

Mears Homecare Ltd - Edinburgh and Midlothian Support Service

Ground Floor
3 Western Shawfair
Shawfair Park
Dalkeith
EH22 1FD

Telephone: 0333 321 1909

Type of inspection: Unannounced
Inspection completed on: 24 August 2016

Service provided by:
Mears Homecare Ltd

Service provider number:
SP2013012018

Care service number:
CS2013317625

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 Shawfair Dalkeith. It is registered as a care at home service. The service is part of the provider organisation Mears Group.

Mears Homecare Ltd Edinburgh and Midlothian provides generic support to a wide range of people with varying needs. At the time of inspection the service supported 241 people throughout Edinburgh and Midlothian. 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 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 104 clients and received 51 completed questionnaires back. We saw 26 had been completed by people who use the service and 25 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" - 90% 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" - 92% either strongly agreed or agreed.

"Staff have enough time to carry out the agreed support and care" - 86% agreed.

Clients

Additional comments made by clients on the questionnaires and through discussions with the Inspector during the inspection highlighted improvement areas. These included the need for more consistent staffing, prior knowledge of who will be visiting and time for carers to travel between visits.

Below are examples of additional comments made on the questionnaires:-

"All carers very pleasant, good timing and thorough in their job. Communication between the main office and customer in allocating carers could be better"

"All carers always complaining about not having travelling time"

"Great carers, nothing is too much trouble. Very happy with the help I get"

Some of the staff have good skills. The worst thing is the number of different carers. I never know who will arrive. You never know who you are letting into your house. I cannot build up a relationship with them"

"The girls who come are always very courteous and helpful. They make sure I am safe and the house secure when they leave. They always ask if there is anything else I need that they can do for me. Always very caring and kind. Altogether a great team"

Relatives

Additional comments made by relatives on the questionnaires and through discussions with the Inspector during the inspection mirrored the improvement areas identified by clients. Relatives also commented on the need for better communication by office staff, better punctuality, the need for carers to stay for the designated length of time and for carers to not be so rushed.

Below are examples of comments made on the questionnaires:-

"The carers are sensitive to my relative's needs and routines. If they have time they will even wait for the advertising break in the television programme before helping my relative to bed. This of course is not always possible - it certainly helps being at the end of the carers shift"

"Very satisfactory"

"My relative has poor eyesight / registered blind, so relies on staff saying their name on arrival. This means regular carers are important but this is not always the case"

"A number of carers used and while all are acceptable would prefer more consistency"

"I am happy with the carers that look after my relative. They are caring helpful people. Always willing to help"

"I feel the carers could do with training more for people with dementia. Also they are always in a hurry"

"We do not receive a rota on a regular basis and this sometimes results in new carers being sent in which we are not aware of until they arrive. This situation can be quite distressing for clients with dementia"

"Whilst in general we cannot fault the service provided we do however feel that a few things can be improved"

We saw a letter written by a client and their relative thanking the service:

"We are completely satisfied with the service you provide. The staff are excellent and very considerate and the office is always helpful if there is a change of time. We feel very lucky to have your service"

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.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

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.

Appropriate infection control measures were being used. These included using protective clothing and washing hands. Carers checked clients were wearing their community alarm pendants and that walking aids were to hand to ensure client's safety.

We were confident carers monitored the client's wellbeing and reported any health and safety concerns they had to office staff. We saw where office staff had followed up on the concerns. This included reporting concerns to relevant parties e.g. relative, health professional, social work and police to ensure the client's safety and wellbeing.

The service was flexible when clients made requests for changes to visits to attend appointments and social activities. Flexibility was shown when clients when into and returned from respite care or hospital. Additional care visits were arranged when clients were unwell.

Various challenges over the last year had forestalled planned improvements to the scheduling of care visits to ensure all clients received their care at the agreed time and for the scheduled length of time. Currently this outcome was only being achieved for some clients, particularly where dissatisfaction had been expressed. Carers were sometimes rushed which could lead to care tasks not being fully completed. The office staff were not routinely informing clients of changes to scheduled carers or to visit times.
(see Requirement 1).

On request clients could receive a weekly schedule detailing which carer would be attending each visit. However this service was not afforded to all clients. Having prior knowledge of who will be visiting can be important to reduce the anxiety of having unknown carers visiting.
(see Recommendation 1).

Care staff showed a good knowledge of the routines and preferences of the clients they regularly visited. One client told us "It makes a difference having the same carers". However consistency of staffing was not being achieved for all clients.

(see Recommendation 2).

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 3).

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 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.
 - Monthly audits are undertaken to analyse visit arrival times and length of visits and to act upon discrepancies identified.

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.

Recommendations

Number of recommendations: 3

1. The service provider should ensure that people who use the service receive prior information about who will be providing their care and when the care will be provided. Where changes need to be made people who use the service should be informed. Systems should be put in place to ensure this level of communication is consistently maintained.

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

2. The provider should review how care and support is planned to individuals to ensure that support is provided consistently by a core staff team who have time to build relationships with clients.

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

3. 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

Newly recruited carers undertook appropriate induction training and shadowed experienced carers. Competency checks were undertaken by observing practice. These measures ensured they were suitably trained and familiar with the caring role prior to lone working.

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 was in place.

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 took place in both Edinburgh and Midlothian localities. Carers told us they were able to express their views at the meetings. One carer said the meetings were a good forum for sharing ways of working and getting advice from more experienced carers.

We were given positive feedback by clients and relatives about individual carers. These included:-

"The usual carers are very nice and try very hard to meet the client's needs"

"The carer has a lovely warmth and sense of humour. You can tell they care about their clients"

"The main carer is so good with my relative"

"She's a very good carer"

"Can't fault the carers"

We sampled the recruitment records for five recently recruited care staff. We advised the service to be more vigilant in relation to finding out the reasons for gaps in employment and in auditing recruitment records to evidence safe recruitment.

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 through specific workshops. We advised the manager to progress with scheduling this training.

Clients should be assured that confidentiality is maintained about themselves and the service they receive. Information given to us by two clients made us concerned some care staff were not respectful of client's confidentiality.

(see Recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should ensure that care staff respect client's rights to confidentiality by not divulging any information about one client to another client.

National Care Standards. Care at Home - Standard 9; Private life.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The management team engaged and sought the views of clients and relatives through client forums and satisfaction surveys. One relative who attended the forums confirmed their views were listened to. Where issues were identified through these and other means the service listened and actions were taken to make improvements to the individual service and monitored to ensure the improvements were maintained.

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.

Audits were undertaken to check the service was being delivered safely and effectively. Audits included checking communication and medication records, accidents and incidents.

The views of care staff had recently been sought and management were actioning plans to meet carers requests. This included holding more regular team meetings and ensuring carers were praised for work undertaken.

The manager was registered with the Scottish Social Services Council (SSSC) and held appropriate qualifications to support their registration. The manager had a very good knowledge of individual care packages which showed they had a good overview of the day to day running of the service.

We received positive feedback from local authority representatives about how the management team worked collaboratively with them and how appropriate action was always taken to address any issues.

We recommend that issues identified from various avenues e.g. surveys, reviews, observed carers practices etc. are collated and linked to identify overall areas for improvement, planned actions and intended outcomes. (see Recommendation 1).

The service had developed a service agreement document which had been distributed to clients. However each agreement document needed to be signed and dated by a service representative and client/their representative to evidence the client/representative had agreed to the terms and had a clear understanding of their rights and the extent and limitations of the service provided. (see Recommendation 2).

Improvements needed to be made with the submission of updates and timescales of notifications submitted to the Care Inspectorate. (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: This was required at the time of inspection and on an on-going basis.

Recommendations

Number of recommendations: 2

1. The provider should ensure that issues identified from various avenues e.g. surveys, reviews, observed carers practices etc. are collated and linked to identify overall areas for improvement, planned actions and intended outcomes.

National Care Standards. Care at Home - Standard 11: Expressing your views.

2. The provider should ensure each service agreement document is signed and dated by a service representative and client / their representative to evidence the client / representative agrees to the terms and has a clear understanding of their rights and the extent and limitations of the service provided.

National Care Standards. Care at Home - Standard 2: The written agreement.

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 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 users' 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.
- Monthly audits to be undertaken to analyse visit arrival times and length of visits and to act upon discrepancies identified.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

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

This requirement was made on 30 November 2015.

Action taken on previous requirement

The service had experienced various challenges over the last year. These included recruitment and retention, computer scheduling issues and uncertainties with contracts. These issues had delayed the service's plans to meet the requirement. This has been further detailed under the care and support theme in this report.

Not met

Requirement 2

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

This requirement was made on 30 November 2015.

Action taken on previous requirement

The service still needed to make improvements with systems and procedures, particularly in relation to submission timescales and updates. This has been further detailed under the management and leadership theme in this report.

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

- 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 current scoring system should be reviewed.

- The format used to record six monthly reviews of the personal plan should include who was invited and who attended.

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

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

The service had taken action to meet this recommendation.

This recommendation is: Met

Recommendation 2

An easy to read guide on service user involvement should be made available for homecare service users detailing how they can become involved in assessing and improving the quality of care and support
National Care Standards. Care at Home - Standard 4: Management and Staffing.

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

Clients had been given new written information about the service provider which incorporated details about involvement and participation in the care service.

This recommendation is: Met

Recommendation 3

The provider should ensure all service users should have a written agreement which compiles 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 30 November 2015.

Action taken on previous recommendation

The service still needed to meet this recommendation. This has been further detailed under the leadership and management theme in this report.

This recommendations is: Not met

Recommendation 4

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 30 November 2015.

Action taken on previous recommendation

The service still needed to meet this recommendation. This has been further detailed under the care and support theme in this report.

This recommendation is: Not met

Recommendation 5

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 30 November 2015.

Action taken on previous recommendation

The introduction of new care plan and risk assessment documentation had facilitated the signing of this documentation to confirm agreement by both the service and clients.

This recommendation is: Met

Recommendation 6

All staff should follow the medication guidance/policy on the level of support and record keeping associated with creams and lotions. This should also link into the home visit assessment.

National Care Standards. Care at Home - Standard 4: Management and staffing and Standard 7: Keeping well - healthcare.

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

The recording of support administering creams and lotions had improved. This was now recorded on medication administration record forms. Body charts were also being used to identify where creams needed to be applied to the body.

This recommendation is: Met

Recommendation 7

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 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 30 November 2015.

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 8

There should be a reliable system in place to inform service users who is coming to the house.

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

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

The service still needed to meet this recommendation. This has been further detailed under the care and support theme in this report.

This recommendation is: Not met

Recommendation 9

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 30 November 2015.

Action taken on previous recommendation

The service now ensured candidates were interviewed by two staff.

This recommendation is: Met

Recommendation 10

The service should assess staff competencies with regards to health and safety in the kitchen more frequently with new members of staff.

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

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

The assessment of health and safety was now included on the Home Visit Assessment document as a competency topic to assess when undertaking competency assessments in the client's homes.

This recommendation is: Met

Recommendation 11

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 30 November 2015.

Action taken on previous recommendation

Improvements had been made to the way team meetings were being recorded.

This recommendation is: Met

Recommendation 12

The competency of staff should be monitored effectively so that it links into staff development, supervision, and staff appraisals. Staff supervision should be carried out as per policy and be shown to be sustained to this over a 12 month period.

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

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

All avenues of competency monitoring were now being recorded effectively so that they linked into staff member's overall improvement and performance management programme. Supervision was being carried out as per the provider's policy.

This recommendation is: Met

Recommendation 13

Further review of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and any service user forums into overall quality outcomes, to feedback to service users and their families.

National Care Standards. Care at Home - Standard 11: Expressing your views.

This recommendation was made on 30 November 2015.

Action taken on previous recommendation

The service still needed to meet this recommendation. This has been further detailed under the management and leadership theme in this report.

This recommendation is: Not met

Recommendation 14

This recommendation was made following a complaint which was completed on 10th December 2015.

The service provider should ensure that people who use the service receive prior information about who will be providing their care and when the care will be provided. Where changes need to be made people who use the service should be informed. Systems should be put in place to ensure this level of communication is consistently maintained.

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

This recommendation was made on 10 December 2015.

Action taken on previous recommendation

The service still needed to meet this recommendation. This has been further detailed under the care and support theme in this report.

This recommendation is: Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
14 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Oct 2014	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
10 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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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