at 12 o'clock at night but I go to bed early. There was a call (on the rota) early in the morning and I missed it.''

Some care workers told us there was enough time to travel between their allocated care visits. For example, one person said, everyone I visit lives within a few minutes' walk of each other. However, the majority of care workers told us there was not enough time particularly if they needed to use public transport. They said that this made them late for each call. Some of their comments included, "I have zero time to move between calls, I mean they do not even allocate me any time at all. One call finishes on the hour and the next starts on the hour, even if the clients live close together it is impossible", "I have too many calls and not enough time to travel. I said my availability is between certain hours and they used it all without consideration for breaks. Once I came back home at midnight from my last call and I got an email asking me to attend a call early in the morning the next day'', "I have calls in different locations and 30 min to travel between them but it takes an hour and a half to travel from one place to another", "Once I had to run to another call far away (from the initial location) and as I was walking out another care worker was coming in to replace me on my current call. Each of us did half of this call" and "Office staff are very nice but they have no idea about the area and send people all over the place with not enough time to travel. For example, they do not know that certain buses only go every half an hour and if they know they do not take it into consideration. The local knowledge was fed back to the office staff but they did not act on it. They pressure you to do things, they don't grasp it. They could use a map to see that some areas are far away from each other but they do not seem to.''

The care workers told us the agency did not always respond to their requests about when and how often they worked. For example one member of staff told us, "Work and life balance does not exist with Mears. Mears takes over and they don't take "no" for answer." Another member of staff said, "I requested to reduce my availability a month ago but they are too busy to do so. I am feeling overworked."

The care workers told us that when two of them were required to support a person, the agency did not organise this well. For example, one care worker said, "The rota is impossible and it is the most stressful part of the job. If you are doubled up (meaning two care workers assigned to support one person) the other person is always late. Sometimes one carer is walking out of the building (having cared for a different person) while I am waiting for another one to turn up to assist with my call.'' Another care worker told us, "What should improve is double up calls, to have one person to do it with. Sometimes there are different carers for each different call you have in one day, you need to wait for them to arrive and consequently calls are late."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that they had restructured the senior staff team to assign each of the coordinators to one geographical area of the borough. They said that they had organised for the senior staff to visit these areas to get to know the travel times and public transport links in order for them to have a better understanding when allocating care visits to the care workers. The manager hoped that this would improve the way in which the senior staff allocated the work to care workers, allowing them more realistic travel times and calls within a small geographical area. The manager acknowledged that the deployment of staff was an area which had not yet improved to the level needed. They told us this was the main areas they would be working on and this would mean that more calls would be carried out on time by the same regular care workers.
The London Borough of Richmond upon Thames told us that the timing of call visits had improved but that there needed to be further improvements. They said this was a key part of the provider's action plan which they were monitoring.

The manager told us the agency had undertaken a recruitment drive and had successfully recruited a

number of new staff. They had also contracting two recruitment agencies to select and recruit suitable staff and were working with a youth organisation to provide an apprenticeship scheme. The manager told us that they hoped the increased staffing levels would make deployment easier and this would result in more people having care at the right time from the same regular care workers.

In order to meet the needs of people using the service, Mears Care Limited was subcontracting to another care agency to provide some of the care they had been commissioned to provide. The manager showed us the checks they had undertaken on the subcontractors; these included their statement of purpose, assessments of their work and information about the training and performance of their staff.

People were not always supported to take their medicines in a safe way. One relative told us, ''It's a constant problem them not overseeing [my relative] taking her medication. They're aware you need to stand over her and I've reminded them often. About eight weeks ago there was three days' medication still in the blister pack and no inhaler had been given.''

We looked at records of medicine administration. A new record was used each month. The majority of these for four people had gaps where administration had not been recorded and it was unclear whether the person had received their medicines as prescribed. Medicine administration records were returned to the office to be checked by senior staff. We found that not all records had been checked and some of those which had not contained errors or gaps in recording. In some cases the senior staff had recorded what the errors were. They had noted that the staff needed retraining or additional supervision and assessments. However, there was no evidence that this had been completed and we found that medicine administration records for the following months also contained errors by the same members of staff. Therefore people continued to be at risk of not receiving their medicines as prescribed. We saw that in one person's record of care given the member of staff had written, ''I could not prompt with medicines because these were running out.'' There was no evidence of any action they had taken or if they had informed anyone else at the time, therefore the person was placed at risk because they had not taken their medicines and there was no evidence new supplies had been requested and obtained to ensure the person had medicines the following day. The medicine administration record for this person had gaps. The log book and medicine administration record had been audited and the person carrying out the audit had written, ''No concerns.''

Therefore people were placed at risk of not receiving their medicines as prescribed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff had received training in the administration of medicines and their competency in this was assessed annually. There were records of this and records to show they had completed a written test about their knowledge. The records of assessments and observations in the staff files indicated the staff had demonstrated competency in this area. We saw that the majority of staff files we looked at included evidence of recent training and competency assessments.
The records of medicine administration where we found errors were dating from April to September 2016. We were not able to view the most recent medicine administration records because these were still at the homes of people using the service. Therefore we were not able to judge whether recent staff training and assessments had led to improvements in the way in which medicines were administered. We spoke with the manager about our findings and they agreed that where errors were found from administration records these would be acted upon so that people were not placed at the same risk again.
The majority of people using the service and the relatives we spoke with told us they were satisfied with this aspect of their care and support.

Care plans included information about people's medicines needs. There was a risk assessment about medicines which included a section for people to consent to staff administering or prompting them with medicines. Where people had capacity they had signed this.

Some people received support from the care workers with their shopping. Where this was the case the care workers were supposed to record their transactions. We looked at the care records for two people who had been supported in this way. The records were messy and unclear. The staff had crossed out information and it was difficult to see what had been spent. In one case the person had signed each transaction to show their agreement. However, their care plan stated they did not have capacity to understand or sign for this. Therefore it was unclear from these records whether or not people's money had been used appropriately and in a safe way. The records had been returned to the office for auditing, but there was no indication that those carrying out the audits had identified any concerns with the way in which the records had been made. We discussed this with the manager who agreed to look into this, although they felt this was a problem with the way in which the staff were recording expenditure rather than people's money being mismanaged. People who we spoke with who received support with their shopping told us they were happy with this. No one was concerned about the way in which the care workers handled their money.

All the care workers we spoke with received safeguarding training and were able to describe potential signs of harm and abuse. They said they would contact their coordinator in case of a safeguarding concern, however only four care workers knew they could also raise their concerns with other organisations such as the Care Quality Commission or local safeguarding team. Only one member of staff mentioned whistleblowing as a possibility of raising a concern; however, they did not know the procedure.

There had been a high number of safeguarding alerts about the service since April 2016. These had included reports of missed visits, some of these have had serious consequences for people using the service, including being left in wet pads, being left in clothes and chairs overnight and not receiving meals or medicines. Some of these alerts were made directly to the provider, some to the Care Quality Commission and some to the local safeguarding authority. As a result the local authority raised an institutional safeguarding concern against the provider. When we spoke with the local authority in August 2016 they were concerned that the provider had not taken the alerts seriously and were not taking appropriate action to safeguard people. However, following this they arranged regular meetings with the provider and agreed an action plan of improvements which needed to take place. They had been monitoring this, and in November 2016 they told us they felt the provider had taken appropriate action and was responding to these concerns. They said that the provider had worked with them to investigate concerns and had put in place individual protection plans to support people who had been placed at risk of harm or abuse.

Each person had an up to date assessment of risk. This included an assessment of their environment and fire safety. There were also specific assessments relating to their mental and physical health, skin care, nutrition, falls and moving safely. The risk assessments had been regularly reviewed and there was clear information for the staff about how to minimise risks and to keep people safe. People who had capacity to do so, had signed agreement to their risk assessments.

There was a business continuity plan which outlined how the agency and staff should respond to different emergency situations, including adverse weather conditions or travel problems. Each person who used the service had been risk assessed according to their vulnerability and isolation. There were contingency plans to ensure care would be delivered to those most at risk as a priority in an emergency situation.

Mears Care Limited had appropriate procedures for recruiting and selecting new staff. These included face to face interviews, written tests, references from previous employers, checks on their identity and eligibility

to work in the United Kingdom and criminal record checks. The agency had equipment linked to a national data base so that the validity of identification could be checked. We saw this being used for two potential members of staff who were being interviewed on the day of our inspection.

The staff files we looked at included information obtained during their recruitment. This showed that appropriate checks had been made.

Requires Improvement

Is the service effective?

Our findings

People told us they were given opportunities to consent to their care. They said that care workers asked them before providing care and respected their answers. In addition they had been asked to sign copies of their care plans and risk assessments. We saw evidence of this and of consent for the staff to administer medicines. Where people were unable to sign there was a record of their verbal consent, or a representative (such as a relative) had signed on their behalf.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

All care workers we spoke with said they received brief training in the Mental Capacity Act 2005, however, six of them did not know what the principles of the MCA were. Not all the senior staff were able to tell us what their roles and responsibilities under the MCA were. Some of the comments from the staff included, "[The MCA] is a level of understanding of what I am supposed to do with them [people receiving the service]. They cannot make any decisions on their own, but a next of kin can", "I am not sure what it means. We are dealing with mental health clients, it is very delicate as they are vulnerable but I don't understand the legal side", "I cannot remember, it will be on my next training. I think it's about people that cannot do anything on their own", "The MCA decides if somebody has a capacity to make decisions on their own. If not somebody is appointed as a power of attorney", "They can make some decisions on their own" and "They are allowed to make some decisions on their own. If not decisions have to be made in their best interest."

We recommend the registered person ensures all of the staff have a good understanding of the Mental Capacity Act 2005 and how this relates to their roles and responsibilities.

Some people felt the care workers who supported them did not always have the skills they needed. Others said that they sometimes had difficulties communicating with the staff who did not speak English as a first language. However, most people told us they felt the care workers were appropriately trained and skilled. One person told us, ''The training, professionalism and caring of carers is way above previous care agencies. The frontline ladies, if here on time, are very good.''

Eight of the care workers we spoke with started their employment with Mears Richmond within the past six months. All but one said they received one-week induction training. This included manual handling, medicines, safeguarding, general personal care training, and information about the Mental Capacity Act 2005. The person that did not receive induction training or shadowing had been transferred from other agency and it was agreed that they did not need additional induction training and could start working straight away. The feedback about the training varied. Comments included, "I was happy as they did an

induction. They did most of the legal stuff but not enough practical skills" and "We went through the handbook. I found the training was helpful from one trainer as they had a lot of experience, but a second trainer did not have the knowledge and it felt like they learned it from the book.''

Following the week's induction training, new staff were required to shadow more experienced care workers. New care workers were informed at the beginning they would have three days of shadowing, however, none of the staff we spoke with had. One member of staff told us they had shadowed for two and a half days. The remaining six new care workers had only shadowed for one day. One care worker told us, "I would prefer to have more than one day, but I was dropped at the deep end.'' Another member of staff said, ''I would have expected more because I have never done this kind of work before.'' Although other comments from the staff included, "I shadowed for a day and it was enough for me", "I did one day shadowing but it wasn't enough. I asked for another day and I was offered it" and "I was supposed to do three days of shadowing but I only did a half day and this was enough.''

The staff who had been working for the agency for more than six months, confirmed they received yearly refresher training that the agency considered mandatory.

The senior staff team working for the agency had not had the same access to training. For example, one senior member of staff who had been working for the agency for two months did not have any previous experience in the health and social care field. Part of their role was dealing with concerns and complaints, safeguarding matters reported to the agency as well as the service quality monitoring. They told us they had received two days induction but could not tell us what this had involved. They had not undertaken training regarding safeguarding and or the Mental Capacity Act 2005 and were not able to explain about either of these areas to us. Consequently, they did not have adequate knowledge and experience to carry out their role. They said they were shadowing the agency's manager and they were learning on the job. Another senior member of staff told us they were undertaking a management vocational qualification but had not received any other training refreshers for over a year. A third senior member of staff had been working in their role for three months. They had not received a formal induction or any training; although they said they had experience from a previous role. None of the senior staff we spoke with could recall attending any recent training events.

We recommend that the registered person ensures all staff have opportunities for training and development so that they understand the responsibilities of their role.

Some staff said they did not always feel supported by aspects of the agency, but the majority of staff we spoke with told us they felt supported by their line manager and the branch manager. The staff who had worked for the agency for over six months told us they had formal supervision meetings with their manager twice a year to discuss their work. The staff records we viewed indicated that some staff had not received regular formal supervision or appraisals and there had been long gaps without these. However, all the staff had taken part in a recent individual meeting or one was planned for the next month. The staff confirmed that they could ask their manager for support outside of these meetings if something was wrong. The manager had organised a number of team meetings to give the staff opportunities to meet together to discuss some of the key issues affecting their work. We saw the minutes of these. The staff had discussed specific procedures and changes to the branch, as well as discussing any concerns they had.

In addition the staff were provided with a regular branch newsletter. The most recent letter praised staff who had been awarded the London Borough of Richmond upon Thames Dignity in Care Awards. These awards were given to staff nominated by people who used the service. The newsletter also gave key information about changes in procedures and at the branch. In the newsletter the manager had written, ''I would like to

say a big thank you to all our front line staff…feedback from our customers about the care they receive has generally been positive.''

Some people were supported with meal preparation. They told us they were happy with this support. People's care plans recorded nutritional needs and whether they required support. People told us the staff listened to their preferences regarding meals. Notes of the care provided indicated that people who required assistance were given this. However, a number of people raised the concern that the staff were sometimes later or earlier than they wanted to eat and because of this some of their meals were too close together.

People's healthcare needs were recorded in their care plans along with contact details for the GP and other important healthcare professionals. Daily care notes and records of accidents and incidents indicated that the staff had responded appropriately when someone became unwell or they were concerned about their health.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they had good relationships with their regular care workers. They said that they were kind, thoughtful and caring. Some of the comments from people included, ''[My care worker] has been helping me for a few months and he's exceptional. You can ask him to do something one day and he'd do it unasked I'm supposed to have a little walk - if possible, daily…he accompanied me and holds my arm'', ''[My care worker] hangs around to help me with extra things if I ask her'', ''The young woman I have at the moment is very good", "Yes, they are polite and nice to talk to", ''The girls they send, they have empathy. That's the main thing with these girls, that's what they're full of'', ''My [relative] has fun with them. She tries to speak different languages. They always bend down and say goodbye in a very sweet way'' ''[The care worker] makes [my relative] feel very comfortable'' and ''There are no problems, they are very helpful.''

Most people told us their privacy and dignity were respected by the staff. One person told us, ''They are good, they cover me up.'' However, one person said that they felt their dignity was not always respected because they had to wait for care workers who sometimes did not show up. Another person commented that the care workers unplugged their equipment so they could charge their own mobile phones. We discussed this with the manager who agreed to remind the staff about the procedures relating to this.

All members of the management team and care workers we spoke with said their loved their work and they were happy supporting people using the service. Care workers told us that the people using the service were the reason why they continued working for the agency. All of them stated the importance of privacy and dignity. Care workers told us they would ensure that they gave personal care in private with only the care worker present with the door closed and the curtains drawn if needed. Some of their comments included, "I involve people using the service in every aspect of their care, I respect how and when they want to receive their care", "People need to have choices and [we] need to help them to do things for themselves. I talk to them and I treat them how I would like to be treated", "I communicate with them, offer them choices and I don't impose things on them" and "[When giving personal care] I close the door, cover them with the towel, give them the choice and I tell them what I am doing."

Requires Improvement

Is the service responsive?

Our findings

Half of the people and their relatives we spoke with told us their care workers did not always arrive on time. Some people also said that care workers did not stay for the required amount of time. Some of their comments included, ''They've been late on a number of occasions, like this morning. Sometimes I get a phone call to say ''On Sunday I was supposed to have a call at 8.30am but they did not get there until 11.30am, I could not go to the toilet without them or take my tablets'', ''The 8-8.30 call is more like 15 minutes and the lunchtime is 1-1.20pm'', ''They never stay the full amount of time but I think they write they have in the book'', ''50% of the double-ups, one carer doesn't come or is very late and I [relative of person being cared for] have to step in as assistant carer'', ''The agency does not allocate the calls they are supposed to this has been a problem every weekend for months. [My relative] was left for two and a half hours and no carer turned up'', ''On one occasion in the last week [My relative] had been left in the same pad from 8.30am-6pm'', ''I asked the care workers why they were visiting before they were due to and they responded by telling me they had too many calls to do and needed to complete all the calls in [the extra care scheme flats] in one go'', ''Last week [my relative] didn't get a visit at all. No medication had been given and when I rang up, they said they couldn't get in – that there was no reply. She'd gone 24 hours without care – no hot meal or anything to drink. It's very worrying – she's 80 years old and could have been lying on the floor. There was no phone call to me'', ''They come an hour earlier than they are supposed to, I am still in bed, or they come too late and I have already done it myself'', ''Odd occasions on a lunchtime, they don't turn up; it happens about once every two or three weeks" and ''It's a bit topsy-turvy."

However, the other people had a different experience. One person told us, "No they don't always arrive on time but yes they do stay a reasonable amount of time…they're pretty reliable.'' Another person said that the care workers were sometimes late but they did everything that was needed in the time they were there. Another person told us, ''I've had no missed calls. There was a delay only once when the carer was taking around a novice carer.'' One relative commented, ''They try their best to come on time." Some of the people who had experienced care workers being late in the past told us that this had started to improve in the weeks preceding our inspection.

We looked at the logs of call visits completed by the care workers who had visited ten people. Records indicated that most calls for these people were at the same time each day or within an hour of the same time. However, the logs for one person over a two week period showed that although their normal morning visit was between 6.30am and 7am, they had one morning visit at 5.45am and another at 9.20am. For another person their evening call visits varied from 18.30pm to 22.30pm within a two week period. One person's logs had gaps where no visits were recorded on three days within a two week period. A fourth person's logs did not include any evidence of a night time visit, although this was part of the care planned by the agency and requested by the local authority. A fifth person's logs indicated that their evening meal visit over a two week period varied between 17.30pm and 20.30pm. We were not able to view any logs of visits for October or November 2016 as these had not yet been collected from people's own homes. Therefore we could not see whether there had been improvements to the timing of people's care visits within the previous month.

People and their relatives told us they did not always have the same regular care worker. One person said, "They don't do what they're meant to do. What we've asked for is to have a copy of the rota each week because [my relative] wants to know who's coming and they just do not have one.'' A relative told us, "[My relative] had the same carer for a few weeks or months then new staff come in…there's no continuity. '' Another relative told us, ''[Our care worker] told us they were leaving but the agency have not told us there is going to be a change, if he had not said we would not know until someone new turned up.'' One person told us, ''I have the same carer for a while then someone new comes in and times change. There's no phone call to say there'll be a new person and they don't tell me if there is no carer available, that has happened once or twice. It was very disturbing and distressing. For anyone who is bedridden, it must be a real strain not knowing when anyone is coming to help." A second person told us, ''I don't necessarily get a phone call if there's a new person, someone turns up and says 'I'm your carer'.''

Some people felt the planned times of their calls did not meet their needs. For example, lots of people told us that mealtime calls were too close together or too far apart. One person commented, ''They give me lunch at 1pm and then supper at 3pm and put me to bed at 8pm, it's all too close together.'' Another person told us, ''They get me ready for bed at 6ish in the evening, it is too early.''

A small number of people and their relatives told us the care workers did not always do a good job, or complete the tasks they were supposed to. For example, one person said, ''They washed all my clothes in [stain remover] not washing powder, they do not clean fluff from the tumble dryer, they left the dishwasher running all night and they leave my toilet in a dirty condition.'' Another person told us, ''One carer could not operate the microwave, my neighbour had to come in to show her.'' Another person commented, ''I was with my previous agency for two years. These are not quite the same as the previous ones, they cut corners and times off visits. The carers say they don't have time, they are always in a rush.'' A relative of one person said, ''The care workers are supposed to prompt [my relative] to drink, but when I visit I find the same glass of water has been left and not touched all day.'' Another relative told us, ''There was a time when [my relative] had wet the bed really badly – no-one had noticed and she had been left in that bed. No-one changed the bed. There was a strong smell of urine as soon as we walked in.'' They went on to say, ''We pay for the carers to bath [my relative] twice a week, but they have not been doing this.'' However, the majority of people felt that care workers did do a good job and carried out the tasks they were supposed to.

One relative told us that they felt there had been improvements in the last two weeks but said that over the previous five weeks there had been problems with their relative left in bed for over 14 hours without having a pad changed on at least three occasions. They said they had found their relative and their bed were wet. They went on to say that when they checked their relative's log book they saw that they had not been offered any showers despite this being part of the care plan.

The care workers told us they were not always allocated the same people to care for. They told us that they often had a long travel time between calls and this led to visits being late. Some of their comments included, ''I had the same clients for a while, and suddenly they were removed from my rota and somebody else had them" and "There are long traveling time between calls causes that there is not enough time for people using the service.''

The above is evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and the senior staff at the service told us they understood the importance of people having the same regular care workers. The extra care manager told us that additional staff had been employed to work solely at the extra care schemes. In addition they were in the process of arranging for a photographic board

of the staff to be displayed in communal areas so that people knew who all the staff were. The extra care manager was also trying to spend more time on site at both schemes so that they would be available to address any concerns or staffing issues. We received feedback from external professionals working in these schemes. One reported they had seen significant improvements in the weeks preceding the inspection. They told us there was always a care worker available at the scheme and management support at the scheme had improved. This meant that people's care needs were being met. They told us they had not had any concerns in the past two weeks and felt things had improved. A professional from the other extra care scheme told us they had not seen much improvement at the time of the inspection. The manager told us they were aware that further improvements were needed at this scheme. The London Borough of Richmond upon Thames told us they felt improvements at both schemes had started and people were receiving care visits on time and had the support they needed.

The London Borough of Richmond upon Thames also told us they felt the care for people living in the community had improved. The provider used an electronic call monitoring systems to show when care workers arrived and left people's homes. The local authority had access to data from this system. They told us they had seen improvements in the timing of care visits so that these now better reflected the planned time of visits. They also had feedback directly from people using the service. They told us that people had reported improvements to the care they received. In addition, some people had given positive feedback about the care workers at the agency and how they had supported them.

People had been involved in developing their own care plan. Senior staff from the agency visited people to assess their needs and met with their representatives if people were unable to explain their needs. One person told us, "Someone came here initially and drew up a care plan.'' All the care plans we looked at had been signed by the person, had a record of their verbal agreement or had been signed by their representatives to show that the plan accurately reflected the person's needs. However, the agency had sometimes started providing care for people before their needs had been assessed or before care plans were in place. Some of the care workers told us this meant it was difficult to know what care they should provide. One care worker said, ''If the person can tell you what they need that is fine, but some people have dementia and unless a relative is there we do not know what to do.'' One of the senior members of staff told us that the agency tried to ensure a care plan was in place by five days after the service started. However, some of the care workers told us they had waited for up to two weeks for these plans.

The care plans we looked at were appropriately detailed and described the tasks the staff needed to complete. They also had information about the person's preferences and how they liked to be cared for. Care plans for people being supported with reablement included specific goals which they were supported to achieve within set time frames. These goals were designed to enable them to become more independent and relearn skills for independent living and caring for themselves.

The provider told us they were in the process of reviewing all care plans and we saw evidence of this. There was a plan to ensure all reviews were completed.

The care staff recorded the care they had provided each day and these records were collected and checked by the senior staff. Some of these records were not written clearly and information was hard to read. Some of the staff had used terms which did not always describe care in a way the person would chose. For example, they referred to people being ''creamed'' and ''toileted.''

Some people told us they had complained to the agency about poor care or a poor service but they had not been happy with the response. One person said, ''I don't complain to Mears – it's a waste of time. This is the way they do this work." Another person told us, "I reported my concerns and nothing happened. I said that I

was incredibly dissatisfied, and somebody else rang on my behalf.'' A relative commented, ''We had a meeting and everyone spoke about how they felt, the council were there and [the senior staff] but nothing happened, they did not listen to us.''

The provider had a procedure for complaints and people told us that they had received information about this. Records showed that they had responded to formal complaints and investigated these. There was also evidence that they had taken action to put things right following complaints. However, a third of the people we spoke with told us they had no confidence in the complaints procedure and did not feel their complaints were listened to or acted upon. Other people did not comment either way about this or told us they had not had any cause to make a complaint.

This was a breach of Regulation 16 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Other people told us they felt that their complaints would be listened to and acted upon. Some of their comments included, ''I have not complaints but I would talk to them if I did'', ''I would talk to the visiting officer, she is very good and she listens to us and asks us what we think'' and ''They ring us and visit us to ask what we think about the service, once we were not happy with a care worker and they changed him. I have no complaints.''

Requires Improvement

Is the service well-led?

Our findings

About half the people we spoke with told us they did not feel the service was well managed and did not meet their needs. One relative commented, ''The problem seems to be from the back office – management and supervision are the key. The problem is that carers are reliant on public transport. As I say to Mears often, if they were an Electricity or Gas Company, if they failed to provide us with what's needed, I'd cancel and go elsewhere. Unfortunately, things are so tight that we can't change agencies.'' Another relative told us, ''I am disappointed in the way the agency has responded to my concerns about late and missed calls. [One senior member of staff] told me 'what you've got to realise that this is not a sexy business and it doesn't attract staff'.'' One person said, ''To be honest, we're looking for another care company. This is the only one that social services have.'' Another person told us they were unhappy with the way in which the provider had treated them. They said, ''I keep ringing up and complaining to Mears. It's the same old story – 'I don't know what happened' this has been going on for over six weeks.'' One person told us, ''We pay for them to provide a service and they don't do it. This has been the case since we started with Mears – I feel sorry for the carers – they don't get paid for travelling in between appointments and there are sometimes long distances between visits.''

One of the areas of concern raised by people using the service, their relatives, staff and other professionals was that communication within the agency was poor. People using the service, relatives and staff told us that they found it difficult to receive an answer when they called the agency. Some of their comments from people using the service included, ''I tried phoning a few times, on the hour every hour but got no reply'', ''I phone up every Wednesday – I can make seven phone calls and no-one returns my call' and ''They're not always easy to get hold of. It does take a time to get through but they're always very helpful." One member of staff told us, ''Whenever you ring the office you do not get an answer, once I needed the number for a key safe to get into someone's house. The office did not answer the phone so I could not carry out the call.'' People and their relatives also told us that the staff within the agency did not communicate with each other. One person told us they had been ringing the office to tell them a piece of information on several occasions and then, ''[The visiting officer] comes round every three months – she's absolutely lovely – she didn't have a clue – even though I'd complained. I don't think the office staff communicate with each other.'' Another person told us, ''There is no point telling anyone something, no one listens and nothing changes.'' One care worker told us they had contacted senior staff at the agency to pass on the same information about a person's change in need on several occasions and each time the person they were speaking with knew nothing about the previous contact. Care workers told us there was no formal communication about recent changes taking place within Mears. One carer said, "There were a lot of changes recently but I was not informed before they happened". Another carer said, "I knew about changes from another worker".

Some of the care workers told us that they were very disappointed in the support they received from staff who provided the on call service for out of hours support. One care worker told us about a time when they had been with a person who had passed away. They had been very upset and had rung the on call support team. They had been told to attend their next care visit and when they explained they felt too distressed to do this, the on call manager had told them, ''What can I do about it?'' Another member of staff told us they found on call managers were rude and uncooperative.

Some people told us the provider did not ensure that clear and well-kept records of the care provided were kept. One person said, ''For a whole month there were no daily log sheets in the care plan. The carers were just writing on scraps of paper.'' Another person commented, ''We cannot understand what the carers are writing in the book.'' We found that the records were looked at were often messy or unclear. Handwriting was sometimes difficult to read and on several occasions the staff had used the financial transaction record to record daily care notes. The two financial transaction sheets we saw which had been used for recording expenditure were unclear with lots of crossing out and it was difficult to see how and when money had been spent. In one person's daily log book we found a loose receipt for money spent the previous month. There was no record of this expenditure and nothing to indicate whether it was the person's money which had been spent or just a loose receipt which had accidently been placed in the book.

The provider had systems for auditing the service however these had not always been effective. For example, the senior staff audited medicine administration records and log books. However, they had not always identified when errors had happened. For example, care visits which had not been recorded and gaps in the medicine administration charts. Where they had highlighted problems these were not always rectified. For example, we saw repeated errors in the same people's medicine records each month, despite the fact that the senior staff had pointed out these errors and stated the staff should be retrained in medicine administration. In addition some of the quality monitoring visits and telephone calls the agency had made to people had highlighted concerns about specific care workers, the times of visits and missed calls. Although these concerns had been recorded there was no evidence of the action that had been taken or whether the agency had checked back with the people who had raised the concerns to see if they were satisfied with the response.

The above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Many of the people using the service and their relatives told us they had started to see some improvements to the way in which the service was being run. One person said, "Mears has been fine until January this year, but from January this year, they have been appalling – their rota system seemed to collapse. During the last fortnight, a new Manager's been in place, who's making a big difference.'' Another person told us, "All very good – no complaints, they are very helpful."

We saw that there had been improvements since the new manager had taken up their post in October. They had introduced new audits and checks which had identified where improvements were needed. They had arranged for everybody who used the service to have a review of their care, and these had started to take place. They had also arranged individual supervision meetings with all of the staff where their work had and any concerns they had were discussed. There had been team meetings for all of the staff where they had been reminded of key procedures and ways of working.
The manager had also restructured the senior staff team who coordinated and monitored the care visits. They had introduced new team members and held regular meetings with the senior team. The manager told us they recognised that there were still problems with rostering staff and this had led to missed and late care visits. They were trying to address this by assigning the rostering role to the senior staff in a different way.

The manager had previously managed another branch run by the provider. They had been promoted to an area manager role. Senior managers at Mears Care Limited told us they recognised that the size and complexity of the Richmond contract required an experienced and senior manager to oversee this. They told us that this is why they had asked the new manager to take on this role. Before this the manager had successfully supported another branch which had experienced difficulties to make improvements. The London Borough of Richmond upon Thames told us they had confidence in the way the branch was now

being managed. They told us they had seen changes which had a positive impact for people using the service as a direct result of some of the work of the new manager. In addition senior managers at Mears Care Limited had worked with the local authority to create an action plan for improvements. The borough told us the provider had made improvements as expected within the time scales given.

There was a clear management structure for the branch with a large team of senior staff coordinating and monitoring the service. The manager told us they were recruiting to some vacant posts and hoped that once these staff were in post they would be able to improve the running of the service further. The manager told us they had assigned senior staff to coordinate the care for people living in geographical patches within the borough. As part of this new way of working the manager had asked for all senior staff to spend time visiting people using the service living in their patch to get to know people and the area. This work had started and we saw a schedule of planned visits to make sure this continued. A senior member of staff had been assigned to oversee the extra care schemes and spent time working there supervising the staff and making sure people's needs were met. The scheme manager (employee of another organisation) who worked at one of the extra care schemes told us that the service had improved in the past few weeks since the senior member of Mears Care staff had taken up their post. Both the manager of the branch and the senior member of staff assigned to this role acknowledged that there had been more problems providing a service to one of the schemes and they were now focussing their attention on making improvements there. We received feedback from a relative of someone living in this scheme and they told us the service had improved in the past two weeks.

The provider asked people using the service, their relatives and staff to complete questionnaires about their experiences. They had received 21 responses from a survey of people who lived in the extra care schemes in October 2016. People had rated their experience in a number of areas. Responses were very mixed but the majority of people felt that the quality of care, flexibility of the service and caring nature of staff were good or very good. However, feedback was that improvements were needed with time keeping, communication and addressing complaints. The provider had created an action plan based on these survey responses which included having monthly meetings with people living in the extra care schemes.

The provider had worked closely with the London Borough of Richmond upon Thames to monitor the service and to investigate concerns. Representatives of the borough told us they felt there had been improvements at the service. They told us they felt the new manager had introduced some positive changes. The provider regularly met with the borough to review their action plan of improvements. There were measurable improvements and changes, for example in the reduction of missed and late visits, better retention of staff and in the provider's response to complaints. The local authority representatives told us they knew that it would take time to make all the necessary improvements, but they had confidence that the provider was working in the right direction. There was evidence from the provider's records of electronic call monitoring that more visits were taking place on time. In addition the number of safeguarding incidents had reduced and people had fed back that they were more satisfied with their care.

The number of service concerns raised with the local authority about the provider had reduced from 33 and 39 in August and September respectively to 11 in October 2016. In addition the provider had received 10 compliments about the service from people receiving care in November. Where these were about individual staff the manager had written to the staff with the details of the compliment.

The London Borough of Richmond upon Thames required the provider to use an electronic monitoring system to track when care visits took place and how long these lasted. Compliance with this system had been a cause for concern in the past. Both the provider and the local authority could evidence that there were improvements in the staff using this. However, the target for compliance was not being met at the time

of our inspection. We saw that the provider had communicated the importance of this with staff. The system, when used properly, would enable the provider to track that care visits took place as scheduled and provide live data so that problems could be identified and acted upon at the time.

The provider had taken steps to recognise and reward good practice. They ensured that staff received information about positive feedback from people using the service. They also highlighted good work within the staff newsletter. There were incentives for staff to recommend a friend to work at the agency. Recommendations of a successful candidate were rewarded and if the new member of staff stayed for at least a year the staff member who recommended them was given a further monetary reward. The manager told us this showed the agency's view that it was important to retain good staff and they were looking at further schemes of recognition and reward.

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 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that the care and treatment of service users was appropriate, met their needs or reflected their preferences. Regulation 9

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always ensure the safe and proper management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person had not established and operated an effective and accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons. Regulation 16(2)

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

The registered person did not always have or operate effective systems and processes to assess, monitor and improve the quality of the service.

The registered person did not always maintain accurate and contemporaneous records of the care provided to each service user.

The registered person did not always evaluate and improve their practice in response to processing the information from service users, other stakeholders, their own monitoring processes or records.

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person did not ensure that there was always sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. Regulation 18(1)