Mears Care Limited

Mears Care Torbay and Devon

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced comprehensive inspection took place on 7 and 9 June 2017. Mears Care Torbay and Devon (formerly known as Mears Care Kingsteignton) is registered with the Care Quality Commission (CQC) to provide personal care to people living in their own homes. The provider is Mears Care Limited. We previously carried out an inspection on the 3 and 4 October 2016, and found eight breaches of the Health and Social Care Act 2008 and associated regulations. The overall rating for the service at that time was Inadequate in all five domains; Is it safe? Is it effective? Is it caring? Is it responsive? Is it well led? 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.

Concerns at that time related to staffing levels, skills and knowledge; staff not receiving the support they needed; the service not always being caring; late and missed visits, resulting in risks to people's welfare and safety; lack of care planning and poor systems for listening and responding to people's concerns. The service was not well led and governance systems were not effective.

The provider sent an improvement plan outlining the immediate steps being taken to protect people and improve the service. They transferred most people's care packages to other care providers. Representatives of CQC held a meeting with the provider on 22 November 2016 to discuss their improvement plan. By January 2017, the people cared for by Mears Care Kingsteignton had reduced from 143 people to one person. The provider has continued to send monthly progress reports to CQC which showed continuing improvements at the service.

Following the inspection, a whole service multiagency safeguarding process was convened to protect people's safety and well-being. Devon County Council suspended contracting new packages of care with the agency. Health and social care professionals visited the service as part of a safeguarding investigation and in a protection role. The provider worked with the local authority quality and improvement team to improve their quality monitoring arrangements. In January 2017 feedback from multiagency meetings confirmed care had improved and risks had significantly reduced; the whole service safeguarding process was closed.

Devon County Council commission Mears Care Torbay and Devon under the 'The living well at home' scheme to identify personal care services for people in Devon who need them. Most of those services are sub contracted to other agencies and the service is no longer offered to any new privately funded people. Mears Care Torbay and Devon has a small response team that provides personal care for small numbers of people. This team provides care for people for short periods, whilst waiting for other services to set up people's long term packages of care. At the time of the inspection the agency was providing care and support to 10 people in Tavistock, Exeter and East Devon.

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.

At this inspection we found people felt safe using the service and said it was reliable, and there were no missed visits. People were supported by enough staff so they could receive care at a time and pace convenient for them. Staff knew about the signs of abuse and worked closely with health and social care professionals to implement measures to protect people.

Staff had the skills and training needed to carry out their role although further training needs were identified which had yet to be addressed. People confirmed staff sought their consent before providing any care. Staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice. The service had updated its MCA policies and procedures, although relevant staff training had not yet taken place.

Risk assessments identified the steps staff needed to take to promote people's safety and welfare. People received their medicines on time and in a safe way. The agency had robust recruitment procedures in place for recruiting new staff.

People, relatives and professional feedback consistently showed the service was person centred and responsive to people's individual needs and preferences. This enabled people to live as full a life as possible. Care staff were motivated and spoke with kindness and compassion about the people they supported.

People's care plans were detailed and comprehensive and described positive ways in which staff could support them. Care records had personalised detailed information about each person, their needs and preferences and what mattered to them. People knew how to raise any concerns or complaints and felt confident to do so and positive action was taken in response to make improvements.

People, relatives and staff said the agency was well run and improvements had been made in quality monitoring. The culture of the service was open, staff acknowledged past difficulties and were focused on improvement. Care and office staff worked well together as a team, and senior staff were continuing to develop the staff team and promoted high standards of care. The provider had a range of quality monitoring systems which included regular review meetings, audits, feedback from people, relatives and staff and spot checks. Spot checks are checks of care carried out in people's homes by a senior member of staff. They include looking at staff care practices, at communication skills, knowledge, privacy and dignity and attitudes. The provider made continuous improvements in response to the findings of audits, complaints, accidents and incidents.

At the inspection senior staff told us about imminent plans to relocate the Mears Care Torbay office to Kingsteignton. CQC have since received an application to cancel the registration of Mears Care Torbay. Previously, Mears Care Torbay was also rated Inadequate overall with nine breaches following an inspection in September and October 2016. CQC imposed a similar condition on the provider's registration and placed the service in special measures. A follow up inspection of Mears Care Torbay was carried out during June and July 2017 and found significant improvements had been made. However, two ongoing breaches of regulations relating to consent and quality monitoring were identified and the service was rated requires improvement overall and in each domain. Since the inspections, the Mears Care Torbay service has relocated, (now renamed Mears Care Torbay and Devon). This represents an increased level of risk at this branch. The provider will need to monitor closely the impact of these changes on the quality of the service.

We have made a recommendation about this.

During this inspection the service demonstrated 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 is rated as 'Requires improvement'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks for people were assessed and actions taken to reduce them.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People were supported by enough staff so they could receive care at a time and pace convenient for them.

People received their medicines in a safe way.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Requires Improvement

Some aspects of effective needed further improvement.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice. Further improvements were needed to protect the rights of people who lacked the mental capacity to consent to care and treatment.

People were cared for by staff who received the essential training and supervision to do their jobs properly. Further improvements needed in training had been identified.

People were supported to eat and drink meals of their choice.

Staff recognised changes in people's health needs, reported concerns and involved professionals where necessary.

Staff offered people choices and supported them with their individual preferences.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and treated people with dignity and respect.

People were able to express their views and be involved in decisions about their care.

People were supported by a team of staff they knew well and had developed meaningful relationships with them.

Staff protected people's privacy and promoted their independence.

Is the service responsive?

Good

The service is responsive.

People received a personalised service that met their individual needs.

Care records were detailed, up to date and accurately reflected people's care and support needs.

People knew how to raise concerns and complaints and who to contact. Any concerns and complaints raised were dealt with promptly.

Is the service well-led?

Requires Improvement

Some aspects of well led needed further improvement.

Quality monitoring systems had improved but still needed to be embedded.

People's care was organised flexibly around people's individual needs. Staff worked well together as a team and were well supported.

People and staff views were sought and taken into account in how the service was run.

Mears Care Torbay and Devon

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 7 and 9 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of an adult social care inspector.

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 three of the ten people who used the service. We visited one person at home and spoke with three relatives. We looked at three people's care records and at two people's medicine records.

We spoke with eight staff which included the operations manager, registered manager, deputy manager, quality lead, care team leader and three care staff. We looked at systems for assessing staffing levels and staff rotas, training and supervision records. We looked at four staff files, which included recruitment records for new staff. We also looked at the quality monitoring systems the provider used such as a service improvement plan, audits, spot checks and monthly reports. We sought feedback from commissioners and health and social care professionals. We received a response from three of them.

Good

Is the service safe?

Our findings

At the previous comprehensive inspection in October 2016 we found three breaches of regulations related to staffing, safeguarding and safe care and treatment. At that time, people's safety and welfare were at risk because of unsafe staffing levels which resulted in some people experienced late and missed visits. Other people, who needed two staff to care for them, sometimes only had one member of staff. Risk assessments lacked detail and moving and handling assessments did not have enough information about how to safely transfer people. Medicines were not managed safely as staff were not keeping accurate records and there were gaps in medication administration record (MAR) sheets. This meant staff could not be sure whether people had received their prescribed medicines. Some staff lacked confidence that concerns about suspected abuse would be acted on. At this inspection we found significant improvements had been made and these requirements had been met.

At this inspection people told us they felt safe being cared for by staff. People and relatives said the service was reliable and there were no missed visits. Each person had a small team of regular care staff they got to know and trust who knew them well. Where people needed two care staff, they were always provided. People said care workers arrived on time and stayed for expected length of time. They completed all the care and tasks needed during each visit and people did not feel rushed. If staff were delayed for any reason, they rang the person to let them know they were running late or asked office staff to do so. One person said, "We are very happy to have them coming, they are reliable and arrive on time."

People did not receive a rota each week to show them times and details of staff due to visit, so they knew which care workers to expect. People didn't mind, as they said this followed a similar pattern each week and the care worker who visited usually told them who was due to visit next. We followed this up with the team leader and the registered manager. They said initially rotas were not sent out to people, as there had been lots of staff changes. However, as people now have regular care staff, they will resume sending out weekly rotas to people.

Currently, there were five staff working in the response team. Three further staff had been recruited, two of whom started their induction training during the week of the inspection. The registered manager anticipated that, within three weeks, they will have a full team of eight staff in post. The team leader was involved in staff recruitment and ensured applicants were made aware of what was expected in the role.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies in place. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. A staff member had no concerns about suspected abuse but said, "If I had I'm confident something would get done." Since the last inspection, the Care Quality Commission had received one safeguarding notification at end of October 2017. This showed the agency staff took action to protect the person from avoidable harm.

Risks to people's personal safety had been assessed and plans were in place to minimise risks. For example, for people at risk from skin damage due to their frailty and reduced mobility. These instructed staff about

skin care, and the moving and handling and equipment needed to minimise risks. The service provided a 24 hour on call system seven days a week. This provided people and care staff with support and advice out of hours in an emergency. The agency had undertaken a risk assessment of which people were most dependent on care visits for their safety and wellbeing. This meant the service could prioritise providing care to those people in the event of staff sickness, bad weather or other emergencies. The provider had a business continuity plan in place. This highlighted events that might cause disruption to the service and outlined actions staff should take in response such as prioritising visits to those most in need and negotiating with family members to care for others.

Environmental risk assessments highlighted the risks in people's own homes for them and for staff. For example, those related to pets, furniture and external risks such as slippery steps or poor lighting. The provider information return showed staff were trained to check that equipment used in the community was serviced and safe to use. For the safety of staff working alone, there was an emergency phone and a protocol in place for staff to raise the alarm.

Accidents and incidents were reported and were reviewed by the deputy manager with actions taken to reduce the risk of recurrence. For example, following a medicines error where a person took their medicines twice, staff worked with their family to purchase a lockable box to safely store their medicines between visits.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely and on time and assessments made clear what level of staff support people needed with their medicines. For example, that a person could manage their own medicines but appreciated a prompt from care staff to make sure they had not forgotten. All staff were trained in medicines management and had competency assessments to check their skills and knowledge.

Most people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. Medicine administration records (MAR) were fully completed and confirmed when medicines had been given. MAR sheets were audited weekly. Where any errors, such as gaps in signatures were identified, these were addressed with individual staff. Audits showed huge improvements and medicines errors had significantly reduced, with no medicines errors in recent audits.

People were protected from cross infection. Staff had completed infection control training. People said care staff washed their hands before and after providing care. They wore protective clothing gloves and aprons when providing personal care, which was confirmed by spot checks.

Requires Improvement

Is the service effective?

Our findings

At the previous comprehensive inspection in October 2016 we found breaches of regulations related to person centred care, consent and staffing. People could not be assured they would receive the support they needed with nutrition and hydration, as late and missed calls meant people missing meals. Where people lacked mental capacity, there were no capacity assessments in relation to decision making or consent. There was a lack of information relating to best interest decisions. In relation to staff skills, staff were not adequately trained to use the agency's computer systems and had not received adequate support or supervision to enable them to be effective in their role. At this inspection we found significant improvements had been made and these requirements had now been met.

At this inspection we found people experienced care and support that promoted their health and wellbeing. All staff had completed qualifications in care or were undertaking them. Training included safeguarding, equality and diversity, health and safety and dementia. A training matrix and staff training records showed staff were up to date with their essential training. Asked about areas for further improvement, one staff said,"It's not perfect yet, definite improvements but we need to do more training and upskilling." In the provider information return the registered manager identified further training needs such as pressure area care and nutritional training, which the registered manager was trying to arrange with local community nursing staff. Other staff identified further training needs such as care of people with specific needs or health conditions which the registered manager planned to arrange. The service provided staff with evidence based information for staff about skin care and ways to reduce risk of people developing pressure ulcers (known as bedsores). None of the people being cared for currently had pressure ulcers.

Staff received regular one to one supervision and an annual appraisal. In the provider information return, the registered manager highlighted plans to introduce themed supervision sessions to ensure staff knowledge was embedded. Staff met monthly as a team; these meetings provided regular opportunities for staff to identify, discuss and address further learning needs and receive feedback on their work performance. This showed the provider was committed to ensuring staff had further training and development opportunities in order to deliver effective care and support to people.

New care workers undertook a three week period of induction when they first started with the service. They worked with experienced staff to get to know people's needs until they felt skilled enough to work unsupervised. New care staff were undertaking the Care Certificate, a set of standards that social care and health workers are expected to adhere to in their daily working life. All new staff had a three month probation period to check they had the right skills and attitudes to provide care in people's homes. A new care worker in their fourth week in post said, "I love it, they really seem to know what they are doing, I've met everyone now and been to a team meeting."

Care staff offered people choices and always sought their agreement before providing people's care. Signed consent forms showed people had given written consent for their care and support. For a person with memory problems, a staff member described how they offered the person two of three items of clothing to choose from, which were appropriate for the season and weather conditions.

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 they were.

In June 2017, the service implemented a new Mental Capacity Act policy and procedures. In support of the new procedures, staff mental capacity training was due to take place a few weeks ago. However, this had been cancelled by the trainer and was rearranged for a few weeks' time. Staff demonstrated a good understanding of the MCA principles and how this applied in their everyday practice. The registered manager said, "Staff are working to the policy in principle, but all the paperwork is not yet in place." During the inspection, the quality lead, who had completed the training, undertook a mental capacity assessment for a person newly referred to the agency using the new framework which they showed us.

Where people lacked capacity or had memory problems, care records identified how staff could support people to make choices and decisions. Where people were assessed as not having the capacity to make a decision, staff involved people who knew the person well and other professionals, such as their GP in making best interest decisions. Details about relatives or other with power of attorney for care or financial decisions were recorded. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

At the Mears Care Torbay inspection, an ongoing breach of regulation in relation to consent was identified. Further improvements were needed to protect the rights of people who lacked the mental capacity to consent to care and treatment. Since the inspection this service has relocated to Mears Care Torbay and Devon (formerly known as Mears Care Kingsteignton).

People were supported with their ongoing healthcare needs. Professionals said staff recognised changes in people's health and sought health professional advice appropriately and followed their advice. For example, where a person had a red area on their skin, staff contacted the community nurse to check the person. Records showed they updated the person's care plan about this, undertook regular skin care and encouraged person to reposition regularly; the person's sore skin was improving.

Staff supported people who needed encouragement to eat and drink, to stay healthy and avoid malnutrition and dehydration. For example, for a person with a poor appetite, care records had information about their preferred foods. Staff made meals which they knew the person enjoyed, such as shepherd's pie, and left snacks and drinks for them to have between visits. The person's care plan said, "Offer me a choice from the freezer…I will generally decide on something to eat if I'm reassured it will be a small portion." Staff weighed the person weekly and weight charts showed they were gaining weight and their health had improved.

Good

Is the service caring?

Our findings

At the previous comprehensive inspection in October 2016 we found breaches of regulations related to person centred care and dignity and respect. This was because people did not always receive care and support from staff who knew them, and staff were not familiar with people's needs or preferences. People's preference in relation to the gender of care staff supporting them was not always respected, and some people's privacy and dignity was not protected during personal care. At this inspection we found significant improvements had been made and these requirements had now been met.

At this inspection people who used the service, relatives and health and social care professionals gave us positive feedback about the service. One person said, "All the carers are brilliant." A relative said, "They are giving us good service" and went onto say staff chatted to his wife who enjoyed their visits. Another relative said, "Their attention to detail is extraordinary." The relative of a person receiving the service said, "He feels very cared for, and has every confidence in them, they completely look after him, and are respectful of my mum." Another relative said, "Staff are helping mum live at home independently and she is responding really well."

Staff supported people to express their views and be involved in decisions about their care. Before the service commenced the agency visited the person to find out what support they needed. People were asked about whether they had any preferences for how staff referred to them or about whether or not they were happy to have male or female care staff, and their wishes were documented and respected. Care plans were developed with the person and family members or other relevant people, which people signed to confirm they agreed with them. The team leader visited people regularly to check the care provided was still meeting their needs. They made any suggested changes, which were communicated to staff team.

People were supported by a regular team of care workers who got to know each person and develop caring relationships with them. Staff knew people's individual preferences and people's care records included details about how each person wanted to receive their care and support. For example, that one person liked to get up early and have their breakfast before having their shower and another person preferred to sleep in a chair overnight. Care records documented detailed life histories about each person, their life and family, so staff could talk about things of interest to them.

People were treated with dignity and respect, staff knew each person as an individual and what mattered to them. Care plans included details of which aspects of personal care the person could manage themselves and which they needed staff support with. A staff member explained how they covered the person with a towel during bathing and only exposed each body part as needed to protect their dignity.

People said staff supported them with their preferred appearance and style. One person was wearing a dress which they said staff had admired in their wardrobe and they decided to wear that day. Another person's care plan said, "I am interested in clothing and looking smart." Care records included details of people's individual communication needs, such as that one person needed glasses to read and another person was hard of hearing and wore hearing aids.

People were encouraged to maintain their independence and do as much for themselves as possible. Care plans captured I detail how staff could support people with this. For example, one person's care plan said, "Encourage me to use my hands on the chair arms to stand myself up, place a hand on my lower back to support me." Another person's care plan said, "I like a little exercise, I will walk up and down the hallway using my frame." Staff confirmed they supported the person to exercise each morning during their visit. The CQC questionnaire said 100 per cent of people were encouraged to be as independent as they could be.

Staff supported people to keep in touch with family members. For example, a staff member rang a person's son for a person on Mother's Day, so they could speak to him, as they had no phone, which the person and their relative really appreciated.

Good

Is the service responsive?

Our findings

At the previous comprehensive inspection in October 2016 we found breaches of regulations related to safe care and treatment, person centred care and complaints. People safety and welfare was at risk because some people new to agency had no care plans. Other people's care plans lacked detailed risk assessments relating to their safety and welfare. Staff visiting them did not have enough information about their care needs. Others were not having visits at right time for their health needs. Care records were not up to date about people's care needs and lacked detail about their individual wishes and preferences. People's needs or preferences in relation to the timing and duration of their care visit were not always respected. People experienced difficulties contacting the agency and getting a response. Complaints weren't listened to or acted on. At this inspection we found significant improvements had been made and these requirements have now been met.

At this inspection people, relatives and professionals said the service provided by the agency was very personalised and responsive to people's needs. One person said, "I am very happy with them we know one another well, (staff name) is lovely and she made my bed just how I liked it."

When new people were referred to the service, senior staff undertook comprehensive assessments of people's needs. Staff involved people and those close to them in developing individualised care plans. Care records were personalised, detailed and accurate about people's individual care needs, and were reviewed regularly and updated as people's needs changed. For example, that a person needed a pillow under their knees and the head of bed raised so they could watch TV. For a person with limited mobility the person's care plan included detailed information about their skin care, the need for regular repositioning and about their moving and handling needs. Staff encouraged the person to exercise during their visit and change their position every few hours, in accordance with their care plan. This helped reduce the risk of developing dry skin or pressure ulcers (also known as bedsores).

Each person had a key worker who got to know them well and what mattered to them. Staff knew how to support people in ways that met their individual needs. For example, for a person that often lost track of time, their care plan instructed staff to explain to them it was morning and they were here to help them get breakfast and get ready for the day. When a person needed more time because of their deteriorating health, the person's visit time extended, with the agreement of the local authority. Staff liaised with other health and social care professionals to meet people's needs. For example, staff contacted a community occupational therapist to assess a person's seating needs, and a speech and language therapist to assess a person's swallowing ability. Any changes in care needs were incorporated into people's care plans, so staff had the most up to date information they needed to support them.

Care records were up-to-date and were clearly laid out. They captured what was important for each person and what they needed staff to support them with. For example, one person needed help with their daily wash and support to exercise to maintain their mobility. Another person was very sociable and liked care staff to engage in light conversation with them. Staff confirmed people's care plans were accurate and said they found them helpful. People's care records included important details about their personal preferences

such as whether a person liked sugar in their tea. Care plans included information about people's life history, their hobbies and their interests. For example, one person liked doing crosswords and another enjoyed watching TV. Care plans also included how each person felt about receiving care. For example, one person said, "I have found the transition difficult as I have always been fiercely independent, I do however like my carers." Staff knew people's individual preferences, and always respected their wishes.

People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. People said they were happy with the service, they knew how to complain and said the registered manager listened and was receptive to their concerns. Everyone said phoning the agency office was easy and staff there were polite and helpful.

The Provider Information Return (PIR) showed 12 complaints had been made in the last 12 months; most of these related to the difficulties the agency experienced in October 2016. We looked at a more recent complaint. The provider met with the person's relative to hear their concerns. A written response showed apologies were offered where the service fell below expected standards. The response also outlined actions taken to address concerns and make the required improvements. Any lessons learned were fed back to staff during supervision, the staff newsletter and via monthly meetings.

Requires Improvement

Is the service well-led?

Our findings

At the previous comprehensive inspection in October 2016 we found a breach of regulations related to leadership of the service. People received poor quality care, and in some cases unsafe care. People said the service was not well managed and staff were not taking effective action when concerns were raised. For example, about the timing of visits and extent of late and missed visits. Care records were not up-to-date and there were security concerns about storage of people's confidential information. There was a high turnover of staff, communication difficulties between care and office staff, and responsibilities and accountabilities were unclear. The agency lacked leadership and quality monitoring was inadequate. There was a lack of awareness at senior management levels of extent of risks posed for people and staff. At this inspection we found significant improvements had been made in all these areas and this requirement had now been met.

As part of condition imposed on the providers' registration, monthly reports were sent to the Care Quality Commission reporting on progress and improvements in the areas of greatest risk and concern. The most recent report on 27 May 2017 showed audits completed demonstrated that continuing improvements in reliability of service, in standards of record keeping, in medicines management and in skills and training of staff. A service improvement plan showed actions being taken to improve. The plan covered leadership and management of the service, in how care and support was provided, in documentation, medicines management, equipment and working practices.

Quality monitoring systems had improved but still needed to be embedded. For example, further staff training needs had been identified, which still needed to be addressed. This included training in relation to the newly launched Mental Capacity Act policies and procedures, so staff were more confident in their use.

Quality monitoring systems included: regular review meetings with people and families, monthly staff meetings, audits of accidents/incidents; complaints; medicines management, and care records. The provider was making improvements in response to their findings. Regular team meetings were held which discussed any concerns and identified any training needs. Where any practice issues were identified these were addressed through supervision and training. At monthly meetings staff were kept up to date with changes in the agency and fed back on any issues highlighted through audits, complaints, accidents or incidents.

Within Mears, the branch sent monthly reports to senior managers on key performance indicators. For example, reporting on any late or missed visits, accidents/incidents, complaints and the findings of audits and any actions taken in response. However, the registered manager and operations manager told us about imminent plans to relocate the Mears Care Torbay office to Mears Care Kingsteignton. We advised them of need to apply to submit an application to register this change, and have since received this application. The Mears Care Torbay follow up inspection was carried out in June and July 2017, when it was providing personal care to 269 people. Improvements had been made but two ongoing breaches of regulations in relation to consent and quality monitoring were identified. Mears Care Torbay was rated as requires improvement overall and in each domain. Since the inspection, the relocation of that service has taken

place, which represents an increased risk.

We recommend the provider keeps the impact of the significant expansion of the Mears Care Torbay and Devon branch on the quality of service under close review.

People, relatives, professionals and staff said the agency was organised and well run and spoke of the improvements made. People and relatives said they would recommend the service to others. One person said, "They do a good job and sort things out for us," and another said, "All the response team are excellent." A relative said, "We started with the most appalling service, it's still surprising how much it has changed and improved. It's hard to understate the transformation in performance in this agency." The relative spoke passionately about the positive impact of those improvements, which made them feel the person was now safe and secure. They said they no longer had the stress and anxiety of worrying about whether care staff would arrive on time, so the person could have their specialised treatment vital to their health three times a week. A local authority professional said, "There have been no concerns raised about the rapid response service."

A customer satisfaction survey carried out in January 2017 showed people and relatives were very satisfied with the service and improvements being made. People were asked to rate the service between one and five, with one being very bad and five very good. All five responses rated the service as five. People's comments included, "All staff are marvellous and caring", "Lovely people, very respectful" and "I have enough time, staff listened to all my needs."

A member of staff referring to the findings of the last inspection said, "It's been a big wake up call," another staff member said, "Things have really improved." Speaking about the change in culture at the agency a staff member said, "I feel able to challenge and am listened and responded to." A relative commented, "The staff are all happy and very helpful, they are no longer stressed."

Staff worked well as a team and felt supported and valued for their work. The registered manager referring to the response team said, "This team are pretty tight." Staff comments included; "Senior staff listen and are supportive", "The team work well together, communication is good" and "Problem solving attitude."

Staff said the best thing about service was that staff could provide people with excellent care and continuity of care, as they were a small team. One staff member said, "Things are getting looked at and getting done." Another member of staff said, "It has improved, we can arrive to visits on time now and stay for the full time; we know when our days off are now." Other staff appreciated the improved communication, receiving regular support and supervision, knowing who to raise issues with and being listened and responded to. Speaking about staff development, one staff said, "We are encouraged to learn new skills, and to take decisions and self-manage."

Mears statement of purpose showed the aim of service was. "To provide outstanding care and support to enable people to live as independently as possible." Mears used a 'Red Thread,' which defined the culture of the service through five behaviours; motivation, empowerment, customer focus, role models and high standards. The provider described the various ways through which managers raised awareness and promoted these behaviours within the service. A staff Code of Conduct outlined expectations of staff in their work. A 'Red Thread' quote displayed on the wall in the branch office captured the ethos of the service. It said, "Customers are at the heart of everything we do. It's our job every day to make every aspect of the customer experience a little better." The agency had a 'carer of the month' scheme through which they thanked and recognised a member of staff for their contribution with a certificate. This promoted and recognised the right behaviours.

The service had evidence based policies and procedures to guide staff in their practice. These included policies on safeguarding, whistleblowing, Mental Capacity Act and medicines management. At the time of our visit, a draft Governance and Assurance Policy was being consulted on. This set out the quality monitoring arrangements for the future.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the CQC about significant events. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The agency displayed the ratings from the last CQC inspection in the office in accordance with the regulations.