

Mears Supported Living - North Lanarkshire Housing Support Service

Unit 2
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Type of inspection:
Announced (short notice)

Completed on:
17 July 2024

Service provided by:
Mears Supported Living Limited

Service provider number:
SP2020013554

Service no:
CS2020380495

About the service

Mears Supported Living - North Lanarkshire provides support to people living in their own homes across North Lanarkshire.

The branch office is in Wishaw and at the time of inspection, the service was supporting 90 people.

The service provides flexible packages of care and support to meet people's needs. The range of services include personal care and support, support to access and utilise community facilities, support with domestic tasks and shopping.

About the inspection

This was a short notice announced inspection which took place on 15-17 July 2024 . The inspection was carried out by two inspectors and an inspection volunteer from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited eight people within their own homes
- spoke with eight relatives
- spoke with nine staff and received email feedback from four staff
- gathered feedback from pre-inspection staff surveys (55 responses were received)
- reviewed documents
- observed practice and daily life
- spoke with four visiting professionals.

Key messages

People were fully involved in planning their care and support.

There was limited evidence that reasons and outcomes of administered 'as required' medication had been recorded which needed to be improved upon.

People and their relatives were happy with the care and support they were receiving.

The management team were highly knowledgeable about aspects of the service which required improvement.

Staff enjoyed their roles and felt supported.

As part of this inspection, we assessed the service's self-evaluation of key areas.

We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced care and support with compassion. There were warm, encouraging, and positive interactions between people and staff. People were supported by staff they knew and got on well with. People told us; 'We're very lucky, 'aye the staff are alright' and 'I'm happy with my support.' People were supported to achieve their individual outcomes.

There were relatives who worked closely with the service to ensure their loved one received the right care and support. Relatives spoke positively about the service and said; 'Staff are fine. They are kind to my relative and treat them well', 'The team are fabulous' and 'I'm very happy with the care plan and the support my relative is receiving.'

People were enabled to get the most out of life and able to get involved in a wide range of activities they enjoyed. People were supported to visit the local bowling alley, bingo, cinema and places of interest. People had also been supported to go on holiday.

People had as much control as possible over their medication and benefitted from a robust medication management system that adhered to service practice guidance. However, there was limited evidence to show that the service was recording the reasons and outcomes of 'as required' medication administered. It is essential that reasons and outcomes are recorded so that health professionals can review people's 'as required' medications to ensure that it is the right medication for them (**see area for improvement 1**).

People benefitted from support to access community healthcare and treatment from competent trained practitioners. Staff recognised changing health needs and shared this information quickly with the right people to ensure that people's health and wellbeing needs were being met

Areas for improvement

1. To ensure that people's medication is right for them, the provider should record reasons and outcomes when administering 'as required' medication.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The management team demonstrated a clear understanding about what was working well and what

improvements were needed. The service had implemented SMART (specific, measurable, achievable, realistic and time specific) focused action plans which fed into their improvement plan which had been reviewed regularly. They had also ensured that the outcomes and wishes of people who were using the service were the primary drivers for change. This was evident through their own findings and action plan from satisfaction surveys they had compiled. The service improvement plan detailed the future direction of the service and was being managed well.

Auditing activities had happened across different aspects of care such as medication and finance which fed into the improvement plan. Some attention to detail was required to ensure that action plans were effective as some issues identified from audits needed to be carried forward into action plans to ensure they were being improved upon. This was discussed with the manager who assured us auditing action plans would be improved upon.

Regular team meetings, supervisions and appraisals were used constructively to ensure that people were being supported by a well-trained workforce. Each member of staff had a clear plan and record of learning and development. The service had also supported several staff to complete SVQ's (Scottish vocational qualifications) in Health and Social Care levels 2, 3 and 4.

People were kept safe and staff demonstrated a clear understanding of their responsibilities to protect people from harm. Measures were in place to prevent any instances of harm. The service reviewed and monitored each accident, incident and complaint and had robust reporting systems in place. Where concerns had been identified, the service had responded to these appropriately.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Feedback from all involved within people's agreed plans of care, contributed to how scheduling arrangements were planned. This included how best to deploy staff to support people's preferences for when their support was provided and good continuity of care. Schedules were meeting people's needs.

Staff enjoyed their jobs and felt supported. Staff said that communication across the service was good although a minority of staff did make comment that communication could be further improved upon. Support for staff appeared to be very good. There were clear points of contact should staff need support at any time.

Staff competence was regularly assessed to ensure that learning and development supported better outcomes for people. This meant that people were being supported by staff who understood and were sensitive to their needs and wishes because there was a range of learning and support measures in place.

Training had been developed to support meeting outcomes for people who were using the service. These were based on evidence that the service had gathered from their own training evaluations and best practice guidance. The service had not only facilitated mandatory annual and biennial training but had also facilitated specialised topics of learning which further enhanced staff knowledge. The service had appointed an in-house trainer who was regularly analysing and evaluating all training delivered. It was evident that where people's needs changed, the service ensured staff were equipped with the necessary skills and knowledge.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People and, where relevant, their families, were fully involved in developing their care plans. Care plans were detailed and reflective of people's needs including their preferences with how support should be given. Strong leadership, staff competence, meaningful involvement and embedded quality assurance and improvement processes supported this.

People were fully involved in decisions about their current and future care and support needs. This was evident within six-monthly review meeting minutes which gave a good sense of people's life journeys. Six-monthly reviews were all in date and had been completed. Action plans that had been created during review meetings had shown that the service supported people to live well and in line with their wishes and preferences.

Multi-disciplinary professional involvement within the care planning and review process was very evident. People benefitted from professional advice that further enhanced their care and support. Staff teams worked well with external professionals to ensure that people were receiving the right care and support for them.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that care plans continue to meet people's needs, the provider needs to adhere to a SMART action plan that ensures that they carry out six monthly reviews.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 16 August 2022.

Action taken since then

Please see information under Key Question 2.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing the provider needs to conduct regular staff team meetings. This should include but is not limited to, the development of staff team meetings, minutes of meetings and action plans.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 16 August 2022.

Action taken since then

Please see information under Key Question 3.

This area for improvement has been met.

Previous area for improvement 3

To meet people's needs in line with best practice, the provider must evaluate any changes they have made to annual refresher training to ensure it continues to meet mandatory training requirements. This should include but is not limited to evaluations and reflections of staff learning and direct observations of staff practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS3.14).

This area for improvement was made on 16 August 2022.

Action taken since then

Please see information under Key question 3.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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