

Mears Homecare Ltd - East Lothian Support Service

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Type of inspection: Unannounced
Inspection completed on: 19 July 2016

Service provided by:
Mears Homecare Ltd

Service provider number:
SP2013012018

Care service number:
CS2013317622

About the service

This service registered with the Care Inspectorate on 11 September 2013.

Mears Homecare Ltd East Lothian provides a homecare service which operates from an office base in North Berwick. It is registered as a care at home service. The service is part of the provider organisation Mears Group.

Mears Homecare Ltd East Lothian provides generic support to a wide range of people with varying needs. At the time of inspection the service supported 223 people throughout East Lothian. The service is generally available 24 hours per day, seven days per week to provide flexible packages of care appropriate to service user's needs.

The service has a registered manager responsible for the management of the service. There are three field care supervisors who are responsible for the day to day supervision and management of the home care workers. There are two coordinators responsible for the allocation of support visits. There is a part time quality assurance administrator and a human resources administrator.

The service is split into two geographical areas - Musselburgh and North Berwick.

The provider's aims and objectives state:-

"Mears Home care has over 25 years' experience in domiciliary care. Our mission is to provide outstanding care and support to our customers, to enable them to live as independently as possible, in their own homes"

What people told us

We sent Care Standard Questionnaires to a sample of 80 clients and received 30 completed questionnaires back. We saw 14 had been completed by people who use the service and 16 had been completed by relatives.

Below are responses to a sample of the statements we asked people to score against on the questionnaires:-

"Overall, I am happy with the quality of care and support this service gives me" - 89% either strongly agreed or agreed.

"Staff treat me with respect" - 96% either strongly agreed or agreed - clients we met also confirmed this.

"I am confident that staff have the skills to support me" - 81% either strongly agreed or agreed.

"Staff have enough time to carry out the agreed support and care" - 83% agreed.

Additional comments made by clients of the service on the questionnaires included:-

"Very polite staff"

"I have only one issue and that is that the times of care and the carer coming differs from my weekly schedule without prior notice. A telephone call regarding these alterations would be helpful. All my carers are kind and considerate and are very cheerful and respectful"

"Time keeping erratic probably due to staff shortages or absenteeism"

"I am satisfied with the service I receive"

"I am allocated half an hour for lunch and team but it depends which carer is in, for example today the carer was in and out in 15 minutes"

We received the following additional comments from clients we met during the inspection:-

"Got carers worth a million"

"Cannot fault the carers at all"

"I like all my carers - I've never had one I don't like"

Additional comments made by relatives on the questionnaires included:-

"My relative is very happy with the arrangements in place"

"Most of the time the carers are named on a weekly sheet. Sometimes it just says relief"

"Weekly schedules can be late e.g. two out of three care events taken place before received"

"Very happy with the service given and staff who visit"

"Some carers do not understand or appear to about dementia. That is a dementia suffer is asked to make a choice of three things for lunch they will usually say the last thing as have forgotten first two"

"Better communication regarding changing visiting times. Let the client or the family know that time is changing"

"Care staff if having to travel/walk to next client do not have enough time to fully tend to al the needs"

"Very happy with care package"

Self assessment

The Care Inspectorate received a fully completed self-assessment from the service manager.

The manager identified what it thought the service did well and areas that need to be improved and showed how the service intended to make the improvements. Mindful of the improvement areas the manager graded all quality statements at grade 3 -adequate.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Care staff showed a good knowledge of the needs, routines and preferences of the clients they regularly visited. One client told us this was important to them as it meant they did not have to tell carers how they wanted their care needs met.

We observed positive interactions between care staff and clients with appropriate humour being used. Carers provided care in a respectful manner and ensured clients dignity. Examples included ensuring curtains were closed when providing personal care.

Appropriate infection control measures were being used. These included using protective clothing and washing hands. We observed the safe use of moving and re-positioning equipment and saw carers provided verbal reassurances when helping clients with their mobility.

We were confident carers monitored the client's well being and reported any concerns they had to office staff. Carers gave us examples of client well being concerns they had reported.

We saw examples of the further reporting of concerns by office staff to relevant parties e.g. relative, health professional and social work to ensure client's well being. However some carers told us they were unsure if less urgent concerns were followed up by the office staff.

Work had commenced to improve the scheduling of care visits however there had been set backs. Travel time had been incorporated into some visit schedules but not all. Staff shortages meant at times carers had to fit more visits in. We saw examples of visit lengths being shorter than the time assessed as being needed for the clients. Shorter visit lengths could result in care staff being rushed or care tasks not being fully completed.

We saw examples of care visits taking place out with the 15 minute time frame either side of the scheduled visit time. One client told us about large variances in arrival times. Visit schedules given to clients were often not accurate due to later changes. The office staff were not routinely informing clients of changes to scheduled carers or to visit times.
(see Requirement 1).

Care plans needed to hold more information about the client's current health conditions and communication needs and how these affected the care and support being provided to aid care staff.
(see Recommendation 1).

Six month reviews of client's care plans and overall service provided had taken place with some clients and their representatives however the frequency had fallen behind resulting in overdue reviews.
(see Requirement 2).

Requirements

Number of requirements: 2

1. The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must ensure:-

- The service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan.
- Schedule visits take account of service user's needs
- A system is in place to inform service users if there will be changes made to the time of a planned care visit which is outwith the agreed window of arrival
- Care staff have time to travel between visits so that care time is not used for this purpose.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SS1 2011/210) Regulation 4 (1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within two months of receipt of this report.

2. The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must ensure:-

Service user's care plan and overall service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SS1 2011/210) Regulation 5 (2) (iii) Personal Plans.

Timescale for implementation: within two months of receipt of this report.

Recommendations

Number of recommendations: 1

1. The provider should further develop individual care and support plans to provide more detailed guidance to care staff about the client's current health conditions and communication needs and how these affect the care and support being provided. Guidance should be provided as to how best to manage and respond to service users who present with specific communication needs.

National Care Standards. Care at Home Standard 3 - Your personal plan.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Carers were up to date in completing initial and refresher mandatory training. Training included moving and handling, adult support and protection, food hygiene, infection control, medication, health and safety and dementia awareness. This ensured carers were regularly refreshing and updating their skills and knowledge through appropriate training.

The service was mindful all care staff will need a Scottish Vocational Qualification (SVQ) for their further registration with the Scottish Social Services Council (SSSC). A rolling programme for carers to undertake SVQ2's had just been set up.

Carers received one to one supervision with their line manager on a six monthly basis. Carers we spoke with confirmed this support. They also confirmed they were observed when providing care to check on their competency skills. Care team meetings had recently taken place. Carers told us they were able to express their views at the meetings.

We sampled the recruitment records for four recently recruited care staff and found anomalies with each recruitment. Improvements need to be made in relation to seeking appropriate references and recording reasons for any employment gaps. The service's recruitment checklist must be completed and signed off at the end of the recruitment process.
(see Requirement 1).

With many of the service's clients having a diagnosis of dementia it is important carers receive appropriate training to effectively support each person. We were told there are plans to commence delivering dementia promoting excellence training as a one day course. We advised the manager that training should be scheduled and we asked that the organisation reconsiders whether one day is sufficient to deliver this necessary in-depth training.

Carers told us planned visits were often being changed throughout the day on their work mobile phones and they received no prior notice. They had to keep checking their work phone when not working in case a planned visit had changed meaning they needed to start work earlier. This left carers feeling worried they could make a mistake. Sometimes carers would tell a client they would be arriving to undertake the next care visit and then found they were no longer going to visit that client. This left carers feeling they had disappointed the client.

Requirements

Number of requirements: 1

1. The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must not employ any person in the provision of the service unless that person is fit to be so employed. In order to achieve this the provider must:-
 - Ensure best practice guidance is followed in relation to the seeking of references
 - Address any employment gaps to ensure a previous employment has not been omitted
 - Complete all sections of the recruitment checklist and sign off the checklist record to evidence the final completion of the recruitment process

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SS1 2011/210) Regulation 9 (1) Fitness of Employees: A provider must not employ any person in the provision of a care service unless that person is fit to be so employed.

Timescale for implementation: within two weeks of receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The manager was registered with the Scottish Social Services Council (SSSC) and was undertaking appropriate qualifications to support their registration. The manager was open and transparent about the service's current operational position. They were working towards resolving problems and making changes to bring about improvements. We received positive feedback from local authority representatives about how the manager worked collaboratively and how swift action was always taken to address any issues.

Incidents were managed well. Records showed appropriate actions were taken and an investigation was undertaken to identify what went wrong and what needed to be changed or put in place. We saw where improvements had been made through changes to systems and by addressing staff performance. Expressions of dissatisfaction and complaints were also managed well with the same process being undertaken as with incidents. The manager promoted an ethos of learning from mistakes which enabled staff to be self reflective and to learn and develop.

The quality administrator undertook appropriate audits to check the service was being delivered safely and effectively. Audits included checking communication and medication records and analysing consistency of staffing, arrival times and lengths of visits. We advised the manager that additional auditing of consistency and visit times and length was needed to support planned improvements.

Over the year the Care Inspectorate had received notifications from the service about incidents which required notification. At this inspection we identified other events which required to be notified to us but had not been. (see Requirement 1).

Requirements

Number of requirements: 1

1. The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale for implementation: This was required at the time of inspection and on an on-going basis.

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that all staff follow policy and procedures with regard to the administration of medication.

This is in order to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SS1 2011/210) Regulation 4 (1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within one month of receipt of this report.

This requirement was made on 9 October 2013.

Action taken on previous requirement

We saw sufficient evidence for this requirement to be met. This included staff now recording the administration of creams and eye drops on medication administration record sheets rather than on the communication records.

Met - within timescales

Requirement 2

The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must: -

- Schedule visits to take account of service user's needs
- Have a system in place to inform service users if there will be changes made to the time of a planned care visit which is outwith the agreed window of arrival

- Ensure care staff have time to travel between visits so that care time is not used for this purpose.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SS1 2011/210) Regulation 4 (1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within two months of receipt of this report.

This requirement was made on 9 October 2013.

Action taken on previous requirement

Initial improvements had been made however other factors had set the improvements back. Further details are reported in this report under Quality of care and support. We have repeated the requirement.

Not met

Requirement 3

The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale for implementation: This was required at the time of inspection and on an on-going basis.

This requirement was made on 26 October 2015.

Action taken on previous requirement

The service had notified the Care Inspectorate of certain notifiable events however we saw several events which should have been notified and were not. We have repeated the requirement.

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The provider should revise the current medication policy of administering medication stored in one section of a blister pack.

National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Royal Pharmaceutical guidance "Improving patient outcomes, the better use of multi compartment compliance aids" February 2013.

This recommendation was made on 13 October 2014.

Action taken on previous recommendation

The provider had just recently reviewed and revised the organisation's medication policy and procedures.

This recommendation is: MET

Recommendation 2

The provider should ensure prospective candidates for all posts are interviewed by two staff to ensure there is a balanced and consistent approach to recruitment,

National Care Standards. Care at Home Standard 4: Management and Staffing

This recommendation was made on 9 October 2013.

Action taken on previous recommendation

From recruitment records sampled we saw two people were on the interview panel.

This recommendation is: MET

Recommendation 3

The provider should ensure the following improvements are made to quality review processes:-

- Computer system records of quality checks to be analysed and corrected to show the current quality review position for each service user
- Change the names of the care plan review visit and quality check visit to 6 month review visit checks to reduce confusion and ensure all relevant topics are covered at the reviews
- Develop a review document to support the 6 month reviews which has open questions for service users the opportunity to provide meaningful answers
- The QAA to monitor the undertaking and completion of intended review visits
- Review visits which do not take place in the planned month to be carried forward to the next again month

National Care Standards. Care at Home - Standard 3: Your personal plan and Standard 4: Management and staffing.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

Improvements had been made to support the quality review process as recommended.

This recommendation is: MET

Recommendation 4

The provider should ensure all service users should have a written agreement which complies with the national care standards for care at home. This agreement should include details about arrangements to change and to end the support agreement by both parties.

National Care Standards. Care at Home - Standard 1: Informing and deciding.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

The service had developed a specific written agreement document. This document was now completed with each client.

This recommendation is: Met

Recommendation 5

The provider should further develop individual care and support plans to provide more detailed guidance to care staff in how best to manage and respond to service users who present with specific communication needs. Care plans should include information about how service user's specific conditions impact on the service user and their abilities and what specific support they may require.

National Care Standards. Care at Home Standard 3 - Your personal plan.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

The service still needed to progress with developing care plans to provide this information.

This recommendation is: Not met

Recommendation 6

The provider should ensure that care plan and risk assessment documentation is signed and dated by both the service representative, service user and/or their representative to confirm they are in agreement with the content.

National Care Standards. Care at Home - Standard 3: Your personal plan. Standard 4: Management and Staffing.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

Documents we sampled had been duly signed.

This recommendation is: Met

Recommendation 7

The provider should ensure all staff working in the care at home service are reminded that all written records are legal documents and all recordings made should be appropriate, respectful and professional.

National Care Standards. Care at Home Standard 4 - Management and staffing.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

All recordings sampled were appropriate, respectful and professional.

This recommendation is: Met

Recommendation 8

The provider should ensure team meeting minutes fully detail discussions held, what actions are to be taken and who will be responsible for undertaking the planned actions.

National Care Standards. Care at Home - Standard 4: Management and Staffing.

This recommendation was made on 26 October 2015.

Action taken on previous recommendation

We saw the recording of team meeting discussions had improved.

This recommendation is: Met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
27 Aug 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 Jan 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak

Date	Type	Gradings	
13 Oct 2014	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
9 Oct 2013	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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