

Mears Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 15, 16, 21 June and 3 July 2017. Mears Care Torbay is registered to provide personal care to people living in their own homes. At the time of the inspection they were providing care to 269 people in the Torquay, Paignton and Brixham areas. The provider is Mears Care Limited.

When we last inspected the service in September and October 2017, we found nine breaches of the Health and Social Care Act 2008 and associated regulations. The overall rating for the service was 'Inadequate'. It was rated inadequate in four domains; Is it safe? Is it effective? Is it responsive? Is it well led? It was rated 'requires improvement' for Is it caring? The Care Quality Commission (CQC) took enforcement action against Mears Care Limited and imposed a condition on the provider's registration. This required the provider to send a monthly progress report on the areas of greatest concern and risk. The service was put in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The provider sent an improvement plan outlining the immediate steps being taken to protect people and improve the service, and continued to send monthly progress reports to CQC which showed ongoing improvements. This comprehensive inspection in June and July 2017 was carried out to check whether the improvements made had been sustained and the service was now providing safe and effective care to people. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, the service is now out of special measures and rated as 'Requires improvement'.

Following the inspection in September 2016 Mears Torbay developed a joint action plan with the local authority under their 'Provider of Concern' process, which was formally reviewed every two weeks. This process was concluded in February 2017 and the service continues to be monitored by the local authority under 'contract performance management'.

When we last inspected in September 2016 we found that people experienced inconsistent levels of care and support because there was a lack of leadership, managerial oversight of the service and ineffective quality monitoring. While we found significant improvements had been made in the areas identified, we found further improvement was required to auditing systems to ensure consistency in risk assessments, the protection of people's rights where they lacked the mental capacity to consent to aspects of their care or treatment, and respecting people's preferences with regard to the provision and timing of their care.

At the last inspection we found people's individual plans of care did not always contain enough information for staff to deliver care safely or in a person centred way, and risks had not been fully assessed or sufficient action taken to minimise them. At this inspection we found that since the last inspection all care plans and

risk assessments had been reviewed and all but four rewritten. A new template had been used to ensure they were more detailed and contained the guidance staff needed to support people effectively and in line with their preferences. However, we found these improvements were not consistent, for example one care plan of a person unable to mobilise contained no moving and handling plan or risk assessment to minimise any related risks.

At the last inspection we found the service was not working within the principles of the Mental Capacity Act 2005 (MCA), which meant people's rights were not protected. At this inspection we found significant improvements had been made. However, some improvement was still required in relation to the protection of people's rights where they lacked the mental capacity to consent to aspects of their care or treatment. 94% of staff had completed mandatory training on the MCA and had a clear understanding of how the MCA related to their practice. Everybody referred to the service was assessed to determine their ability to understand and participate in the development of their care plan, and any concerns about their capacity to do so acted on. However, the service did not always check whether there was a lasting power of attorney for health and welfare, legally able to make decisions on the person's behalf, or recognise when a best interest decision might be necessary.

When we last inspected we found the service did not employ enough staff to meet people's needs. This meant some people had not always received their planned visits, visits were late or cut short, and people were sometimes supported by one member of staff when they required two. At this inspection we found there had been significant improvements and people were no longer at risk due to missed visits or late visits. However, people's preferences were not always respected with regard to timing of visits and the gender of care staff. There were effective electronic monitoring systems to check on the time keeping of visits, time critical visits were prioritised and people with complex needs had a consistent staff team. The registered manager told us 'continuity' remained a challenge for the service and they had been working to improve this by looking at recruitment and retention, organising staff rounds more effectively and decreasing levels of staff sickness. Office staff were being closely monitored and had received customer service training to improve communication and ensure people were kept informed about any changes to the rota, call and care times.

The service has a registered manager who was registered on 12 June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, with the providers and quality leads had developed systems to facilitate clear monitoring and accountability and provide the support and training the front line and office staff required to meet people's needs safely and effectively. People told us the service had improved since the last inspection. Comments included, "It's a huge improvement on what it was", "I am quite happy with Mears. They have everything sorted out now. They did have teething problems, but I am happy" and, "I do get a sense of striving for improvement and big strides. A big difference from a year ago."

At the last inspection we found some staff providing care and support did not have the skills and knowledge they required to care for people effectively, or receive adequate support or supervision to enable them to be effective in their role. At this inspection we found a comprehensive induction and training programme was in place, which meant staff were knowledgeable about their roles and responsibilities. This included specialist training from external health professionals. People spoke positively about the skills, knowledge and experience of the staff supporting them. One person described three of their staff as "exceptional" and another said the care staff were "absolutely brilliant" and "fantastic". Staff told us they were now well supported. They had been allocated a line manager who completed an annual appraisal and three monthly

supervisions. Regular staff meetings were in place, and a staff satisfaction survey gave them the opportunity to feedback about their experience of working for the service.

Staff promoted people's independence and treated them with dignity and respect. People were supported to make choices about their day to day lives, for example how they wanted their care to be provided. The service ensured people and their advocates, where appropriate, were fully consulted and involved in all decisions about their lives and support.

At the last inspection we found that poor monitoring and management of people's eating and drinking put them at risk. At this inspection we saw people who required support with meals had sufficient to eat and drink and received a balanced diet. Care plans had been developed with the input of specialist health professionals and guided staff to provide people with the support they needed.

At the last inspection in September 2016 people told us their complaints had not been taken seriously, explored thoroughly and responded to in good time. At this inspection we found there was now a clear process for reacting to complaints and concerns, which was overseen by a quality lead with responsibility for managing complaints. Complaints were monitored and analysed in order to identify trends and wider areas for improvement, and the outcomes shared with stakeholders. A relative told us the quality lead worked hard to resolve issues and they felt listened to.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff received regular safeguarding training, and were confident they knew how to recognise and report potential abuse. Staff were recruited carefully and appropriate checks had been completed to ensure they were safe to work with vulnerable people.

There were plans to relocate the Mears Torbay office to Kingsteignton, so that both branches would work from same office. The provider will need to monitor closely the impact of this change on the quality of the service.

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 this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service required further improvement to ensure people were safe.

Risk assessments did not always contain the information staff needed to support people safely.

Staffing arrangements were sufficient to meet people's needs and to keep them safe.

People's medicines were stored, administered and managed safely.

People were protected by staff who understood how to protect them from abuse and harm. People had confidence in the staff and felt safe when receiving support.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service did not consistently act in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Staff received regular individual support, supervision and training which enabled them to meet people's needs effectively.

People were effectively supported with nutrition and hydration.

Requires Improvement ●

Is the service caring?

One aspect of the service was not caring.

People did not always receive care that was respectful of their preferences relating to gender of staff.

People with complex needs were supported by a consistent team of carers.

People were treated with respect and dignity and their privacy and independence were promoted.

Requires Improvement ●

People received support from staff who were compassionate and cared about their work and the support they provided.

Is the service responsive?

The service was not always responsive.

People's agreed preferences in relation to the timing of their care visit were not always respected.

Care records provided the detailed guidance staff needed to meet people's needs effectively.

Packages of care were reviewed regularly which meant people continued to receive support that was relevant to their needs.

People's complaints were taken seriously, explored thoroughly and responded to in good time.

Requires Improvement ●

Is the service well-led?

One aspect of the service was not well led.

Systems to monitor the quality of the service were not fully effective. Failings related to consistency in risk assessments, the protection of people's rights where they lacked the mental capacity to consent to aspects of their care or treatment, and respecting people's preferences with regard to the provision and timing of their care were not picked up by auditing systems.

The registered manager and providers were committed to developing and improving the service for the benefit of people and staff working there.

There were clear lines of monitoring and accountability to ensure people received a safe and effective service.

The service was building strong community links which enhanced the lives of people using the service.

Requires Improvement ●

Mears Care Limited

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 15, 16, 21 June and 3 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of three adult social care inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with 14 people by telephone, including four relatives. We visited nine people in their homes with their permission and spoke with a further three relatives during these visits.

The provider completed a Provider Information Return (PIR) on 6 April 2017. 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 reviewed the information included in the PIR along with information we held about the service, such as the provider's action plan, monthly update reports, feedback from health and social care professionals and from statutory notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 19 staff, including the registered manager; senior general manager; operations manager, recruitment and training manager, quality leads for safeguarding and complaints, direct delivery and medicines; ten care staff and the electronic call monitoring administrator. We looked at systems for assessing staffing levels and staff rotas, training and supervision records. We looked at eight staff files, which included recruitment records for new staff, and 13 care plans and risk assessments. We also looked at quality monitoring systems the provider used such as a service improvement plan, audits, spot checks and monthly reports. We sought feedback from Healthwatch Torbay, commissioners and health and social care professionals. We received a response from four of them.

Is the service safe?

Our findings

At the previous comprehensive inspection in September 2016 there were significant concerns about people's safety. Risk assessments did not give adequate information for staff on how people may be affected by their medical conditions, or guidance on how to minimise any associated risks. Staffing arrangements and deployment were not sufficient to meet people's needs and keep them safe. This meant people were at risk because they had experienced late or missed visits, and could not be assured that they would receive the support they needed to have their food and drink at the times they needed them, or their medicines as prescribed. The service had not notified the local authority that these people were at risk in line with their safeguarding responsibility. Some people needed two staff to care for them, but sometimes only had one. People's medicines were not managed or administered safely. We found three breaches of regulations related to staffing, safeguarding and safe care and treatment and the service was rated 'inadequate' in this domain.

At this inspection in June and July 2017, we found significant improvements had been made. However, some improvement was still required in relation to consistency in the assessment and management of risk. Risk assessments were comprehensive and covered a range of areas including physical and mental health, medication, eating and drinking, mobility, the environment and fire. The level of risk had been assessed and there was guidance for staff on how they needed to be monitored and reduced. However this was not consistent, which meant care records did not always contain the information staff needed to support people safely. For example, one care plan stated the person, "has no mobility at all (Double handed care). Dependent on electric hoist." There was no moving and handling plan in the care file, or instructions for staff on how to support their mobility or with positioning. There was no plan to identify any pressure area care or personal risk assessment, although the person was supported on a pressure relieving mattress, other than a line in the notes to say, "be aware of any pressure sores". The staff confirmed this information was missing from the persons file, however they knew the person well, how to use the equipment and how to sit them in their chair with appropriate support from cushions. They understood how and when to report concerns about people's skin integrity to the office. A staff member unfamiliar with the person would not have the information they needed to understand and minimise these risks.

People told us that established staff had a good understanding of their needs and any risks. A relative, whose family member was living with dementia, told us, "When [my family member] isn't there the staff will always ring me. I know [my family member] goes out in the community a lot. They will always ring to say they're not there, and will go back to administer their medication... They are very good in trying to locate them." Another person told us they knew they wouldn't have to ask their regular staff team to do anything or explain because they knew exactly what needed to be done. They said, "I never worry when they are on. I never need to tell them". However, this was not always the case with newer staff, and they told us they found it stressful when they had to "keep repeating" what they needed with each new person.

Staff told us there were still some staffing difficulties especially at weekends, and they had never known a company with so much sickness. They often worked extra shifts at the weekend to help cover. The registered manager confirmed that recruitment and retention was still an issue however the work was always covered

by existing staff. A recruitment and training manager was now in post and the service had been working to recruit and retain staff, attending a careers fair at a local college and running a successful advertising campaign. The recruitment manager was also holding 'exit interviews' to find out why any staff were leaving, and identify any action necessary to improve retention.

People told us they did not have missed visits and staff stayed for the expected length of time. People who required two care workers to assist them received care from two care workers. When asked if the care staff arrived on time one person said, "Yes they do now. At first it was poor but now it's much better". If care staff were running late for any reason, people were usually notified by the office staff. Staff told us they were allocated five minutes travel time between calls, which sometimes meant they were running late. One member of staff told us, "If we are going to be late we phone over to let the office know we are going to be late. They will then phone the person. It's fine".

The service had effective electronic monitoring systems to check on the time keeping of visits, and there were 'back-up systems' in place in case the main computer system failed. Staff were tracked via their mobile phones using a global positioning system (GPS). The information was displayed in a 'live feed' on television screens in the main office, which highlighted any potentially late or missed visits and meant the office staff could act immediately to ensure people's safety. Time critical visits were prioritised to ensure people had their medicines or food and fluid when they needed them. There was a clear process for staff to follow in case of a missed visit, which included checking on the welfare of the person and notifying the local authority. Any calls that were more than 30 minutes early or late were monitored, and the data analysed, so that any issues could be identified and addressed, for example by monitoring the performance of staff, increasing travel time or redesigning rounds. Statistics showed there had been no missed visits in the nine weeks prior to the inspection, and more than 95% of visits were on time.

We checked the way medicines were managed and administered to people to follow up on concerns raised at our previous inspection. We found there had been significant improvement. A medication officer was in post, who told us they had been working to, "change the culture". They said, "Previously staff just documented, 'all meds given'. There were no medication administration records, no paperwork. Now we have statistics and spreadsheets... My main role is to keep people safe and medication on track. At the end of the day it's about people's welfare".

Where staff assisted people with medication this was managed well. For example, we saw staff supporting one person with their nebuliser in line with their care plan. Another person had been prescribed medication in a skin patch. There were clear medication administration records (MAR) and a body map to show where the patch should be applied, and a separate record signed by both staff administering the patch, in line with NICE guidelines for the safe use and management of controlled drugs. Care plans contained detailed information for staff about people's medicines and any assistance required. For example, one person with swallowing difficulties took their medicine in yoghurt. The care plan advised staff, "It must be given straight away and you must check I have swallowed it". We saw that MAR had been completed and confirmed when medicines had been given. All staff had completed training, and regular spot checks and weekly audits were completed by senior staff to monitor any issues such as gaps in recording. Records showed there had been an average of 1.6 medication errors per week identified during a 20 week period from 16 January 2017. There was a robust system for following up on medicines errors to ensure people's safety. Staff were suspended from administering medicines and asked to complete a reflective account for discussion in supervision, and repeat their training if necessary. Repeated errors meant they were placed under performance review.

Since the last inspection a quality lead had been appointed with responsibility for safeguarding. They had developed a safeguarding policy and process with clarity around roles and responsibilities. Staff had

completed training in safeguarding adults, and knew how to recognise and report safeguarding concerns. The quality lead had oversight and detailed knowledge of all the safeguarding cases being dealt with at the service and ensured people received an appropriate and timely response when at risk of abuse and /or harm. They were the single point of contact for the local authority safeguarding team, and linked with them regularly to make safeguarding alerts, carry out investigations where required and share information. Between 1 January and 30 June 2017, they had made 15 safeguarding referrals to the local authority, all of which had been concluded at the time of this inspection. Professionals we spoke to from the local authority confirmed the effectiveness of this arrangement in managing concerns to keep people safe. One person who used the service told us they had raised several safeguarding issues with Mears, saying "They have dealt with the safeguarding issues really well. The [quality lead] took accountability. I am really grateful for the care and help."

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff disciplinary procedures were in place, and had been used effectively.

People were protected by safe infection control practices. All staff received training in infection control. We observed them using hand steriliser, gloves and aprons during their visits, and they told us these were freely available. Regular observations and spot checks by senior staff ensured this was maintained.

Is the service effective?

Our findings

At the previous comprehensive inspection in September 2016 there were significant concerns about the effectiveness of the service. The service was not working within the principles of the Mental Capacity Act 2005 (MCA), which meant people's rights were not protected. Some staff providing care and support did not have the skills and knowledge they required to care for people effectively. Staff had not had the training necessary to operate the service's new computer system. In addition staff had not received adequate support or supervision to enable them to be effective in their role. Poor monitoring and management of people's eating and drinking put people at risk, and late or missed visits meant they could not be assured they would receive the support they needed to have their food and drink at the times they needed them. We found breaches of regulations related to staff deployment, training and support, the need for consent and meeting nutritional and hydration needs. The service was rated 'inadequate' in this domain.

At this inspection in June and July 2017, we found significant improvements had been made. However, some improvement was still required in relation to the protection of people's rights where they lacked the mental capacity to consent to aspects of their care or treatment. 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that the service did not always check whether there was a lasting power of attorney for health and welfare, legally able to make decisions on the person's behalf, or recognise when a best interest decision might be necessary. For example, one person sometimes had a negative response to being supported. Their care plan stated, "I suffer with some memory problems at times. Carers may need to repeat, remind and make sure instructions are understood." but there was no evidence in the file of a best interest decision to determine on what basis the care staff were supporting the person if they refused. Another person's care plan instructed staff to lock the door and keep the key in their possession during care visits for the person's safety. There had been no assessment of the person's capacity to consent to this or a best interest decision.

This is a repeated breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We discussed these concerns with the quality lead for safeguarding who acted immediately to address them and ensure people's rights were protected.

Statistics showed that 94% of staff had completed mandatory training on the MCA, which was a considerable improvement on the 30% at the time of the last inspection. They had a clear understanding of how the MCA related to their practice and offered people choices and sought their agreement before providing their care. One member of staff told us; "I think about best interests every day. When they are choosing clothes, I lay the outfits out, and encourage them to choose clothes that are appropriate for the weather, like if it's really hot."

The quality lead for safeguarding and complaints explained that everybody referred to the service was assessed to determine their ability to understand and participate in the development of their care plan, and again when the care plan was reviewed. Signed consent forms showed people had given written consent for their care and support. If there were any concerns about their capacity, further action would be taken in line with the MCA to ensure that any decisions made were in their best interests. Records showed that the majority of mental capacity assessments and best interest decisions had been made appropriately, and at the time of the inspection people were being assessed in relation to their capacity to consent to their medicines being kept in a locked box.

People spoke positively about the skills, knowledge and experience of the staff supporting them. One person described three of their staff as "exceptional" and another said the care staff were "absolutely brilliant" and "fantastic". Relatives commented, "They make sure [my family member] is alright. They are very, very good" and, "[My family member] was very aggravated and now they're very calm and they enjoy seeing them [care staff]".

Since the last inspection in September 2016 a training and recruitment manager had been appointed, supported by a second trainer. They had developed a thorough induction programme for new staff, which included the Care Certificate, a detailed national training programme and qualification for newly recruited staff, and vocational apprenticeships. The trainer told us the induction programme, "linked the policies and procedures with the induction and training to give staff an understanding of why we do what we do". The first week consisted of practical, face to face training which looked at the 'reality of the job', for example delivering personal care, time management, reporting and recording, medicines administration, mental health, safeguarding and the MCA. The trainer told us much of the training was 'experiential', looking at equipment, documentation and "exploring scenarios to make it meaningful to [staff]". New staff completed a workbook which was assessed and marked at the end of each day, so that the trainers could check their understanding. New staff then went on to shadow more experienced staff to build on their knowledge and experience, until they were assessed as sufficiently competent to work unsupervised.

Staff told us they thought the training provided by the agency was good. After they had completed their induction training there was a rolling programme of 'face to face' mandatory training in a range of topics relevant to the people using the service. Statistics showed that 96% of staff had completed this, with the remainder on long term sick leave or maternity leave. Additional training to meet people's specific needs was also provided, for example diabetes awareness, Parkinson's awareness, autism and stoma training. Following the last inspection office staff had been trained and supported for three months by specialists in their information technology (IT) systems. This meant they now knew how to operate the computer systems effectively.

Staff said they felt well supported by the agency. All care staff had been allocated a line manager who completed an annual appraisal and three monthly supervisions. The supervisions were timed to coincide with observations of practice, and therefore provided an opportunity to reflect on their strengths and areas for development. Staff told us, "Things have gradually improved since the last inspection. We have regular supervisions and appraisal, which is useful if I have particular concerns" and, "I can always phone up and ask for help. I have supervision every three months. I can talk about anything".

People told us staff supported them to maintain their hydration and nutrition where required, and care plans contained clear guidance. For example, the care plan of a person at risk of choking stated, "Carers to follow the thick puree dysphagia diet and SALT (Speech and Language Therapist) recommendations. Monitor and report concerns or changes. 999 in case of emergency". We saw care staff encouraging people to drink more as it was a hot day. Additional drinks were left for people, and one person was supported to

drink more as staff had noticed their urine was more concentrated than usual. Another person told us they were offered choices about foods. They said it was important to them that staff cooked 'proper meals' rather than microwaving ready meals and some staff were really good with this, making lasagne from scratch for example.

We were told by people using the service that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff supported people to access appointments if needed and liaise with health and social care professionals involved in their care if their health or support needs changed. People commented, "If they are here, one or two have asked a doctor to call, if they think you need a doctor" and, "They accompany me to GP appointments and collect the medication." Staff told us they had a good relationship with the district nurses as many of the people they were supporting were also receiving community nursing care.

Is the service caring?

Our findings

At the previous comprehensive inspection in September 2016 we found people did not always receive care and support from staff who knew them. Where they had expressed a preference in relation to the gender of care staff who supported them, this was not always respected. People told us that staff did not always treat them with dignity and respect, and the communication between the office and themselves was poor. We found breaches of regulations related to person centred care and dignity and respect, and the service was rated 'requires improvement' in this domain.

At this inspection we found significant improvements had been made. However, some improvement was still required in relation to respecting people's preferences with regard to the gender of the staff supporting them. People told us they had been asked about their preference, and all but three told us this had been respected. Comments included, "Once or twice I have had to ask for females but then a male carer turned up, so sometimes I don't feel listened to", and "I asked for a female but they didn't listen". We discussed this with the quality lead for complaints and safeguarding, and they advised they would take action to address this issue.

People we spoke to during this inspection told us they were sent a rota every week; however they did not always know which staff would be supporting them. One person said their rota regularly said "relief", so they needed to call the office to see who this was going to be, as it was important to them to know who was coming. The registered manager acknowledged that 'continuity of care' was still an issue, although "for very vulnerable and complex clients we keep small regular teams as a priority". They told us that their staffing numbers meant they were "not yet in a position to fully plan ahead". They said recruitment was the biggest challenge, adding, "I can control retention to a certain extent. If we had the amount of staff I want in the front line everything else would fall into place. It's not where I'd like to be but showing steady improvement". Measures to address this issue had included looking at recruitment and retention, improving consistency of care staff by organising their rounds more effectively and working to decrease levels of staff sickness.

People with complex needs confirmed they had a regular team of care workers and this only changed at times of annual leave or sickness. All received a rota each week. Those who received care from two staff said they both arrived at the same time. When relief staff were used for these visits, they always came with a regular care worker. One person told us, "I get a rota. It's very rare that it's changed. They would phone me if someone is not available. It's very rare they don't let me know." Staff confirmed that continuity had improved since the last inspection. Comments included, "It's definitely got better, but sometimes we have impossible tasks, like if people are off sick and we are covering calls. It's a bit chaotic and there are difficulties, but it's the nature of the job. It has improved" and, "There are more regular runs. Before we were here, there and everywhere. Now we have consistent people and it works a treat. I know where I'm going and what I'm doing. I can follow the progress of people".

At the last inspection in September 2016 people told us the communication between the office and themselves was poor. At this inspection the quality lead for safeguarding and complaints told us, "We haven't been very good at keeping people notified of changes to the rota, call and care times. Because it's

been a common issue we are working at improving how we can turn that around". Customer service training had been completed by 68% of office staff, and would be delivered throughout the year via a rolling programme. In addition systems, roles and responsibilities had been clarified; and communication by office staff monitored and analysed. People using the service told us communication between the office and themselves had improved since the last inspection. One person told us messages were more likely to be passed on, "now there is one key person I talk to". Another person said, "I have a feeling that if I need anything I can ring them. I never have any doubts approaching them". A member of staff told us, "I do think the office has got better at keeping people informed. People knew I was coming when I was relief".

People and their relatives spoke positively about how caring and thoughtful the staff were. One person said, "Of all of the agencies, the carers here have been above and beyond, really consistent, lovely and competent." We saw staff had a positive relationship with people they were supporting, and people told us how important it was for them to see a smiling face. Staff were committed to promoting people's independence and supporting them to make choices. One person told us, "I try and do as much as I can. They are very helpful; they do the things I can't do myself." Another person said, "They'll do me what I want to eat. You can have a laugh with them, they do what I ask".

All staff had completed training on dignity and respect. The training was designed to be meaningful and relevant, using scenarios to explore how they would challenge discrimination and uphold dignity. The learning was regularly reinforced in staff supervision. We saw staff were respectful of people's privacy, for example leaving the room while one person used the commode and ensuring another person was covered up when supporting them with personal care. They communicated with the person throughout their visit, asking for their consent and providing calm reassurance. Before leaving they ensured the person had everything they needed, for example alarm, phone and drinks, and that their home was secure. People confirmed that staff were respectful towards them, their relatives and their home. Comments included, "They are really nice, they don't just come in and out. They have time for a chat" and, "They always ask me if there is anything else they can do for me."

Mears Torbay had a dedicated team of care staff who provided effective support to people at the end of their lives. The PIR stated, "Where we have an end of life client, the team is kept very small to provide continuity and support to the client and family. The care planning is usually a smaller version to avoid distressing and over taxing the client and will reflect the needs of the client at this stage in their life". The team were committed and passionate about their role. They worked alongside the local hospice and other organisations to learn and improve the support they gave to people, and were planning to set up training to share what they had learnt with other staff. Written feedback from a person using the service stated, "After receiving the care, and when I say care I mean real genuine care, from the three amazing members of your staff team I wish I had started this earlier. Nothing is too much for any of them, they have all been so incredibly, gentle, kind, understanding, explaining everything to me, and the ultimate word, caring... The fact that all three of them are willing and prepared to go the extra mile for their patients, as I am sure I am not their only one, is such an eye opener and makes me feel so humble".

Is the service responsive?

Our findings

At the previous comprehensive inspection in September 2016 we found people's needs or preferences in relation to the timing and duration of their care visit were not always respected. Many of the care plans were not up to date, which meant they did not reflect people's current care and support needs, or contain the detailed guidance staff needed to support people effectively. People's complaints had not been taken seriously, explored thoroughly and responded to in good time. We found breaches of regulations related to person centred care and receiving and acting on complaints. The service was rated inadequate in this domain.

At the last inspection people's needs or preferences in relation to the timing and duration of their care visit were not always respected. At this inspection in June and July 2017, we found this had improved, but this was not consistent. One person told us their visits were not at a time they wanted, especially in the morning. They said they had raised this many times with the office but it hadn't changed. Another person said that sometimes their rota was changed to an earlier time. They told us, "It's something I phone the office about. I call about once every week. It's getting better, but sometimes when I receive the rota they will have changed the time. There's a great bloke at the office who amends it. It's important (that the rota remains at the same time in the afternoon) but it goes in and out of good and bad phases". However, the majority of people we spoke with were happy with the timing of their visits and told us staff stayed the length of time they should. One person praised the flexibility of the service in adjusting to any change in their needs saying, "There is total flexibility. If I am not well we change it. It's really flexible for my needs and enjoyment of life".

At this inspection we found action had been taken to ensure care plans were accurate and contained the detailed guidance staff needed to support people effectively. Two 'quality leads' had been appointed with responsibility for reviewing and updating risk assessments and care plans with the people using the service. All care plans had been reviewed, and 256 of 269 updated, with the remainder in progress or planned. The updated information had been uploaded onto staff phones so they were able to gain an understanding of people's needs prior to visiting them. The quality lead told us, "We now have a special template for care plans and risk assessments. Before they were lacking detail and relevant information. They are now more 'person centred'. We involve clients, the next of kin and carers who deliver care, and liaise with the local authority for updated information". Care plans were very detailed, for example, "I find it hard to follow verbal instructions, so please make sure that only one person at a time is speaking. Please face me and give me simple clear instructions. You will see from my reactions if I understand what you are saying to me". There was a focus on helping people retain their independence, for example with aspects of personal care like brushing teeth or dressing.

Copies of the care plans and risk assessments were in each person's home. Staff told us they had improved since the last inspection and we observed them following the guidance in the care plans to the letter. Comments included, "The care plans and risk assessments are pretty straight forward. I've got no complaints. It's much easier with the medication" and, "They give the details about what to do. Even how many sugars people have in their cup of tea". Some staff told us the length of the care plans could make it difficult to locate information, and they sometimes had to hunt for it to give to a paramedic. They felt it

would be helpful to have a front sheet with basic information that they could access quickly, and had raised this with the registered manager.

The 'quality leads' reviewed people's packages of care with them every six months, or if there was a change in their support needs. The lead visiting officer told us, "My job is to facilitate all of our clients to have their needs met by Mears. I want to know, 'If not, why not?'" They checked care plans, risk assessments and medicines information to ensure their accuracy, and that any equipment had been serviced. They also sign posted people to other services if required, for example arranging home visits from the fire and rescue service, health professionals and optician. They had supported people with, "Things that get overlooked", like arranging an 'assisted rubbish collection' service with the local council, for people unable to mobilise.

Staff completed daily records, which were kept in people's homes with their care plans. We saw they were clear and well written. This meant the staff team were kept informed about the person's welfare on a day to day basis, and able to provide consistent and effective care.

Since the last inspection in September 2016, a quality lead had been appointed with responsibility for managing complaints. A relative told us that since the quality lead had been in post their family member's care was much better organised. They said the quality lead always returned their phone calls, listened to them and if they said they were going to do something, they would do it. They told us the quality lead worked hard to resolve issues and they felt listened to. Another person told us, "Whatever complaints we have got we just speak over the phone and say what it is and they will rectify it straightaway."

We saw that there was a clear process for reacting to complaints and concerns, which ensured they were dealt with in a timely way, with the complainant being kept informed about action taken and the outcome. The quality lead had also been working with Healthwatch, the national consumer champion in health and care, to discuss particular concerns raised with them by people using the service, and ensure they were formally addressed. Complaints were monitored and analysed in order to identify trends and wider areas for improvement, and the outcomes shared with stakeholders. The quality lead told us, "There has been a massive increase in our ability to recognise and manage complaints within the timescales...I have a quality role, overseeing the response as well...The system is much better". They told us they received two or three complaints a week on average, some of which would not previously have been recognised as a complaint because they were not made formally. They said, "At the end of the day a complaint is a complaint, and all complaints are taken seriously, It's about a culture shift, some is blunt talking with staff to make sure the process and procedure is understood and followed".

Is the service well-led?

Our findings

At the previous comprehensive inspection in September 2016 people told us the service was not well managed. There was a lack of leadership, governance and managerial oversight. The provider did not have effective systems for assessing and monitoring the quality of the service, which was impacting on people's safety. Where the provider had identified concerns, they had not been addressed in a timely way to minimise risks to people, or shared with the commissioners of the service. Care staff said they did not feel supported or valued, which had resulted in low morale and a high staff turnover. We found a breach of regulation related to governance and the service was rated inadequate in this domain. We imposed a condition on the provider's registration, requiring them to send a monthly progress report on the areas of greatest concern and risk.

At this inspection in June and July 2017, we found significant improvements had been made. There were systems in place for assessing and monitoring the quality of the service, including audits of accidents/incidents, complaints, medicines management and care records, the close monitoring of visits by care staff and observations of their practice. In addition people using the service were asked for their views through telephone consultations, satisfaction questionnaires and at face to face reviews. However further improvement was required to auditing systems to ensure consistency in risk assessments, the protection of people's rights where they lacked the mental capacity to consent to aspects of their care or treatment, and respecting people's preferences with regard to the provision and timing of their care. Although our findings have shown that significant improvements have been made since the last inspection in all aspects of the management of the service, systems to monitor the above aspects of the quality of the service were therefore still to be fully established and embedded.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection in September 2016 the provider sent us an action plan telling us how they intended to address the concerns raised, and by when. They also sent monthly reports on their progress as part of the conditions of their registration. In addition Mears Torbay developed a joint action plan with the local authority under their 'Provider of Concern' process, which was formally reviewed every two weeks. This process was concluded in February 2017 and the service continued to be monitored by the local authority under 'contract performance management'. We were shown a recent copy of the action plan submitted to the local authority, as well as the monitoring data for activities such as training, care plan audits, complaints management, staff supervision and missed visits. This showed that considerable progress was being made. The provider told us, "We have been looking at processes and procedures, and making sure we've got the right people doing the right job". They had confidence in the registered manager and worked closely with them, ensuring they had the support they needed in their role. They told us the registered manager would continue to be supported to further develop their management skills. The provider was proud of the progress made at the service, but recognised there was still more to do, for example related to the recruitment and retention of staff and developing closer working relationships with staff and the commissioners of the service. They rated it as "six out of ten", saying, "in four to five months it will be seven

or eight out of ten, because the fundamentals will be in place".

People we spoke to, and their remarks in the 2017 satisfaction questionnaire, confirmed that the service had improved since the previous inspection. Comments included, "It's a huge improvement on what it was", "I am quite happy with Mears. They have everything sorted out now. They did have teething problems, but I am happy" and, "I do get a sense of striving for improvement and big strides. A big difference from a year ago."

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They were very 'hands on', delivering care, covering 'out of hours' shifts and working in the office. They said, "It gives staff a chance to talk to me. I can keep an eye on documentation. It allows me to see moving and handling practices. It keeps me grounded...we just have to remember its people we're caring for and think about how can we do it better". Staff were extremely positive about the registered manager. One member of staff told us, "[Registered manager's name] is excellent at encouragement and getting staff to get a move on without them noticing. They are totally honest, there's no favouritism. They wear the uniform and are part of the team. There's no them and us." Another member of staff said, "If it wasn't for [registered manager's name] we wouldn't be here now. We're not perfect but what we've managed to achieve since the last inspection. There's been such a turnaround in negativity and morale. They are a great leader, they lead by example. You can rely on them 100%".

Staff told us they felt valued and supported. One member of staff said, "[Registered manager's name] is brilliant. They are really supportive. They encourage you to go for things. They told me off the other day for putting myself down, telling me I was good at my job". Another member of staff told us how supportive the quality lead for complaints was saying, "They have managed to foster a team spirit. When I think about what this place was like this time last year...I've got back my enthusiasm again, it's so different if you've got consistent people around you". An annual staff satisfaction survey provided an opportunity to feedback about the service, what it did well and what could be improved. Compliments were shared and pinned up on the wall, and a 'carer of the month' award gave recognition for excellent practice. Information was shared in a monthly staff newsletter and at regular meetings for all staff according to their role. Concerns, progress and ideas were discussed, and suggestions for service improvement invited. Meetings for front line staff were held on three different dates every three months to make it easier for them to attend. A member of staff told us, "We have regular meetings, so we all know what we do. Before it was like splashing about in the sea without a life raft".

When we last inspected in September 2016 staff roles and responsibilities were not clear to staff, and they were unsure who they were accountable to. At this inspection we found that a new staffing structure provided clear lines of monitoring and accountability. A management team was in place with clearly defined roles and responsibilities, such as safeguarding and complaints, medicines, recruitment and training, and quality assurance. A member of staff told us how useful they found the medication officer saying, "They are always available. If there's any problem they will help. I'm much more confident with medicines". All care staff had been allocated a line manager who completed an annual appraisal and three monthly supervisions. Senior staff carried out competency checks to monitor front line practice and address any issues.

The provider encouraged the service to build community links through developing a 'social care values action plan'. Mears Torbay had undertaken several community initiatives, including publishing a book called, 'All our Yestermears. Collected memories from Torbay'. This contained stories that people wished to share about their earlier lives, for example their wartime experiences and how they met their spouses. The publication of the book was celebrated at a community vintage tea party, with children from the local

primary school. We saw feedback from one person saying what a wonderful time they had at the Yestermears event and that they would like to go to any other events in the future. Mears Torbay also ran a scheme with a local primary school, called Silver Listeners, where children read stories by telephone to older isolated people living in the community.

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 11 HSCA RA Regulations 2014 Need for consent 11(3) The provider did not always act in accordance with the Mental Capacity Act (2005) when people did not have the capacity to consent to aspects of their care.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2) Governance systems were not consistent in enabling the provider to assess, monitor and improve the quality and safety of the service provided.