

## Mears Supported Living - Aberdeenshire Housing Support Service

Mears Care  
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**Type of inspection:**  
Unannounced

**Completed on:**  
9 September 2021

**Service provided by:**  
Mears Supported Living Limited

**Service provider number:**  
SP2020013554

**Service no:**  
CS2020380530

## About the service

Mears Supported Living - Aberdeenshire provides support to people in their own and small shared tenancies. At the time of the inspection, the service was supporting approximately 60 people across the north of Aberdeenshire.

The service aims to: "work in partnership with commissioners and others to develop and deliver high-quality care and support services. Our goal is to provide care based on an enabling approach with an outcome-focused support planning process".

This service has been registered since 21 September 2020.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

We spoke to a number of people to gain their experiences of the service. Some people told us they felt the service was very responsive to the needs of people experiencing care. They felt that any issues were quickly responded to and that the staff do a good job.

Some, however, had a different experience. Some people felt that the service was slow to respond to changes and couldn't always see progress with agreed actions. Some felt activities could be expanded more.

People told us that there was adequate communication from staff in specific services but there had not been a coordinated formal communication from the provider throughout the pandemic. This meant that people were not always clear regarding changes as restrictions have lifted.

## 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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

We evaluated the service as adequate at supporting people's wellbeing. This is because the strengths of the service just outweighed the areas which the service requires to improve.

Staff interactions were mostly warm and caring. Whilst we observed people being supported in a responsive and compassionate way, we saw areas of support which had the potential to compromise people's

independence and choice. There were a number of restrictive environmental features, such as locked doors and monitors throughout people's homes. We were not assured that the legal arrangements around these restrictions had been fully considered and implemented. It is important that any restrictions around people's choice and independence are kept to a minimum and that the service does not adopt a risk averse approach (see area for improvement 1).

Support plans clearly identified people's wishes and preferences. These were not always reflected in daily practice. We saw occasions where people were being discouraged from undertaking their normal daily activities due to increases in Covid-19 rates in local areas. This could result in people experiencing a lack of sense of worth and engagement with life. Where people had links with family, we saw these detailed in support plans. The service had supported people to keep in contact with family using alternative methods throughout the Covid-19 pandemic when people were unable to meet. However, there were still some limitations in place. It is important that the service supports safe visiting and opportunities to go out in order to reduce the potential for social isolation. The service acknowledged there had been some updates to the guidance and would be responding to these.

People had support from a range of visiting health professionals and comprehensive specialist health assessments. Staff had undertaken specific training relevant to the needs of the service and this ensured that support delivered benefited people's health and wellbeing. Staff knew people well and were effective at monitoring, reporting, and responding to changes in people's health and wellbeing. This had resulted in people engaging in support from additional sources, ensuring that people received the right support at the right time.

## Areas for improvement

1. The service should improve the processes to ensure that decisions with a potential to limit an aspect of the person's choice and freedom are least restrictive and based on the person's best interests.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used" (HSCS 2.7); and "If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively" (HSCS 1.3).

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

### 7.2 Infection prevention and control practices are safe for people experiencing care and staff

We evaluated the service as adequate with infection and control practices. This is because the strengths of the service just outweighed the areas which the service requires to improve.

Staff had been provided with specific training on Covid-19 but this had not been refreshed since the outset of the pandemic. This meant that staff were not always up to date with the most recent guidance. Staff were able to describe the signs and symptoms of Covid-19 for both themselves and people using the service and how they would respond if any cases were identified. It was positive that some staff had a good understanding of safe infection prevention and control practices. This meant that risks from any potential spread of infection would be minimised and people would be able to access treatment as required. However, there was a lack of consistency in the use of appropriate personal protective equipment (PPE), such as

inconsistencies amongst the staff team regarding which items of PPE to use and for what tasks. There were sufficient supplies of PPE, however it was not always stored correctly in accordance with best practice guidelines. This increased the risk of cross contamination and meant that, at times, staff and people within the services would not be adequately protected.

People's living environments were clean and homely and people appeared to be comfortable with their personal items around them. Staff supported people with cleaning to an adequate standard which reduces the risk of the spread of infection. Schedules were in place to ensure regular cleaning of people's homes and communal and staff areas. However, some communal areas required to be decluttered to enable effective cleaning **(see requirement 1)**.

## 7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care

We evaluated the service's leadership and staffing arrangements were adequate. This is because the strengths of the service just outweighed the areas which the service requires to improve.

It was positive that a staffing contingency plan had been identified at the start of the pandemic to ensure that people would continue to receive a service in the event of absence related to Covid-19. We heard, however, about the significant challenges in recruitment and retention of staff. People told us how this impacted negatively on their experiences, sometimes resulting in an increase in distress due to different people providing support. This also impacted on staff experience, with some staff working excessive hours. The service, therefore, needs to revisit the contingency plan, taking into account existing staffing challenges, to identify solutions that will minimise the disruption to people in the event of staff absence.

Staff were kept up to date with memos from the provider regarding changing guidance but written information available in services was not always the most recent. This meant it was difficult to easily access the most relevant guidance and information and led to confusion, for example regarding correct testing processes. Staff were engaging in weekly polymerase chain reaction (PCR) Covid-19 testing but there was no policy in place requiring staff to undertake twice-weekly lateral flow device (LFD) tests. The provider requires to implement staff testing in line with national guidelines in order to identify confirmed or suspected cases at the earliest point to prevent the spread of infection **(see requirement 1)**.

## Requirements

1. The provider must ensure that people are supported by staff that are trained, competent, and skilled in the use of PPE and that staff testing arrangements are in line with current guidance.

By 31 October 2021, the provider must improve infection prevention and control practice. In order to achieve this, the provider must adhere to the following:

- Provide refresher training and guidance to staff in the use of PPE.
- Implement a process of regular audits to ensure high standards are maintained and areas for improvement are identified and acted on.
- Implement twice-weekly lateral flow device testing for all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes" (HSCS 3.14)"

It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/2010) Regulation 4(1)(d) - Welfare of Users; and Regulation 15(b)(i) - Staffing.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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