

Mears Nurseplus South Support Service

Mears Nurseplus
Algo Business Centre
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Type of inspection: Announced (short notice)
Inspection completed on: 11 May 2017

Service provided by:
Mears Care (Scotland) Limited

Service provider number:
SP2009010680

Care service number:
CS2015337009

About the service

The provider of the service is Mears Care (Scotland) Ltd, and are registered to provide a service to a maximum of 20 adults and children with additional health needs, including learning disabilities, physical disabilities and long term degenerative conditions, living in their own home. At the time of the inspection there were 10 people using the service and there were 56 staff employed. Some people's needs were complex and had input from nursing staff. There were packages of care in different areas such as Fife, Perth, Glasgow, Edinburgh, Falkirk and Stirling. Support workers also provided personal care to other services such as the prison service.

The aim of Mears NursePlus is to help clients both adults and children to live as independently as possible, with comfort, consistency, dignity and respect, by providing the right care, at the right time, in the right place whilst providing a clear clinical pathway with support for social needs.

What people told us

We spoke with two people and overall, they were happy with their support. One person felt things had improved. Another person said 'everything's perfect'. We spoke with three carers and overall they felt the service was good. One person felt the package was 'running smoothly', another person felt there had been some improvements but some issues remained unresolved.

Self assessment

We did not request a self assessment this year. We discussed the service's own development plan as part of this inspection.

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	2 - Weak

Quality of care and support

Findings from the inspection

People overall were happy with the service provided and told us that the new manager had made a positive impact on the service which improved the support people received. For example; there had been improvements in missed visits. The new manager was seen as approachable and effective at dealing with issues raised, such as staffing.

People told us that they liked the staff and thought they were respectful. The packages of care we saw were well established, which meant people knew staff well. Staff we spoke to were very aware of people's support needs. People felt their rights were promoted by staff such as, choice and independence. We observed that staff were respectful and caring, and showed a genuine interest to provide good support.

There needs to be an improvement in how often reviews take place. We found some people had not had a review of their support needs in over a year. People have a right to be included in their review and have a say about their support. The review format should include a section for people to comment on the service. (see recommendation 1) The manager was aware that reviews must take place and had begun to take this forward.

Overall, the support files we looked at needed to be updated, for example; some information was incorrect, some lacked dates and signatures and had not been reviewed for over a year. We felt there could be improvement to the risk assessments to ensure they identified what the risk was and how the risk could be reduced. It is important that staff have up to date information in how to support people and keep them safe. We discussed with the manager about reviewing some of the documentation so it was more appropriate for people using the service and more person centred to their needs, for example; more emphasis on social care. (see recommendation 1)

The service agreements we looked at had not been updated for a number of years. The information did not reflect the national care standards. We asked the manager to ensure the written service agreement reflected good practice. (see recommendation 2) This issue was raised at the last inspection and had not been achieved.

We found that team meetings had not taken place as regularly as found at the previous inspection. This meant that staff did not have the opportunity to discuss the support needs of people using the service with other staff. The manager was aware of this and had started to plan dates for meetings to take place.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To improve the support people receive the manager should ensure that the following are in place;

Each person using the service must have a review at least every six months and they should be involved in their review.

Support plans should reflect up to date support needs, and should be dated and signed. They should be person centred.

Risk assessments should reflect individual needs to ensure people are kept safe and should be reviewed at least every six months.

National Care Standards care at home Standard 3 : Your personal plan

2. The manager should ensure that the written service agreement reflects the national care standards so that people using the service are aware of how the service will meet their needs, and any terms and conditions applied.

National Care Standards care at home Standard 2 : The written agreement

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the service had a good recruitment process from the staff files we examined. Staff were not employed until all checks had been completed for example; PVG checks, to ensure vulnerable people were protected.

Staff felt they had a good induction which supported them in their work. They had opportunity to do shadow shifts to ensure they were aware of people's support needs. The induction training took place over a week and was detailed in supporting staff in their practice. It was good to see that staff working in complex care packages had their competency assessed on a regular basis.

Staff overall felt supported at work and were positive about the new manager. Some staff however, felt 'disconnected' from the office base and would like to see better communication. We discussed with the manager that some staff felt isolated and there was a need to ensure all staff were supported and had regular contact with the manager.

We found that some training for staff needed to be updated. The manager was aware of this and the co-ordinator was in the process of arranging training.

Supervision for some staff had not taken place for some months, which meant staff did not have the opportunity for one to one discussion on individuals they were supporting or about their own development and learning. The manager was working towards all staff receiving supervision over the next few months.

Spot check visits and direct observation of staff's practice was being taken forward again as this had lapsed. This helps to support staff in their learning.

We discussed with the manager that staff involved in the supervision of staff should have appropriate training to ensure staff were supported. The manager should also look at developing staff in leadership for example; Step into leadership with the SSSC, encourages all staff to be leaders.

We discussed SVQ training for staff and the need for support workers to register with the SSSC in October 2017. This was an area to be developed to ensure staff had the appropriate training to support them in their role.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We had some concerns in how effective managers were at investigating incidents involving poor staff practice. We found insufficient evidence from investigations that clearly stated the investigation process and outcome. We were concerned with the length of time taken to look into incidents about staff's practice. Although appropriate action was taken at the time to suspend staff, the follow up investigation and outcome was not clear. There was poor practice in reporting matters onto appropriate bodies such as the SSSC and NMC, or evidence that advice had been sought. We discussed the incidents with the new manager and head of service and identified where improvement was required. (see requirement 1)

From speaking to some staff and reading staff statements about poor practice from the investigations it was evident that there was a culture whereby staff felt issues were 'swept under the carpet and not dealt with appropriately. The manager and staff need to work together to develop an 'open' culture where staff's views are taken on board and action taken as required. It would be useful to discuss at team meetings the importance of reporting poor practice and reminding staff of the whistleblowing policy.

There was evidence of some quality audits in place however, these required to be more robust and link to improving the service and developing staff practice. We saw little evidence of feedback being requested from people using the service to help make improvements. We did see evidence that the new manager had taken appropriate action in following up on issues raised by people using the service. The manager informed us that an internal audit of the service was due and the Care Inspectorate would receive a copy once completed.

Some people and staff commented that they did not get feedback when they raised issues. We asked the manager to ensure feedback was given to people using the service and staff so that people were aware of action taken to address the issues raised.

The manager should look to have in place a development/improvement plan to ensure that any areas of development/improvement are taken forward. This would be used at future inspections to monitor improvement.

The manager did not have an induction and was unsure of their responsibilities as registered manager for the service. The provider should ensure that an induction takes place so the manager is aware of their role and responsibilities in respect of the associated legislation and guidance. We signposted the manager to the Care Inspectorate web site for further advice.

Requirements

Number of requirements: 1

1. The provider must ensure that any allegation of poor practice is thoroughly investigated and appropriate action taken to improve practice or to report poor practice to the relevant bodies. The provider must ensure that as part of the quality assurance process such incidents are monitored to ensure effective and efficient action has been taken so that people using the service are protected from poor practice and potential harm.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a)

Timescale for meeting this requirement: on receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

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	
10 May 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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