

Mears Care - North Lanarkshire Housing Support Service

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ML5 4AA

Telephone: 08452 668943

Type of inspection:

Unannounced

Completed on:

4 February 2020

Service provided by:

Mears Care (Scotland) Limited

Service provider number:

SP2009010680

Service no:

CS2010250092

About the service

Mears Care North Lanarkshire, provide a home support and care at home service to people living in their own home in North Lanarkshire. The service have an office based in Coatbridge in North Lanarkshire.

The service aims and objectives are:

"Provide personal and domestic assistance to enable people to remain in their own homes for as long as they wish and to provide such support as the service user requests in accordance with the care plan".

What people told us

During the inspection we consulted service users and their carers/families by telephone, questionnaires and home visits. The people that we spoke with spoke highly of the care and support that they receive from the support workers and the majority spoke of the importance of receiving the same workers consistently.

Some of the comments made:-

'Important requirement of personal plan is that care is carried out by familiar carers to client. This is met to an acceptable standard - well done'

'I would welcome name badges being worn by staff as I cannot always remember the names of carers who don't come frequently'

'Not enough time allowed for evening meal'

'It can be difficult for the older and forgetful clients to have various people coming and going... it would benefit the client to have a more specific group of carers'.

'Very happy with the service and the help and support my [relative] receives'.

'Happy with the girls that support me'.

'The majority of the time it is experienced carers who know me well'.

'They are great'.

Self assessment

A self-assessment was not requested prior to this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

At this inspection, we found that the service was performing at an adequate level for this theme.

The service offers personal care support and housing support to service users in North Lanarkshire. Service users receive support with a range of personal care tasks, shopping and some domestic duties. During the inspection, we found that these supports are improving outcomes for service users, such as receiving the necessary care support to enable them to remain in their own homes. Individuals spoke about being supported to remain as independent as possible in their own homes and feeling safe and cared for. We heard positive feedback about the continuity of staff and the positive relationships that had been formed.

The careplans provided good information regarding service users needs, abilities and preferences however, we found that improvements are necessary to ensure that this information is up-to-date and accurately reflects current needs and levels of support that is required. Similarly a large number of the risk assessments did not reflect current needs and we found a number of incidents where there was insufficient information in the plan and strategies to be adopted to reduce the risk. This also relates to safe medication practices as we found the assessment of need did not reflect the actual needs and the support being provided. We found that careplans did not have accurate information in relation to individuals needs including, moving and handling, skin care, medication, eating/drinking and toileting. In the cases that we observed, we found that the risks were reduced due to the continuity of the staff providing the care who had a good knowledge of the individuals needs and preferences. However, if the worker was to change this information would be lost. The Care Inspectorate has previously made requirements in relation to care planning, medication management and risk assessments, these will be repeated (see outstanding requirements/recommendations for further information).

We found that reviews are not being carried out in line with legislative requirements and this accounted for many of the inaccuracies in care plans and risk assessments (Requirement 1).

Since the last inspection, the service has introduced a digital technology and whilst we appreciate the benefits of such methods we expressed concerns regarding the access to this information, particularly service users and their carers/families along with other relevant parties such as, community and emergency services. The support workers rely on accurate and up-to-date information on their phones however, we came across a staff member who had not been issued a phone and also a large number of care plans have not been entered into the system therefore, staff are not able to access essential information.

During the inspection, we identified that concerns/complaints are not always being handled in line with good practice or the organisations policy and procedure. All staff must have a clear understanding of their role and responsibilities in line with the organisations policy and procedure. This is to ensure that complaint management is consistent with the Health and Social Care Standards which state:

"I know how, and can be helped, to make a complaint or raise a concern about my care and support"(Health and Social Care Standard 4.20);

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me"(Health and Social Care Standard 4.21).

Requirements

Number of requirements: 1

1. The provider must review all personal care plans at least once in every six month period and more frequently where circumstances require this, in particular;

- (a) when requested to do so by the service user or any representative; and
- (b) when there is a significant change in a service users health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly.

This is order to ensure care and support is consistent with the Health and Social Care Standard which state:

"I am fully involved in developing and reviewing my personal plan, which is always available to me" (Health and Social Care Standard 2.17).

It is also necessary to comply with Regulations 5 (2) (b) (i), (ii), (iii), (c) and (d) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

At this inspection, we found that the service was performing at a good level for this theme.

During the inspection, we shadowed a number of support workers in the community. They demonstrated a strong value base aimed at upholding dignity and respect in service user homes. We observed support workers applying good practice in terms of infection control, moving and handling safely and showed good knowledge of the individuals needs and preferences. The workers presented as motivated, to improve the lives of the individuals that they were supporting and we observed workers providing support in a caring and compassionate manner.

The service has good methods in place to check the appropriateness of staff to work in the community, including the recruitment and registration with Scottish Social Services Council. These methods are adopted to ensure that only appropriate members of staff are employed as a means of improving the safety of service users.

The workers spoke positively about their experience of communicating with the office team and the manager. They are given some opportunities during the year, to meet with their line managers and discuss practice issues and along with their own learning and development needs. We offered suggestions about how this could be delivered in a more effective manner in order to identify learning needs that apply to their individual practice. The service ensures that mandatory training is undertaken however, there is little to no opportunity for further training to support individuals with health issues such as Parkinson's, epilepsy or sensory impairments. Also, the majority of the workforce have not undertaken dementia training at skilled level as outlined in the Promoting Excellence Framework (previous recommendation).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection, we found that the service was performing at an adequate level for this theme.

The management should review how the service demonstrates an oversight of the service particularly in relation to responding to feedback, managing complaints, accidents/incidents, protection cases and service delivery problems and how all this information is incorporated into an effective improvement plan. We discussed this during the inspection and at feedback and the manager expressed their resolve to prioritise and address these areas.

Since the last inspection, there have been a number of organisational changes along with changes in the team. It is apparent that the care team have been unable to keep up with the pressures of introducing new careplan/review documentation which has led to review timescales exceeding the maximum six months and careplans, risk assessments and other documentation being out of date and not reflecting current health, welfare and safety needs. We would urge the provider to review the capacity of the team in undertaking their job roles and duties.

The provider needs to provide the support necessary for the service to meet the outstanding requirements/recommendations made at previous inspections or following complaint investigations.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must ensure that comprehensive risk assessments are in place for all service users, to guide staff as to what the risks are and the measures in place to minimise these. These must include but are not limited to:

- Use of hoists and slings
- Service users with poor mobility
- Service users with risks of falls
- Service users with behaviours that challenge
- Service users prone to choking

This is to comply with SSI 2011/210 4 Welfare of users

This requirement was made on 18 October 2017.

Action taken on previous requirement

Risk assessments are incorporated into each care plan and outline any risks and risk control measures to try to prevent any incidents or accidents. However, these were out of date and not reflecting current needs. It was our view that some of these required more detailed information as to the risk management plan.

This requirement will be repeated.

Not met

Requirement 2

The provider must ensure there is clear information in every care plan to support service users in the way they prefer. The care plan must inform staff what service users can do independently and what they need assistance with. If a service user requires equipment there must be clear guidance for how staff assist with this in their care plan.

This is to comply with SSI 2011/210 5 Personal plans.

This requirement was made on 18 October 2017.

Action taken on previous requirement

Care plans we looked at had very detailed guidance for staff to support service user with tasks such as personal care. The plans were person centred and really focused on what support was needed, how this should be carried out and also what the person could do independently. Each care plan had "this is how I would like you to support me". This gave detailed directions for staff to offer consistent support which can be important for people using services. However, the majority of cases that we sampled contained out of date and therefore inaccurate information regarding the individuals health, welfare and safety needs (see Quality of Care and Support and Quality of Management and Leadership for further information).

This requirement will be repeated.

Not met

Requirement 3

The provider must ensure that medication is managed in a manner that protects the health and wellbeing of service users. In order to do this the provider must:

- Ensure that medicines are administered as instructed by the prescriber
- Ensure that staff follow the provider's policy and best practice about medication administration records and documentation
- Ensure that Medication Administrative Record (MAR) charts are used when staff are directly administering medication to people who can otherwise safely take medication as prescribed.

This is to comply with SSI 2011/210 regulation 4-requirement records all services must keep and SSI 2011/210 regulation 4 Welfare of users and SSI 2011/210 regulation 15 staff training

Timescale: to be fully met by 30 April 2019

This requirement was made on 4 January 2019.

Action taken on previous requirement

During the inspection, we found that the assessed need was not in line with the current needs. This is in relation to actual medication and level of support that was required. We also found a number of errors in the recording of medication needs and the support given. It is essential that these issues are resolved as a matter of priority in order to protect the health and wellbeing of service users.

This requirement will be repeated.

Not met

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

Previous recommendations

Recommendation 1

Personal Development Plans should identify training and development needs.

National Care Standards, Care at Home, Standard 4, Management and Staffing

This recommendation was made on 28 October 2016.

Action taken on previous recommendation

The personal development plans fail to identify the training and development needs of the workforce and there is a lack of reflective practice being used to give staff the opportunity to explore any practice issues that could have been improved. We spoke at length with the team regarding how this could be improved and for this training to be planned and facilitated.

This recommendation has not been met and is repeated.

Recommendation 2

All staff who work closely with service users with dementia should be trained to skilled level dementia.

National Care Standards, Care at Home, Standard 4-Management and Staffing

This recommendation was made on 18 October 2017.

Action taken on previous recommendation

The majority of the workforce have not undertaken dementia training at skilled level as outlined in the Promoting Excellence Framework.

This recommendation has not been met and is repeated.

Recommendation 3

Six monthly review documentation should be improved to be person centred.

This is to comply with Health and Social Care Standards 1.19 My care and support meets my needs and is right for me.

This recommendation was made on 4 January 2019.

Action taken on previous recommendation

A review is designed to capture relevant parties views on the support that is provided and any changes in the individuals needs and circumstances. The new documentation does not offer transparency on this discussion. This change does not demonstrate a more person centred approach and we also found that the service is not reviewing in line with the legislative requirements: max six months, when circumstances change and if requested by the service user or a representative.

This recommendation has not been met and is repeated.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 13 Nov 2018 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good |
| 18 Oct 2017 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate |
| 28 Oct 2016 | Unannounced | Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good |
| 1 Dec 2015 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good |
| 9 Mar 2015 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate |
| 4 Aug 2014 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 7 Oct 2013 | Unannounced | Care and support 4 - Good Environment Not assessed |

| Date | Type | Gradings |
|-------------|-------------|--|
| | | Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 14 May 2013 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 25 Jan 2013 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 23 Aug 2012 | Unannounced | Care and support 1 - Unsatisfactory Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak |
| 7 Mar 2012 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate |
| 25 Nov 2010 | Announced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed |

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