

Mearns View Housing Support Service

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Unannounced

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5 March 2025

Service provided by:
Quarriers

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About the service

Mearns View is a housing support and care at home service that is registered to support adults living with autism and learning disabilities.

The shared house provides accommodation for up to five people, with some shared communal space such as a lounge, kitchen, dining and laundry area. At the time of the inspection, there were five people using the service.

Mearns View aims to provide a person-centred service that maximises the potential of individuals to actively participate in the day-to-day running of their home, as well as developing and maintaining their desired links within their local community.

The registered manager coordinates the overall running of the service, with support from team leaders and a team of autism practitioners.

About the inspection

This was an unannounced inspection which took place on 4 and 5 March 2025. The inspection was carried out by one inspector 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:

- spoke with four people using the service and three family members
- spoke with four staff, the registered manager and the operational manager
- observed practice and daily life
- reviewed documents
- gathered the views of two visiting professionals.

Key messages

- The service was managed by a highly motivated and committed manager and support team who strived to provide high standards of care and support.
- Support provided has helped people keep well, safe and get the most out of life.
- Quality assurance systems needed further development - the appointment of new team leaders should help take this forward.
- The improvement plan takes account of the views of people who use the service, their relatives and staff.

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 staff team?	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 living within the service benefited from regular assessment and ongoing evaluation of their needs.

External support from a range of professionals was appropriately sought by staff. There were good examples of collaborative working with health and social work professionals including psychiatrist, psychology services, speech and language and dietician.

This collaborative approach meant that communications between each person and staff had improved. People were helped to keep well; their levels of independence were promoted and they were kept safe.

Staff had used technology to help get accurate diagnosis and inform future planning for the support and care of an individual.

Good work had been completed when people required additional monitoring to keep well, for example recording fluid intakes to reduce the risk of dehydration.

Food provided was nutritious, well-prepared and informed by individuals' faith and religious beliefs.

Having the right medication at the right time is important for keeping people well. We sampled records and saw that staff were administering medication as prescribed. The manager made amendment and rectified an issue we identified to ensure these consistently reflected all medication prescribed on an "as required" basis. Importantly, we could see that administration of medication prescribed on an "as required" basis followed good practice and other approaches had been used in advance which followed written protocols. This meant staff followed consistent practice to benefit people.

The legal status of people was recorded and used to inform decisions around current and future decisions and interventions to keep people safe and well.

There had been ongoing involvement with people using the service, their families and external professionals with the production of support plans and care reviews. A relative shared: "I am invited to review meetings. The last one was in December 24. I felt that they were keen to hear what I had to say."

Support provided meant people had developed an increased range of skills, become more independent in carrying out daily activities, had developed community connections and formed relationships.

We heard how much people enjoyed participating in a range of activities, short breaks and holidays. This helped give them a sense of wellbeing and enjoyment.

One person shared how they like going out to the park and meeting people with their dogs, enjoyed going horse riding and swimming. Another agreed that they enjoyed their weekend away at an adventure camp with staff. Relatives told us:

"They [relative] have become more independent for example completing daily chores."

"My relative is having a fantastic time with support of staff whilst having a break in London."

"They [relative] have become more independent since they left the family home, they now can make themselves a cup of tea, and make their own bed. They have developed good relationships with other people."

Inclusion reports were completed on a monthly basis. These revealed how much each person enjoyed the activities, events and celebrations arranged by staff. These also helped relatives keep up-to-date with developments.

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.

The service had recruited two new team leaders who were due to take up their role within the next few weeks. There had been a period when these posts were vacant. We concluded that this influenced the quality of audits used by the service. We shared examples with the manager where we thought improvement was needed and heard how the manager had plans to ensure team leaders helped take this area forward.

Support needs assessments were being completed and informed staffing levels for people. This meant that each person, throughout the day, had a minimum of one staff member assigned to them. Some people had two staff members at points in the day which was informed by risk.

Staff rotas and staff interviews revealed that staff allocation aligned to assessed needs. Staffing levels meant that people's needs, wishes and interests were supported.

Agency use had reduced significantly in the preceding months. This helped to promote continuity of care.

We heard from relatives that there had been some turnover of staff. They felt their loved ones had to re-establish relationships and trust when new staff started. We found, however, that there was a "good fit" between new staff and people in receipt of support. We based this on observations and comments received from people and their families and external professionals. Relatives commented:

"We think the support is very good. They [relative] have developed good relationships with staff."

"All of the staff are good - they [relative] get on well with them."

This was also reflected in comments we received from external professionals:

"The staff know their residents very well and are always able to provide us with high quality information to inform our assessments."

"The care given is first class in that staff take the time to get to know the service users, listen, or respond to their views and wishes and provide care accordingly."

Exit interviews were completed with staff to identify trends or themes and help inform future staff recruitment and approaches used to help retain staff.

Staff observations of practice had occurred but the manager should expand to cover a wider area to be confident that staff consistently follow best practice.

Staff shared that they were well-supported by the management team. There were regular staff meetings and planned supervision sessions.

Staff welcomed training opportunities and were of the opinion that training helped equip them with the right skills and knowledge to provide support to people.

A robust induction and probationary period had been developed. This meant that staff had good opportunities and space to become familiar with the routines, preferences and needs of each person prior to providing support.

There were good communication channels between the management team and support staff. Changes to the needs of people were shared through email communications, handover meetings and also staff meetings. This has helped to shape a consistent approach used by staff.

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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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