

Mears Care Limited

Mears Care - Rossendale

Inspection report

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Date of inspection visit:

16 August 2017

17 August 2017

Date of publication:

21 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Mears Care Rossendale on 16 and 17 August 2017.

Mears Care Rossendale is part of Mears Care Ltd and provides domiciliary care services to people in east Lancashire. The agency office is located in Haslingden. The service provides care and support for people who live independently in the community. At the time of the inspection 102 adults were using the service for personal care and/or domestic support.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 29 and 30 June 2016 we found the service to be in breach of four regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of systems and processes in place to effectively investigate and document any allegation of abuse. Not having effective systems for receiving and acting on complaints, not following the provider policy in relation to providing an adequate amount of supervision meetings for all staff and not operating established and effective quality assurance and audit systems to monitor and improve the quality and safety of the services provided. The service received a rating of Requires Improvement. Following the inspection we received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made on these matters.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to a lack of robust recruitment procedures prior to staff working at the service. You can see what action we told the provider to take at the back of the full version of this report.

We found there were management and leadership arrangements in place to promote an efficient day to day running of the service. However there had previously been changes in management and the service had been without a registered manager for over two years. Therefore management and leadership arrangements needed embedding to achieve ongoing continuity and progress.

There were processes to monitor and develop the services provided, in consultation with the people who used them.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had received training on safeguarding and protection.

Arrangements were in place to maintain staffing levels to make sure people received their agreed care and

support. There were systems in place to ensure all staff received initial training, ongoing development, supervision and support.

People made positive comments about the staff team including their friendly approach, listening skills and respectful manners. Staff expressed a practical awareness of responding to people as individuals and promoting their rights, privacy and choices.

People told us they had agreed to the support and care provided by the service. We found records were kept of people's consent /agreement to their care and support package. Arrangements were in place to gather information on people's backgrounds, their needs and abilities, before they used the service. People were aware of their care plans and said they had been fully involved with them and the ongoing reviews.

Processes were in place to monitor and respond to people's health care needs. All the staff we spoke with described the action they would take if someone was not well, or if they needed medical attention. Where appropriate people were supported with eating and drinking.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

There were effective complaints processes in place. There was a formal system to manage, investigate and respond to people's complaints and concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff recruitment did not always include all relevant checks for the protection of people who used the service. There were enough staff available to provide people with safe care and support.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's wellbeing and safety were assessed and managed.

Processes were in place for people to receive safe support with their medicines.

Is the service effective?

Good 

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported as appropriate to eat and drink. Their health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

People made positive comments about the caring attitude and approaches of staff. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement and independence.

Staff were aware of people's individual needs, abilities and preferences.

Is the service responsive?

Good ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care and support.

People indicated the service was flexible. Arrangements were in place to respond to their changing needs and preferences.

Processes were in place to manage and respond to complaints, concerns and day to day matters.

Is the service well-led?

Requires Improvement ●

The service was not always well- led.

There was a registered manager who provided leadership and direction and was committed to the ongoing improvement of the service. However the management arrangements needed embedding to achieve sustained progress.

Staff were enthusiastic and positive about their work and were of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Mears Care - Rossendale

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 August 2017. We contacted the service two days before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also contacted the local authority contract monitoring team and a commissioning manager. Prior to the inspection we asked the provider to complete 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 used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection, we spoke with 10 people who used the service and two relatives. We also talked with six care workers, the registered manager, a senior care worker, a care coordinator, the quality care manager and the recruitment officer. We looked at a sample of records, including five care plans and other related documentation, three staff recruitment records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

We looked at how the service protected people from abuse and the risk of abuse. At the last inspection we found there was a lack of systems and processes in place to effectively investigate and document any allegation of abuse. We discussed some of the previous and ongoing safeguarding concerns with the registered manager. We were told about the action taken to ensure safeguarding and protection matters were dealt with and alerted to the local authority. At the time of the inspection, there were safeguarding concerns under investigation by the local authority. We will continue to monitor the outcome and any actions the provider takes to ensure people are safe. Records were kept of safeguarding allegations and incidents at the service. Processes were in place to monitor and respond to such matters in consultation with the local authority.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff.

The recruitment process included applicants completing a written application form and attending a face to face interview. Some of the required checks had been completed before staff worked at the service and these were recorded. The checks included: health screening declarations, an identification check and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

However, we found examples where full employment histories had not been obtained. This meant that gaps in previous employment and the reasons for leaving had not been checked and clarified. We found a reference from a previous employer had not been obtained, which meant evidence of the staff members conduct in a previous care setting had not been assessed. This meant the appropriate background checks, including employee's integrity, had not been completed for the well-being and safety of people who used the service. We also noted that there was a lack of evidence to demonstrate a staff member had been effectively monitored and supervised during their probationary period. This did not comply with the regulations or the providers' recruitment and selection procedures and meant that people were not protected from risks associated with unsafe recruitment.

The provider had failed to operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with indicated they felt safe using the service. They told us "I have built up a good relationship with them, they make me feel comfortable," "The staff are kind. So efficient they never bully and are always nice," and "I feel comfortable in their presence, very safe." The relatives we spoke with also felt people received safe care. One commented, "My relative is definitely safe with them. They certainly understand her needs."

We discussed the safeguarding procedures with staff. They expressed a good understanding of safeguarding

and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff spoken with said they had previously received training and guidance on safeguarding and protecting adults. We noted from the staff training records, that arrangements were in place for staff to complete safeguarding training. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. There was a handbook for staff which included a summary of the adults at risk and child protection policies. However, we noted the procedures did not include the up to date contact details of the local authority safeguarding hub, which would help ensure a timely alert is made. The registered manager agreed to update this information.

We found processes were in place to provide people with support with their monies if they were assisted with shopping. Individual records were kept as needed, these reflected the amounts involved, including debits and credits. This helped to promote accountability for the protection of the person using the service and staff. Policies and contractual arrangements indicated staff were precluded from receiving gifts and having involvement with people's financial affairs.

We reviewed how the service maintained appropriate staffing levels. We found there were enough staff deployed at the service to provide care and support and keep people safe. People we spoke with told us staff always attended to provide their contracted care and support. Their comments included, "They have not missed a visit," "No missed visits" and "They usually do ring if they are going to be late. But they have never missed." We found staffing arrangements were influenced by people's assessed needs, individual support package and contracted arrangements. The rota planning system grouped staff into teams to cover in designated geographical areas and took into consideration staff availability. Staff spoken with told us they had not missed any calls. They said they were given sufficient travelling time between visits and had enough time to carry out the required tasks. There was a 'real time' on line call monitoring system. Staff were provided with mobile phones which logged attendance and time of arrival their visits this was monitored for efficiency at the agency office. The system also provided staff with their rota of scheduled visits up to two weeks in advance. There was an on-call system in place during the times when staff were on duty, this meant a senior member of staff could always be contacted for support and advice.

We looked at the way the service managed risks. Health and safety risk screening assessments had been completed on environmental matters in people's homes. Staff spoken with had an awareness of people's risk assessments. They described the action they would take in the event of accidents, emergency situations and on reporting any matters of concern. There were policies and procedures providing instructions for staff on responding to accidents, emergencies and untoward events. We saw that a summary of the health and safety, emergency and reporting procedures was included in the staff handbook. Some staff also described the action they took to ensure people's homes were safe and secure. One person who used the service told us, "They make sure I'm safe before they leave."

Records were kept of any accidents and incidents that had taken place. The service had an 'accident database' which was updated to reflect any accident or incidents concerning people who used the service and staff. The system included a time measured plan of action to ensure steps had been taken to prevent any further risks. Processes were in place to monitor any accidents and incidents, so the information could be analysed for any patterns or trends.

We found risks to individuals had been assessed and recorded in people's care records. There was information defining the risks and the action to be taken minimise risks for people's wellbeing and safety. The risk assessments covered aspects of care including: moving and handling, physical health, mental health, finances, domestic tasks, medicines and environmental matters. We noted the risks assessments

were dated and kept under review. Staff spoken with expressed an awareness of the people's individual risk assessments. One told us, "I have seen the risk assessments they are always available for access."

We looked at the way the service supported people with their medicines. Most people we spoke with said they managed their own medicines. However people who did receive assistance with medicines told us support was appropriately provided. One person said, "They help with medicines. They keep a record of what they give me and make sure I have drink." The records we checked showed people's ability and preferences with medicines had been assessed and they had signed in agreement with the outcome.

The service encouraged people to use a MDS (monitored dosage system) for medicines. This is a storage device designed to simplify the administration of medicines by placing tablets in separate compartments according to the time of day. We found individual care records included lists of prescribed medicines and instructions where necessary, for staff to follow on prompting or administering the medicines.

Medication administration records (MAR) were completed as appropriate to support the assistance given. We looked at a selection of completed MAR and found they were mostly appropriately completed. We found some gaps on one MAR charts which meant it was not clear if the person had been supported with their medicines. However we noted these omissions had already been identified when the MAR had been audited and the registered manager was pursuing these matters.

The service had medicine management policies and procedures which were available for staff reference. There were guidelines describing the different types of support which may be provided, but that people were only to be assisted in line with the instructions in their agreed care plan. Staff responsible for providing people with support had completed medicine management training. There were processes in place to assess and monitor staff competence in providing safe effective support with medicines.

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. At our last inspection we found the provider was not following their policy in relation to providing an adequate amount of supervision meetings for all staff. At this inspection we noted sufficient improvements had been made.

Staff spoken with said they received one to one supervisions or appraisals and they had ongoing support from the management team. This arrangement provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. Staff comments included: "I am having a one to one and my appraisal this week," "I find the supervisions and appraisals are quite good" and "They have been positive. We can discuss anything we want, including any issues, learning and training." We saw a sample of records of the supervisions and appraisals held and noted there were plans to schedule appointments for future meetings. We also found checks were carried out on staff's conduct when they were providing care and support in the community. Staff confirmed unannounced 'spot checks' were carried out and we reviewed a selection of records confirming this practice.

People we spoke with indicated Mears Care Rossendale provided an effective service. Their comments included: "Very happy, they are brilliant," "I am really happy with the service they are all excellent," "It has all gone according to plan they really deserve the praise" and "It's all working well."

Arrangements were in place for new staff to complete an induction training programme. This included an introduction to the service's policies and procedures, 'shadowing' experienced staff in the community and the completion of the provider's mandatory training. The registered manager told us Care Certificate induction training was just being introduced. The Care Certificate is a nationally recognised set of induction standards for health and social care workers to follow in their daily working life. All the staff spoken with told us of they had completed initial induction training which had included 'shadowing' other staff and observation of their practice when working with people. We found there were records available confirming this practice. However, there was a lack of information to show one member of staff had appropriately completed the induction process. This meant it was unclear their competence and suitability to provide care to people had been assessed and approved. We discussed this situation with the registered manager, who agreed to implement measures to ensure all staff fully completed the induction programme.

We asked people who used the service if staff were competent in their roles. Three comments were, "They all know what they are doing. They are competent at the tasks," "They carry out the tasks perfectly" and "Very professional. They totally know what they are doing." Staff spoken with told us about the training they had received at the service. We noted certificates confirming the training were in the staff files we looked at. We observed there was a training room at the agency office, this contained equipment such as hoists, commodes and a bed for staff to practice with. The provider's mandatory training programme included: health and safety, infection control, food hygiene and safety, first aid, safeguarding, safe handling of medicines, moving and handling and information governance. There was also additional training available on: dementia awareness, fluid and nutrition, mental health awareness and pressure area awareness.

Staff were enabled to attain recognised qualifications in health and social care. Most staff at the service had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care or equivalent, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care. We noted some staff had not undertaken training. We discussed this matter with the registered manager. We requested an up to date record to demonstrate staff had completed training and that further training had been planned. We received this information following the inspection and noted gaps had been identified and training scheduled.

We looked at the way the service provided people with support with their healthcare needs. People spoken with were satisfied with how staff monitored their health and general well-being. One person explained, "They recognise when I'm unwell. When I'm ill they ask me if I want them to phone the doctors, they are really helpful. They work round me they understand my medical condition." Another person said, "They always check we are alright before they leave." The care records we reviewed contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We found there were 'key fact' sheets which included details of people's medical conditions and there were assessments of their physical and mental health. This was to guide staff on monitoring and responding to people's health care needs. Staff spoken with described the action they would take if someone was not well or if they needed medical attention. They gave examples of circumstances when they had contacted and liaised with healthcare professionals.

People were supported at mealtimes in line with their plan of care. Most people spoken with received no or minimal support with eating and drinking, they either prepared and cooked their own meals or were supported by family members. However, people receiving this support told us staff asked them what they preferred to eat and cooked their food to a good standard. One person said, "They make my dinner and breakfast, they ask me what I want." Staff spoken with described the range of support they provided with food, including pre-prepared meals, snacks, food preparation and cooking. Records were kept of people's dietary needs and food and drink preferences. The registered manager showed us a food and fluid intake chart which was used as necessary if a person was at risk of malnutrition or dehydration.

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 the 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA. The service had policy and procedures which aimed to underpin an appropriate response to the MCA. Staff spoken with had an awareness of their role to monitor people's capacity to make their own decisions and choices. They said they would report any concerns or changes in people's ability to make safe decisions to the managers. The staff handbook provided a summary of the service's MCA policy and arrangements were in place for staff to receive training on this topic.

People spoken with indicated they were involved in decisions about their care and support. We noted in care files, there were signed records of people consenting to care and support. Records also showed people had signed in agreement with their care plans. The provider had introduced a mental capacity assessment tool. This was to highlight people's capacity to make their own decisions, or if they lacked capacity to

consent to care, the process to follow to ensure their care and support was provided in their best interests. We noted examples where mental capacity assessments had been appropriately completed and responded to. However we saw decisions had been made on one person's behalf without first assessing if they had the capacity to make the decision themselves. We found consent to care records had been signed by a relative, but there was no assessments or best interest record to show why the person was not able to give their own consent. This is important to ensure the MCA's code of practice is followed and people's rights and freedoms are respected. We discussed this matter with the registered manager who took timely action to ensure an appropriate assessment was completed.

Is the service caring?

Our findings

All people spoken with made positive comments about the staff team and the care and support they received. They told us, "The carers are outstanding they have a caring nature and a willingness to help," "It's really amazing to have them around," The office staff are very amenable for any enquiries" and "They are very thoughtful and so caring. I have a really good set of carers." A relative commented, "Very helpful, very kind. They always have a chat to make [my family member] feel comfortable."

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "I am treated with dignity and respect. They are kind and thoughtful," "They are totally professional when carrying out personal care," "The staff are kind and thoughtful I can speak to them about anything, they are so understanding," "I totally trust them," and "They treat me really well and make me feel valued."

Everyone we talked with indicated their privacy and confidentiality needs were upheld and that staff were respectful of their homes. They said, "They very much respect my privacy they always make me comfortable, they are very professional," "Care staff respect my privacy when carrying out personal care," "They always make sure the door is closed during care," and "They never ask your business." We asked people if the support and care they received promoted their independence. Comments made were, "They ask if I'm okay and only intervene when necessary," "I try to do as much as I can for myself and the staff support this," "They ask me if I can do things and if I can't manage they do it for me," "They give me that bit of motivation to get me going," and "They encourage me to do things, but never rush me, it's really important." Staff spoken with gave examples of how they promoted independence, dignity and privacy in response to people's individual rights, needs and choices.

We noted the provider's care assessment process provided scope for details to be obtained and recorded on key matters that were important to the person. This included a profile of the person, their background history, interests, occupation, hobbies and links in the local community. Staff we spoke with were very knowledgeable about the individual needs and preferences of the people they cared for. They were familiar with the content of people's care records and care plans. Staff described their understanding of person centred care and equality and diversity. They said, "I think it's a good quality service. I treat people how I would wish to be treated" and "I have just completed the equality and diversity training, it's about respecting people as individuals." One staff member also described an example of how they provided care and support in response to specific cultural and religious needs.

We discussed and reviewed the rota planning process with a care coordinator. We found the aim was to provide people with a small team of staff who they were familiar with. People's preferences on male or female staff had been requested and their wishes were respected. People spoke with said, "I get my regular carers. They know and understand me," "I have the same carers all the time. They take a personal interest in me," "I don't have any changes in staff" and "I usually get the same staff unless they are on holiday." One staff member said, "I visit the same people ninety-five percent of the time." This meant people received consistent care.

People had been provided with written information pack about Mears Care Rosendale prior to the service being delivered. The pack incorporated the person's care records, the service's statement of purpose and a service user guide. Included were the contact details and telephone numbers for the agency office, aims and objectives philosophy of care, key terms and conditions, hours of operation and complaints procedures. The service also had an internet website providing further information. We noted the service's CQC rating was on display in the agency office and this had also been uploaded to the provider's website. This was to inform people of the outcome of the last inspection.

Is the service responsive?

Our findings

We looked at the way the service managed and responded to concerns and complaints. At our last inspection we found the service did not have effective systems for receiving and acting upon complaints. At this inspection, we noted sufficient improvements had been made. People we spoke with had an awareness of the service's complaints procedure and indicated any concerns were appropriately managed. They said, "I would ring the office if I had a problem," "I had a problem at the beginning. I reported it to the agency they sorted it immediately" and "Before complaints were not always dealt with straight away. It's better now, but I have not had any issues recently."

People had been given information about the provider's complaints and compliments processes in the service's information pack. The procedure described the approach and assurances around encouraging people to voice their concerns in order to make improvements. There were details on how complaints would be managed and the expected time-scales for the investigation and response to complaints. There were contact details of other agencies that may provide support with complaints. Staff spoken with confirmed they knew what action to take should someone using the service wish to make a complaint.

We reviewed the complaints records with the registered manager. There had been five formal complaints logged in the last year. Some of the complaints were ongoing. There were processes in place to record, investigate and respond to complaints and concerns. The complaints records we viewed included the nature of the complaint and the action taken to investigate and resolve matters. There were copies of correspondence to the complainant of the outcome and action taken.

There were systems in place for the management of minor comments or concerns. We noted any issues raised were logged onto a computerised database and alerts were raised for the attention of the registered manager and senior staff. This meant people's concerns were effectively identified, taken seriously and responded to proactively. The system was monitored, analysed and kept under review centrally within the Mears Care organisation. There were policies and procedures available for managers and staff, to provide direction on receiving, managing, investigating and responding to complaints or concerns. This meant the management of complaints would be consistently responded to ensure appropriate action is taken.

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. We received the following positive comments, "The staff will do anything for me. They will change tasks if they have time," "They have been really supportive it has increased my confidence," "The staff are very accommodating, my [named carer] goes above and beyond and always makes sure I have everything I need," "The care staff listen to I want and carry out tasks accordingly. If I ask for any changes they just get on with it" and "They take me out when I want to go out."

The provider had recently introduced on-line technology to promote continuity of care and more effective ways of communicating with staff working the community. This was to enable office based staff to respond quicker to feedback from people using the service and staff. The system monitored in 'real time' the attendance and timings of visits, including any delays. It provided staff with significant relevant information

relating to each call they made. People using the service said, "They are always on time," "They stay for the agreed amount of time" and "Some stay longer they always ask if there is anything else I want." All the staff spoken with told us they had sufficient time between calls to effectively respond to people's needs and preferences.

We looked at the way the provider assessed and planned for people's needs, choices and abilities. Initially basic details of people's care and support were obtained. Arrangements were then made to meet with people to carry out an assessment and discuss their care and support requirements. People spoken with confirmed they had been involved with this process. One person told us, "They came out and discussed everything with me before they started the service." A relative said, "We discussed the care plan together." The assessment involved gathering information from the person and other sources, such as, families, social workers and relevant others. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs and their preferred routines.

Each person had an individual care plan which was developed from their assessment. This information provided detailed guidance for staff on how to respond to people's individual needs and choices. All the people we spoke indicated an awareness of their care plan. Most people said they had been involved with agreeing the care and support to be provided. One person explained, "They discuss my care plan with me. It covers everything. They asked me what I thought and what I needed. I signed it in agreement," another person said, "The care plan has been discussed with me it reflects the care I receive." Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work. Their comments included, "Everything appears to be included in the care plan. Never had any problems with them" and "I'm a stickler for reading through care plans and commination books."

Records and discussions showed people's needs and circumstances were kept under review. One person's told us, "My care plan gets updated every six months" another person said, "My care plan is up to date. It was discussed with me two months ago." A relative commented, "They are always checking to see if anything needs changing. The care plan is definitely kept up to date." Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A review of the care package would then be carried out in consultation with the person using the service, their relative and/or social worker. This indicated processes were in place to respond to people's needs in a timely way.

Is the service well-led?

Our findings

At our last inspection we found the service was not operating established and effective quality assurance and audit systems to monitor and improve the quality and safety of the services provided. At this inspection we found sufficient improvements had been made.

Processes were in place for the ongoing quality monitoring of the service in meeting the health and social care regulations. There was a regional director of quality who visited the service to carry out inspections. We reviewed the records of the last two monitoring inspections and noted a comprehensive audit had been carried out. This had involved evaluating the service using the regulations as a framework. Following the audit an action plan of recommendations had been devised and shared with the registered manager for completion. We noted an audit of the staff recruitment process had been carried out and matters requiring attention had been identified. However found these shortfalls had not been rectified in a timely way.

Arrangements were in place to carry out unannounced observational checks on staff's competence and conduct when they were providing care and support. The checks also included reviewing the care records kept at the person's home, to ensure they were appropriately completed. There were ongoing audits and reviews of various processes including, staff training and supervision, complaints, safeguarding, accidents and incidents. The on-line monitoring system and computer based data programmes provided the registered manager and provider with statistical information for monitoring the quality of the service provided. The computer systems also provided access to shared resources within the Mears Care organisation.

Processes were in place to seek people's views on their experience of the care and support they received. For example, they had the opportunity to express their views and opinions during their review meetings. People who used the service had been invited to complete a satisfaction survey in April 2017. The results were yet to be analysed and collated. However we noted from reviewing the completed questionnaires that people had indicated they were satisfied with the service. There were positive responses relating to various topics including, the quality of care, caring approaches, flexibility, independence and communication. A staff consultation survey was had been carried out in June 2017. Results of the survey had been reviewed and collated and an action plan devised to in response to the findings.

People spoken with were aware of the management structure at Mears Care Rossendale. They did not express any concerns about the how the service was managed or the leadership arrangements. Their comments included, "I think it runs more smoothly. Everything has gone as it should. Everything is fine," "They are very understanding, including the management," "If I ring the office they are always helpful" "Everyone is professional" and "It has improved a lot; I'm satisfied with the service." Relatives told us, "It's running smoothly" and "No problems with the agency."

There was a manager in post who had been registered with the Commission since May 2017. However prior to his the service had been without a registered manager for more than two years. This meant that the provider was failing to comply with a condition of their registration. We had therefore contacted the provider

to remind them of the legal requirement to have a registered manager in post. At our last inspection we found the absence of a registered manager had had an impact upon the running of the service. Although we found much improvement at this inspection, there were shortfalls in recruitment processes which had resulted in a breach of the regulations. Furthermore the registered manager, who was new in post, also had legal responsibility for another location in the Mears Care organisation. Therefore the service needed to demonstrate sustained stability and progress in the day to day operation of Mears Care Rossendale.

Throughout the inspection registered manager expressed commitment to the ongoing improvements at the service. Information within the Provider Information Return (PIR) showed us the registered manager had identified several matters for development within the next 12 months.

Staff spoken with made positive comments about the registered manager and the way the service was managed. They said, "The management is a lot better. There has been a big difference since the new manager took over," "The managers are very approachable. It's a better company to work for now," "I find the care coordinator very approachable and supportive" and "We have had so many different managers but things are okay now."

We found staff were enthusiastic and positive about their work. They expressed an understanding of their role and responsibilities. They were aware of the management structure and lines of accountability at the service. Staff had been provided with job descriptions, employee hand books and contracts of employment which outlined their roles, responsibilities and duty of care. The service's vision and philosophy of care was reflected within the written material including, the statement of purpose and policies and procedures. There were care quality 'vision statements' on display in the agency office and good care practice guides available for staff. Staff meetings had been held. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. One staff member commented, "We can discuss any issues. They tell us what's going on and we can say what we think." There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise concerns. Staff spoken with were aware of the policy and expressed confidence in reporting any concerns.

During the inspection we reviewed the service's systems and processes for submitting notifications in compliance with the legislation. Our records indicated that the provider had not submitted two recent notifications to CQC about incidents that affected people who used services. We discussed this matter with registered manager who took immediate action to submit the notifications and agreed to improve systems and processes to ensure notifications were appropriately recorded and sent.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate robust recruitment procedures to ensure staff were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3))</p>