

## Mears Argyll & Bute Care Service Housing Support Service

120 George Street  
Oban  
PA34 5NJ

Telephone: 01631 572060

Type of inspection: Unannounced  
Inspection completed on: 13 November 2017

**Service provided by:**  
Mears Care (Scotland) Limited

**Service provider number:**  
SP2009010680

**Care service number:**  
CS2009234912

## About the service

Mears Argyle and Bute Care Service is registered to provide a combined Housing Support and Support Service - Care at Home. It is part of the organisation known as Mears Care Scotland Limited.

The service provide a range of support including personal care to people in their own homes and covered the areas of Oban and Dunoon. Prior to the inspection we were made aware by the Provider that they intended to close the Oban office so we visited both Oban and Dunoon to evaluate the service. By the end of the inspection the Oban office had closed with people who used the service being supported by other care providers. The only office for this service is now in Sandbank a village next to Dunoon.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

## What people told us

During the inspection we visited ten people who use the service either in Oban or Dunoon where we also met with four relatives. The feedback that we received was generally positive about the care and support that people received with some mixed feedback around how the service communicates.

Comments we received included;

- "The carers have always been really lovely."
- "You used to get posted out a rota but this stopped in August."
- "The support is great, I can't think of any changes I'd make."
- "Every person that has come in has been nice."
- "I've had a young lady for the last two years she is superb."
- "They sometimes don't advice you of time changes."
- "I have had to phone social work when no one turned up."

## Self assessment

The service was not asked to submit a self-assessment this year. However we did look at the services own improvement plans and quality audits as part of our inspection.

## From this inspection we graded this service as:

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

## Quality of care and support

## Findings from the inspection

People told us that they are treated with respect by their staff. We saw several people being supported by staff and the staff appeared to have a good understanding and rapport with them.

We visited ten people at short notice and found they were being supported to live in nice environments. Meaning that where staff had to support someone with maintaining their homes they were doing this. People were also supported to maintain their personal appearances thereby treating them with dignity.

Some people we spoke with told us that they requested changes in the staff who provide their support and these were made. However we were also told that when different people organised their rotas, staff who had been removed were placed back on their rotas. This issue was specific to Oban where there had been a number of changes within the office staff and communication was not as tight as it could have been.

While staff support many of the people they work with to remain healthy by prompting or administering their medication, the written guidance for staff was confusing and at times contradictory. This increases the chances of mistakes occurring. (See recommendation one under this theme.)

The provider has now rolled out their tracking system for the whole of the Dunoon this should allow them to keep people safer as it automatically notifies the coordinators if someone has a missed or late visit, allowing them to take action. This system was not in use in Oban and some parts of the Dunoon service during the inspection and this made it hard to keep a real-time track on the service provided.

The provider had introduced new paperwork for care plans which was an improvement on the previous paperwork but this was not being widely used. Staff should receive training around outcome focused care planning to help them to improve care planning. (See recommendation two under this theme.)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should ensure that advice given to staff around medication is clear and consistent for each person they support.

In order to do this the service needs to:

- regularly review an individual's capacity to manage their own medication
- audit care plans to ensure that advice is consistent and old advice is archived
- adhere to best practice guidelines such as that produced by the Care Inspectorate.

This is a recommendation made against the NCS Care at Home Services, Standard 4, Management and Leadership.

2. The provider should support staff to improve care plans for people who use the service.

In order to do this they need to:

- Ensure staff responsible for care planning and reviewing receive outcome focused training.
- Staff are made aware of best practice information such as those produced by the Scottish Governments Joint Improvement Team; "Talking Points," & "Meaningful and Measurable Project."
- Care Plan audits comment on whether care plans have captured individual outcomes, tools such as those produced by Helen Sanderson Associates could help with this.

This is a recommendation made against the NCS Care at Home Services, Standard 4, Management and Leadership.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

Most of the feedback that we received from people who used the service was that they had positive relationships with staff and they felt that staff cared about them. Some people told us that they had been able to make decisions about their care; how and when it was delivered etc.

We sampled staff recruitment files and found the provider has safe recruitment procedures in place to ensure that they do not employ someone assessed unsuitable to work with vulnerable people. The provider could improve this procedure by routinely requesting a third reference from new candidates if either of the first two references offers limited information.

New staff are put through a standard induction process to allow them to support people safely. In addition the provider has organised for some additional training for particular staff where a need has been identified. How this is captured in training records should be clearer.

There were gaps within some of the training updates for staff within Oban however this was due staffing levels which made it difficult releasing staff from support work to complete training. This was a factor in the provider closing the Oban branch.

The service carries out spot checks on staff at work to ensure that they are following protocols and their schedules appropriately. The feedback we saw from these visits was positive. However if the frequency of visits was increased and there was better recording of outcomes this would improve the effectiveness of these visits.

We discussed with the management team that while people who use the service spoke warmly about staff they told us they were concerned about the hours that staff were working or the distances that they were covering. Staff need to aware that it is unfair to pass on personal issues to people who use the service. This should be discussed through team meetings and supervisions. (See recommendation one under this statement.)

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 1

1. The provider should improve the quality of the supervision provided within the service.

In order to do this the provider should review the quality of supervisions and not just the quantity of the meetings. The provider should also encourage supervision to be a reflective tool with staff.

This is a recommendation made against the NCS Care at Home Services, Standard 4, Management and Leadership.

Grade: 4 – good

## Quality of management and leadership

### Findings from the inspection

Confidence and trust in the way that the service was managed had been affected by periods of absence of the regular management team and temporary replacements who were less familiar with the service. This was particularly apparent in Oban where people raised issues with us about missed visits and poor communication. The provider accepted that when the service included Oban it was geographically too dispersed to be managed effectively by one manager. This wasn't regarded an issue in Dunoon where the service continues to operate.

People need to be confident that concerns that they raise will be acted upon, this was not always the case with the people we spoke with or whose files we read. The provider has a quality assurance procedure which includes making courtesy calls to people who use the service on a three monthly basis. We shared concerns with the management team that issues were raised during these calls which did not appear to be followed up. They agreed that this made them ineffective as a quality assurance tool. (See recommendation one under this theme.)

We read care reviews which discussed individuals changing needs but then could not see how the service had adapted or followed up review discussions. We saw several reviews that were unclear about what actions were required. We acknowledge that people on the whole were positive about the service in their feedback to us. (See recommendation two under this theme.)

We discussed at length with the management team that they had to review their quality assurance audits; it was clear that the provider's audit of the Oban office had missed several important issues which we identified. The provider should consider how it evaluates itself asking three key questions; What do we do well? How do we know we do it well? What do we need to improve?

In June and July the registered manager had been absent and the Care Inspectorate was not informed. This was due to a communication error caused by the registered manager being the registered manager for more than one service. The provider should learn from this for future reference.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 2

1. The provider should ensure that issues raised by people who use the service are followed up appropriately.

In order to do this they should;

- Routinely review courtesy calls as part of coordinators supervision sessions.
- Quality Assurance checks should include comment on the quality of courtesy calls not just the quantity of them.

This is a recommendation made against the NCS Care at Home Services, Standard 4, Management and Leadership.

2. The provider should ensure that reviews are outcome focused and clear about;

- What actions are required,
- Who is responsible for the actions,
- Reviewing actions have been carried out.

This is a recommendation made against the NCS Care at Home Services, Standard 4, Management and Leadership.

**Grade:** 3 - adequate

**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](http://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	
23 May 2017	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
24 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
1 May 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

Date	Type	Gradings	
26 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
21 Oct 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
20 Nov 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
19 Oct 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 3 - Adequate
4 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good



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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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