Mears Care Limited

Mears Care Limited Wallsend

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

The inspection took place from 25 September 2017 to 4 October 2017 and was announced. The service had been registered in January 2016. This was the first inspection since registration and the first time the service has been rated Requires Improvement.

Mears Care Limited Wallsend is a domiciliary care agency. It provides personal care to mainly older people living in their own homes. At the time of our inspection 161 people were using the service.

The service had a registered manager in post. 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.

We found that the staffing capacity, rostering and monitoring of visits were not sufficiently robust in ensuring people always received a reliable service. A number of people and their relatives reported a lack of continuity in staff and problems with the timings and duration of their care visits. There were also times, which the service had not identified, when staff had failed to turn up and people had not been provided with the care they needed.

Although new and longer standing staff were trained and supervised, people and their relatives had wide ranging views about whether the care they provided met their needs. Some were satisfied and others told us their support was affected by staff not having the necessary skills and rushing people's care.

People using the service praised the caring approach of staff, how they engaged with them and respected their privacy and dignity. However, negative opinions were expressed about how the service was managed, people's contact with office based staff, and complaints not being resolved.

Whilst more care staff had been recruited, there were on-going pressures which compromised the management resources of the service. There was a vacant co-ordinator post and at times the registered manager, co-ordinators and seniors directly provided care, removing them from their usual roles.

Feedback from people about their satisfaction with the service had been obtained through surveys, but other communication and quality assurance methods were not well structured. The electronic system for monitoring whether staff visited people at the right times did not give a fully accurate picture. There was limited documented evidence of how issues communicated to, from and within the office were captured and responded to. An overview of the frequency and findings of internal quality audits was not kept and there was no recorded action plan for how the service intended to improve following the last quality review.

We judged that improvements were required to the governance of the service, safeguarding and in ensuring

people always received a consistent service with appropriate care. We have made a recommendation about the management of complaints.

Measures were taken to reduce risks to people's personal safety. Suitable arrangements were in place to assist people with their prescribed medicines. Where needed, people were supported in accessing health care services and meeting their dietary needs.

The implications of mental capacity law in upholding people's rights were understood. People and their families were involved in and agreed to their care plans.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to staffing, safeguarding, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

The staffing arrangements did not always make sure people were provided with a safe, reliable service.

Systems had not identified and protected people from their care visits being missed.

People were suitably supported in taking their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not always receive care that was effective in meeting their needs.

Staff received appropriate training and were supervised in their roles.

People's rights under the Mental Capacity Act 2005 were understood.

People were supported, where required, to meet their nutritional needs and maintain their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were unable to provide continuous good quality care as people reported a lack of consistency in the care given to them.

People and their relatives felt staff were often caring, kind and respectful of their privacy and dignity. .

People and their representatives were given information about the service and involved in making decisions about their care planning.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The full extent of complaints about the service were not being recognised and responded to.

Care plans were focused on each person's individual needs.

Some people received support that was aimed at preventing social isolation.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The governance of the service had not established robust processes for monitoring and improving the quality and safety of the services provided.

A more inclusive, person-centred culture with effective communication needed to be promoted.

The management faced challenges in efficiently delivering the service and were working to improve the staffing resources.

Mears Care Limited Wallsend

Detailed findings

Background to this inspection

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

The inspection was announced. We gave short notice of our visits on 25 and 26 September 2017 as we needed to be sure that someone would be in at the office. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted a local authority commissioner who told us they had nothing of concern to report about the service. We received some feedback from Healthwatch, the local consumer champion for health and social care services.

During the inspection we had telephone contact with 13 people using the service and four relatives to obtain feedback about their experiences of the service. We attempted to contact staff, though only managed to speak with three care workers. At our visits to the office we spoke with the registered manager, two co-ordinators, a senior care worker and administrative staff. We examined six people's care records, staff recruitment, training and supervision, and reviewed other records related to the management and quality of the service.

Requires Improvement

Is the service safe?

Our findings

We found there were shortfalls in the staffing levels which were impacting on people using the service. The registered manager told us there were sufficient hours of care worker availability and contingencies to deliver the current weekly hours of service provision.

The co-ordinators showed us they forward planned the rosters weekly, allocating workers to each person, and that all visits for the week were covered. An electronic system was used to monitor when care workers arrived at and left the homes of the people whose care was funded by North Tyneside local authority. However, this was not fully aligned to the rosters and therefore the times of visits, and reports run from the system, were not always accurate. This meant the registered manager did not always have an accurate overview of the service.

The registered manager and co-ordinators acknowledged the service had experienced a period of staffing shortages and it had been necessary for them to cover visits at times. They told us they felt the staffing capacity was now improving, following active recruitment and addressing sickness absence. Despite the staff resources and systems for organising and monitoring visits, many of the people we spoke with raised issues about the current staffing. Their comments included, "There is not enough staff. They can't seem to keep them"; "I seem to continually get different, new carers"; "I don't think there is enough staff and they have taken my regular girl away"; and, "They just can't retain staff. The office is constantly phoning carers when they are with me, telling them they need to go elsewhere, adding more clients to their rota for the day, and infringing on my time." A relative said, "Staff are always complaining about the shortage of carers."

People and their relatives gave variable responses when asked about whether staff visited at the agreed times. They told us, "I have not had any bother on the staffing front"; "Yes they do (visit at the right times)"; and, "If they are going to be late it is usually no more than 15 minutes." Some people told us they were informed if staff were running late and others told us this did not happen. Further comments about the timing of visits included, "They think they can send anyone as when they please and not to suit me"; "This for me is an area of contention - I never know when they are coming. When it was set up I asked for 9am and 4pm. Now it can be any time from 7 to 11am and from 4 to 10pm. I have no idea when they will arrive"; "Generally they are on time but currently they are coming an hour early for [relative's] p.m. call and that is not acceptable as her meals and medication are time critical. We have told the carers so hopefully it will revert to the correct time"; and, "We never know when they are coming. I have rung a couple of times when they have been very late." This meant that despite having agreed visit times in place, people did not always have their care delivered at the correct times.

The management believed the monitoring system had significantly reduced the risk of people's visits being missed. In the last year they had notified the Care Quality Commission of two missed visits. However, people we talked with told us about a greater extent of missed visits. One person reported six occasions when staff had not turned up and said, "I rung but they had no-one to come." Another person told us they had two missed visits, including one recently at a weekend. They had rang the office and been told they had cancelled their visit, which they refuted. A third person told us their visit was missed when they had asked for

an earlier call before a hospital appointment. Another person said they had a missed visit when, "The carer told the office she couldn't get to me, but they didn't tell me." A further two people and two relatives commented on times when staff had not arrived and they had needed to telephone the office. They told us staff would then be sent, though this could be much later. One relative said, "Someone always comes, even if it is three to four hours later."

Care workers told us they usually received their rosters two days in advance and mainly had regular people who they visited. Some said they agreed to fit in extra visits when they could. One worker said their roster constantly changed and office staff took no notice of their availability. Weekends in one geographical area were described as 'manic', due to there not being enough staff, including drivers. Workers told us this resulted in some staff working excessive hours and that the registered manager had recently provided cover as they were a driver. We noted on the second day of our inspection that it had been necessary for one of the co-ordinators to cover a morning visit to a person.

We concluded that people using the service could not be assured of sufficient staff being deployed to safely and reliably meet their needs at all times. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance that explained about abuse and how to report any concerns had been devised and was being given to people using the service. Safeguarding and whistle-blowing (exposing poor practice) procedures were included in the staff handbook and could be accessed through the company's on-line system. Staff received safeguarding training and told us they understood their roles in protecting people from harm and abuse.

The registered manager was aware of their responsibilities and had reported allegations of abuse, including those which did not implicate staff, to the relevant authorities. They told us steps taken in response had included changing practices, reassessing staff competency and, where necessary, taking disciplinary action. The registered manager was clear that missed visits constituted neglect or omissions in care and were reportable under the safeguarding procedure. They said they had not been informed of the missed visits that people had told us about.

We concluded that systems and processes had not been properly established to identify missed visits and prevent abuse of people using the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw all necessary pre-employment checks were carried out when new staff were recruited. A further 16 care workers had been appointed who were due to start in the near future after completing their induction training.

Most people and relatives responded positively when asked if they felt safe with the staff who supported them. Their comments included, "All of the carers are my friends", "I feel safe with most of the staff but there are staff I don't gel with" and "My [family member] and I have felt very safe with the carers from this agency. More importantly I have found the girls very honest and nothing has gone missing. The latter for us is so very important especially as [relative] is well over 90 with sensory difficulties." One relative told us, "My [family member] does not feel very safe with the very young girls they send - it is an age issue."

Staff were given direction on the safekeeping of people's money, including recording any transactions undertaken and obtaining receipts. One person's risk assessment and care plan had not been updated to reflect that staff were shopping on their behalf. This was acted on during the inspection and prompted a

financial audit of the records which staff had kept. Further audits for other people supported with their finances were scheduled and a memorandum was sent to staff reinforcing procedures for the safe handling of money.

Risks associated with delivering people's care had been assessed and strategies were in place for reducing risks. Measures included detailed moving and handling techniques, the use of aids and equipment, and giving safe support with food and drinks. Where needed, people had a higher ratio of staff, which a person confirmed, telling us, "I have two carers and they always come together." Any accidents, incidents or 'near misses' were logged, followed up and reviewed monthly to check for trends. An on-call system was operated outside of office hours that enabled staff to get advice and support at any time. In the event of an emergency, arrangements were in place to manage the service remotely.

People confirmed they received their prescribed medicines at the correct times. They told us, "I get a bit flustered and frustrated so the carers always wait until I have sorted out what I need to take and when" and "They were coming to me at 9am but that interfered with my medication, so now they come at 8.30am and get my breakfast so I can take my medication at the right time with food."

Systems were in place to support people in taking their medicines. Staff received relevant training and had their competency to administer medicines assessed. Risk assessments were carried out and a list of the person's current medicines was maintained. No medicines were given covertly (disguised in food/drinks). The levels of support people required were specified in their care plans for staff to follow and body charts were used to show where topical medicines were to be applied. Administration records we sampled were appropriately recorded and completed, and were audited in the service to check that medicines were being safely managed.

Requires Improvement

Is the service effective?

Our findings

People and their relatives did not always feel that the care provided was effective in meeting their needs. One person who had experienced missed visits said these had meant they went without the support they needed and at times had to rely on a relative being available to help them. Another person told us, "They did eventually send someone and they came at 12.45pm. My usual time is between 9.30 and 10.30am, so I missed my morning medication."

People described the effects of having new and different staff, about their care being hurried and staff not staying for the full duration of their visits. Their comments included, "New girls just arrive and have to get on with it"; "If they are more than 30 minutes late my [relative], if she is here, gets me up instead"; "I feel cheated. The young ones are the worst they are in and out in a flash"; "When they are late they will rush [relative]"; "I pay for 30 minutes but I am lucky to get 10 to 15 minutes"; "They are supposed to be here for 30 minutes but they rush in at tea time, for example make a cup of tea and a teacake, and go. They don't or won't do anything else"; and, "I was involved in setting my care plan and told them what was wanted and needed, but the carers are not adhering to it." A care worker told us they knew some staff spent less time with people during evening visits and said, "They are in and out and cut calls short."

People and their relatives had differing views about the skills of the staff who supported them. Some said new care workers worked alongside regular staff to become familiar with their care and felt the staff were appropriately trained. Other people expressed concerns about the calibre of staff, such as, "New carers appear to have to learn on the job." Two people gave examples of areas of their personal care which they felt staff lacked understanding of. They told us, "They are not given proper training on how to do it. They are losing staff so quick they don't have time to train them or for them to learn" and "Some have no idea whatsoever on what they are supposed to do."

We concluded that people using the service were not always being provided with appropriate care that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that new staff undertook a 12 week induction and completed the Care Certificate, a standardised approach to training for new staff working in health and social care. Thereafter care workers were provided with updated training on an annual basis. This covered safe working practices including infection control, moving and handling, and other topics such as pressure area care and information governance. Training relevant to the needs of people using the service was undertaken, including dementia awareness and end of life care. All training was monitored through an electronic system that flagged up when courses were due to be arranged. The registered manager told us further training was being sourced, including through distance learning courses. Opportunities to gain care qualifications were offered. 19 staff to date had achieved nationally recognised qualifications and a further 17 were currently studying.

We observed a delegated system was in place for individual supervision and annual appraisal to support staff in their personal development. The registered manager was reviewing the supervision process, looking

at the frequency of face-to-face sessions, and incorporating observations of practice and small group supervisions/meetings.

Staff gave varied comments about the support they received through training and supervision. A newer care worker confirmed they had received, "A full induction that covered everything." They said this included a week of shadowing, being introduced to people and had been beneficial in preparing them for their caring role. Another worker said they felt training and supervision was infrequent, though they had recently received supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service trained staff in the MCA to help them understand the implications for their practice. Mental capacity assessments had been prioritised where there were doubts around people's abilities to make decisions about their care. Assessments had commenced and the service intended to involve social workers and relatives in this process. Records showed people had signed to confirm they agreed the content of their care plans. Care documentation was also being revised in relation to how power of attorney details were captured and to make the giving of consent more explicit.

People's individual dietary needs and any assistance with eating and drinking were assessed and care planned. Where necessary, care workers supported people with food shopping and prepared meals, snacks and drinks. The registered manager told us no specialist feeding techniques were currently required. They said staff kept checks on the variety of meals some people had and, if required, would monitor food and fluid intake for anyone who was nutritionally at risk.

Most people and relatives we talked with were happy with the support given with food and drinks. Their comments included, "I have no trouble with them getting my meals. They are usually ready meals, although they will cook meals in my air fryer as well if that is what I want"; "The carers wash their hands and put on aprons before they do [relative's] meals and they leave her with plenty of drinks and snacks"; "They never used to (make meals), but do now since I came out of hospital. They also make sure I have drinks and snacks available"; and, "When my [relative] goes away and I am unable to do it myself, the carer will give me a meal."

Physical and mental health needs were addressed in people's care plans. For instance, guidance for staff on continence management and maintaining skin integrity for a frailer person who was cared for in bed. Staff often worked in conjunction with health care professionals including district nurses and occupational therapists to co-ordinate people's care.

The co-ordinators told us staff were vigilant and would contact GPs and inform the office if they were concerned about people's welfare. People and relatives confirmed this, telling us, "They always make sure I am okay before they go and that I am tired rather than unwell"; "If I am unwell they discuss it with me and encourage me to contact the doctor"; and, "They always pick up if [relative] is not well and inform me." The service had also instructed staff on the keys signs of changes to watch out for which could highlight a deterioration in health, with the aim of early prevention.

Requires Improvement

Is the service caring?

Our findings

People and their relatives had varying degrees of satisfaction with the staff who visited them. Some people said they had developed supportive relationships and others felt this was not currently possible due to a lack of staff continuity. Their comments included, "Obviously some carers are better than others but I have been very fortunate and not had a carer I was dissatisfied with"; "The male carers I have are excellent"; "I like to take a bit of time to see if I can get on with them. I am all on my own and they are the only people I see day in and day out"; "The regulars I have had were brilliant"; and, "The trouble is continually having different carers - they can't get used to me and vice versa." A care worker told us, "I have good relationships with people (using the service). They are the only reason I stay."

We found that despite people making positive comments about staff, the staff were not supported to deliver a caring service. Due to the deficits we found in the service, the ability of staff to care for people was constrained by the numbers of staff available to provide the care and people not having the continuity of regular care workers.

We saw caring values of potential new staff were explored during interviews. Induction for new staff included communication skills, equality and diversity, and person centred care. The service also had systems to check care workers practice and attitude, including seeking people's views during care reviews, telephone quality checks and observational supervisions.

The registered manager told us they aimed to introduce workers, match preferences for gender and maturity, and would change workers upon request. They also gave examples of refusing to provide services and requesting funding to increase people's hours when care could not be delivered within the allotted time. We noted however that people and their relatives had different experiences of whether they were introduced to new staff. One person and a relative also told us they would prefer to have male care workers, but felt there was not enough males employed.

Although overall feedback was variable, many people and their relatives were positive about their care workers approach and how they engaged with them. They told us, "Most of the carers are kind"; "They are very friendly and caring"; "We have a natter, laugh and joke"; "They are so compassionate"; "Even though [relative] has hearing difficulties the carers do chat away to her and she really looks forward to them coming"; "We have a great rapport"; "They are friendly in the right sort of way and very caring"; and, "[Relative] does talk to them and they are all very friendly and on the whole do a good job."

Positive comments were also made about the ways staff respected people's privacy and dignity. These included, "They always knock on the door and call out before entering. They ask me how I would like things done"; "They are very discrete when in the bathroom with me"; They do protect [relative's] modesty when doing personal care"; "One carer always turns her back to me when I am putting on or taking off my pants"; and, "They always cover my private parts when washing me and they stay outside the room when I am using the toilet." However, one person said, "I have so many different carers that I can't get to feel comfortable with them right away. I find it embarrassing having personal care by someone I don't know."

People were given information in a guide about what they could expect from using the service and some told us they received weekly rosters. People confirmed they had been involved in their care planning. Where appropriate, relatives and social workers were consulted and, if needed, the registered manager could signpost people to independent advocacy services for support.

Requires Improvement

Is the service responsive?

Our findings

Two people and a relative told us that complaints they had made to the service had been appropriately resolved. Other people and relatives said they had made complaints about the staffing situation which had not been acted on. They told us, "I have complained when I have had missed calls. I have also complained about timing, lack of continuity of carers and not having a rota, but nothing has changed or been resolved satisfactorily"; "We keep asking for regular carers and timings but we are not getting it"; "I have complained about having different carers from those on my rota without telling me, but nothing changes"; and, "They have done nothing at all to rectify the timing issues we are getting. I put that down to shortage of staff."

People were given the complaints procedure and we saw complaints logged at the service had been investigated. However, the registered manager said they had not been made aware of the complaints which people told us they had raised with the service. From this we determined that the full extent of complaints were not being properly recognised and responded to.

We recommend the provider operates a more responsive system for identifying and handling complaints.

Care records showed people's needs had been thoroughly assessed and personalised care plans were in place. The care plans addressed all identified needs, guided staff on the ways people preferred to be supported, and specified the outcomes they wished to achieve from their support. Care workers told us they followed the care plans and relayed any changes needed to the office based or senior staff. We saw care workers accounted for the care they had provided and commented on the person's well-being in records. People and their relatives confirmed their care workers recorded such entries in their log books at each visit.

The people and relatives we contacted had different views of whether their care service was responsive to their needs. Some said the service did or tried to accommodate them when they asked for changes to staff visit times, for instance, to support people prior to hospital appointments. Others told us their requests had been refused, which we fed back to the registered manager.

People gave examples of receiving individualised care and, when necessary, having their care adjusted when their needs changed. They told us, "Like most things some carers are better than others, but on the whole they have been very courteous and explain things to me. We go through everything needed at the start and they do it in the order I want"; "I didn't want changes, except to have someone to take me shopping once a week now I am in a wheelchair, and that is now happening"; and, "I was involved in [relative's] care plan and we have reviews very regularly, but no changes are needed at the moment." Most people said their care had been reviewed with them, though a few told us this had not happened recently. The management acknowledged some reviews had lapsed and a senior care worker confirmed they were working to a plan to bring them up to date.

Care records routinely included some personal details which gave staff information about people's

backgrounds and social interests. A minority of people received services which were funded to include support with accessing the community and to help meet their social needs.

Requires Improvement

Is the service well-led?

Our findings

We found the service was not fully addressing some of the shortfalls we found during this inspection. Although new staff had been appointed, people were not always receiving a safe and reliable service. People had not been safeguarded against the risk of their care visits being missed. The management of the service was affected by the registered manager, co-ordinators and senior staff being taken away from their designated responsibilities to cover care worker duties. People's complaints were not always being recognised and appropriately responded to.

People and their relatives told us they could easily contact the service. Some were happy with the responses they received and others said issues they raised were not properly managed. People and their relatives had a range of views about the management of the service. Some expressed no concerns or felt the management were trying to make improvements. They told us, "I would think the service is well-led as I have never had problems" and "I do think managers listen and are trying to resolve issues." Other people voiced strong opinions about the service not being well managed, with particular concerns about the staffing resources. Their comments included, "I think they should do more to try and retain more of their staff. They never have enough and that has to be partly down to poor management"; "I am thinking of changing to another care agency"; and, "I know the managers as they fill in when there is not enough carers and they have no one else to send. Shortage of staff means they have to do caring rather than leading, organising and managing."

Feedback from staff about the management of the service also varied. The co-ordinators and senior worker praised the manager, telling us they actively managed the service, gave good direction and leadership, and boosted morale. They also spoke positively about the support and enthusiasm from the company's senior management. Some of the care workers we were able to contact were not happy in their work and said they did not get a good response when they reported concerns to the office. One worker told us they enjoyed working for the service, except at weekends when there was not enough staff. Other comments from staff included, "There's no sign of it getting better. On Sunday we were one and half hours behind (with visits) and the office staff don't inform people"; "I try to speak to the manager but there's no point. It's poorly managed"; and, "It's not well organised and is getting worse. I dread going back after days off."

We looked at the service's communication and quality assurance systems. The two co-ordinators were absorbing the work of a third co-ordinator post that was vacant and being advertised. The registered manager told us regular branch meetings were held to discuss the on-going operation of the service, though no minutes were available. Handovers of information were given verbally or sent in emails, so the ways office staff dealt with matters raised by people, relatives and staff could not be readily evidenced. We saw some audits of records to validate the care provided, and telephone calls to check if people were happy with their service, were undertaken. However there was no central record kept of how often these were completed, and of the findings and action taken in response.

The quality manager had conducted reviews of the service, lastly in June 2017, which were based on some of the Care Quality Commission's standards of quality and safety. The last review had highlighted risks in

relation to staffing problems and other areas for improvement, but there was no plan of the remedial actions being taken. The registered manager told us they discussed progress with the quality manager and with their regional manager in weekly conference calls. We found effective communication within the branch and a structured approach to assuring quality and improving standards could not be properly demonstrated.

We concluded that the governance of the service was not sufficiently effective in improving the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who had managed this and other care agency branches for six years, and was in the process of completing a leadership and management qualification. The registered manager said they were well supported in their role by the co-ordinators, senior and administrative staff, a quality manager and the regional director. They attended meetings and conferences with their peers where best practice and initiatives within the company were shared and local authority provider meetings, specific to care services in the local area.

A duty of candour policy had been introduced. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The registered manager told us they always aimed to work inclusively with people, their families and other professionals. They were disappointed with the negative feedback we received during the inspection and assured us they were committed to carrying out further quality checks.

A customer satisfaction survey had taken place in June 2017. This showed around 77% of the respondents had rated the quality of care provided as being very good or good. Some less favourable responses had been received about the timing of visits and communication. The registered manager had written to people about the survey results and the actions being taken to improve the service.

Newsletters were sent to people to keep them updated about what was happening in the service. We were told, for example, a newsletter had invited people to nominate staff for a 'care worker of the month' award. This had resulted in a number of compliments and nominations being received. Staff were able to access an employee assistance and benefits programmes, including counselling. An annual survey with staff was also due to be carried out.

The registered manager told us they were continuing to concentrate efforts on improving the stability of the staff team. This included investing time in ensuring new care workers were thoroughly trained, mentored and competent in their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that the care of people using the service was always appropriate and met their needs.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that systems and processes were operated effectively to prevent abuse of people using the service.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured effective systems were operated to monitor and improve the quality and safety of the services provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured sufficient numbers of staff were deployed to meet people's needs at all times.