

Mears Nurseplus North Support Service

38 Longman Drive
Inverness
IV1 1SU

Telephone: 01463245989

Type of inspection:

Announced (short notice)

Completed on:

5 February 2019

Service provided by:

Mears Care (Scotland) Limited

Service provider number:

SP2009010680

Service no:

CS2014334276

About the service

This service registered with the Care Inspectorate on 8 April 2015.

The provider of the service is Mears Care (Scotland) Ltd. This care at home service works closely with a nurse agency - Mears Nurseplus North. The nurse agency comes under a separate registration and this report should be read in conjunction with the nurse agency inspection report which was completed at the same time.

This registration offers to provide a service to a maximum of 20 adults and children with learning disabilities, physical disabilities and long term degenerative conditions living in their own home. Registration to operate the care at home service was granted in April 2015. Support is currently provided in Aberdeen, Inverness and Highland area. The head office is in Alloa and offices are available in Aberdeen and Inverness. At the time of the inspection there were five service users with complex health needs being supported in their own homes, one in Aberdeen and four in Inverness area. Support was also given to help other care agencies to provide care at home in the Inverness area for people who had complex health issues.

It is the aim of Mears Nurseplus North as stated in their information brochure: 'is to help you to live as independently as possible, by providing the right care, at the right time, in the right place. We will ensure you have the right team trained to support your individual needs.

What people told us

Four care standards questionnaires were issued to the family of people who use the service. We received three completed questionnaires. All respondents agreed or strongly agreed with the statement: 'Overall I am satisfied with the standard of care I receive from this care service.

Self assessment

There was no request to submit a self assessment. We looked at evidence of how the service was improving.

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	4 - Good

Quality of care and support

Findings from the inspection

There were important strengths with some areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. Improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible

This small service provided specialist care at present to a few young people or children who had complex health issues and enabled them to remain in the community. Those spoken with were highly appreciative of the service. 'Without this service my daughter would have to be in hospital.'

Personal care plans provided very good detail about the support the service users needed and about the health equipment in use. People who used the service had a range of health conditions, and needed help for example with feeding tubes, perhaps with a tracheostomy, stoma care, ventilation and respiratory care. Care staff had received specific training to be able to offer this support, some being provided by NHS health professionals.

All those that received a service had a close relative who would be trained to provide all care necessary. When the relative was confident in the care staff, depending on the situation they might be able to leave the house for a short time while the care staff were there.

We found that although there was good communication within the service and with the families receiving a service there were few records about the reviews that were taking place. Due to the complex health conditions there were usually regular multi-disciplinary meetings. Management need to ensure that records are kept of reviews to show any changes to the care plans. Personal support plans should contain information about the person that helps staff to get to know the person as an individual. We saw that management had started to address this in one care plan. **(See recommendation 1)**

Generally care plans contained risk assessments to indicate to staff any action they needed to take to reduce significant risk. These were updated.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that care plans be improved by:

a) including person centred details about the individual for example, about their choices and preferences, their history and important people in their lives and about how they communicate.

b) reviewing the care plan at six monthly intervals or sooner if requested or there has been significant change. If appropriate the person receiving the service and/or close relative(s) should be included in the review. Minutes should be kept showing who attended, what was discussed, actions identified and who was responsible to carry these out.

This is to ensure that care and support is consistent with the Health and Social Care Standards 1.12 which states that; 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change,' 1.15 which states that; 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' and 2.9 which states that; 'I receive and understand information and advice in a format or language that is right for me.'

Grade: 4 - good

Quality of staffing

Findings from the inspection

There were some important strengths.

We found that recruitment procedures were robust and followed best practice. This would help to ensure only suitable persons were employed. New carers go through a 12 week employee engagement programme which provides a good system of training, support and assessment to ensure new staff are well prepared for their role. This was confirmed by staff.

Training was now monitored through an electronic tracker. Training team kept this up to date so that management could easily see each staff's training needs. All staff spoken with, indicated that their training was up to date. Staff thought the quality of the training was very good. This helped staff to feel confident in very demanding roles.

Care staff felt well supported by co-ordinator and management. There were difficulties providing opportunities for care staff to meet to discuss their work due to the limited size of the group and the wide geographical distribution of the staff. There were occasional meetings whilst there were training sessions.

Senior staff conducted practice observations to ensure care staff were meeting service users' needs. This strategy also helped to identify training needs. Staff confirmed that they received supervision from a senior and had an annual appraisal.

There were plans to ensure all care staff would be suitably registered with the appropriate qualification on the Scottish Social Services Council register as required.

Staff spoken with impressed with their enthusiasm and commitment to caring for the children and young people who used the service. They all felt a great deal of satisfaction with their work.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

There were a number of important strengths which taken together clearly outweigh areas for improvement.

The manager although not based in Inverness was easily contactable. She visited and worked from Inverness at least one day each week. Much was delegated to the local experienced co-ordinator who could deal with much of the day to day issues. The registered manager had other responsibilities within the company as head of care within Scotland. Therefore she usually spent a considerable part of the week working from the head office in Alloa and other offices.

Management sought the views of the people who used the service through survey, phone calls and reviews. These views helped to shape the progress of the service. The majority of responses were very positive. A relative commented through a survey questionnaire: 'I like having the team from Mears, most of them are very professional.'

People who used the service for instance a parent of a child or young person with complex needs would be involved in recruitment of care staff for their relative. This helped to ensure that the care staff would be suitable for that particular person.

The manager was involved in the assessment of individuals who used the service and completed care plans.

Local management conducted some audits including of medicine records and of the communication log that care staff kept at each service user's house on a daily basis. The service auditor conducted an internal audit annually. The last one suggested that medication record audits should be done soon after the record was completed. This would result in any issues being addressed quickly. The manager had put this into action. Management need to evidence that all parts of the service were being audited as to their performance. The service quality assurance processes should lead to the development of an ongoing improvement plan that indicates the future direction of the service. **(See recommendation 1)**

Overall it was evident that there were good outcomes for the people who used the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended that management ensure that the service quality assurance processes cover all aspects of the service. Management should make sure that all parts of the service were performing to a good level.

Management should use information from quality assurance system to develop an improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.19 which states that; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' and 4.23 which states that 'I use a service and organisation that is well led and managed.'

Grade: 4 - good

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

Recommendation 1

It is recommended that care plans be improved by:

a) including person centred details about the individual for example, about their choices and preferences, their history and important people in their lives and about communication.

b) reviewing the care plan at six monthly intervals or sooner if requested or there has been significant change. If appropriate the person receiving the service and close relative(s) should be included in the review. Minutes should be kept showing who attended, what was discussed, actions identified and who was responsible to carry out.

National Care Standards, Care at Home: Standard 3 - Your personal plan.

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

There was very good detail about interventions necessary to support health issues of individual service users. In one personal plan was a little detail about the individual personality of the service user though in general there was little to help identify the young person or child.

There was good communication between the office and the care staff though little evidence of at least six monthly reviews. There would be multi-disciplinary meetings though the service did not always have a copy of the minutes.

This recommendation to be continued. See Quality theme 1.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.15- My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs are met, as well as my wishes and choices.

1.23 - My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

Recommendation 2

Management should ensure that for each person who receives a service, a risk assessment be completed that includes significant risks to the person or care staff which care staff should know about. The risk assessment should evaluate the risk and identify ways of reducing the risk. These risk assessments should be reviewed regularly.

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

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

Personal plans looked at contained risk assessments that had been reviewed reasonably recently. Management should ensure that this good practice continues.

This recommendation has been met.

Recommendation 3

It is recommended that up to date records be kept of each care staff's training that indicates what they have achieved and what procedures they are deemed competent to perform. Given the specialist nature of the care provided it is important only competent care staff provide the necessary care.

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

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

Service have installed a new electronic system which is kept up to date about all training. Staff spoken with confirmed that their training was up to date.

This recommendation has been met.

Recommendation 4

It is recommended that all nursing and care staff receive appropriate supervision and monitoring to ensure they are competent and their practice is of a good standard. Management should encourage staff to develop their skills and knowledge.

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

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

There was evidence that staff received some supervision. Management had recently agreed to increase the amount of supervision care staff should receive. This should help to establish high standards of practice.

This recommendation has been met.

Recommendation 5

It is recommended that care and nursing staff meet on a regular basis to discuss their day to day work with a view to sharing best practice and successful strategies. Meetings should provide opportunities for staff support and development of skills relevant to their role.

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

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

This was a very small service with few care staff to cover the commitments they had. Also the service covered a very large geographical area making it difficult to pull workers together for meetings. There was good communication between care staff and management on a one to one basis. Management need to consider how care staff could be facilitated to be in touch with each other that would support them professionally.

Recommendation 6

It is recommended that management develop the audit systems to cover all aspects of the service. The systems should also include:

- a) ensure that the contents of the care plan are accurate and up to date and contain sufficient information to guide staff in their role with each individual person.
- b) medication systems are checked regularly to ensure that individuals get their correct medicines at the right time and the correct amount.
- c) audits of supervision, appraisals and practice observations.

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

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

There was evidence that some auditing was taking place. See quality of management and leadership.

Recommendation 7

Management should develop an improvement plan for the service. The plan would show in different ways how the service is committed to continuous improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This recommendation was made on 10 January 2018.

Action taken on previous recommendation

To be continued see quality of management and leadership.

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								
20 Nov 2017	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>3 - Adequate</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	3 - Adequate
Care and support	4 - Good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	3 - Adequate									
10 May 2016	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>3 - Adequate</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	3 - Adequate
Care and support	4 - Good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	3 - Adequate									

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