



The Regulation and
Quality Improvement
Authority

Mears Care
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**Unannounced Care Inspection
of
Mears Care Northern Ireland Ltd, Omagh**

18 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 18 June 2015 from 09.30 to 15.00 hours. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the registered manager Ann McCrystall as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mears Care (Northern Ireland) Ltd (Omagh)/Mr Alistair Christopher Fitzsimons	Registered Manager: Mrs Margaret Ann McCrystall
Person in charge of the agency at the time of Inspection: Mrs Margaret Ann McCrystall	Date Manager Registered: 22 June 2012
Number of service users in receipt of a service on the day of Inspection: 187	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and co-ordinators
- Consultation with staff
- Staff surveys review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and eight relatives, either in their own home or by telephone, on 10 and 11 June 2015 to obtain their views of the service. The service users interviewed live in Fintona and surrounding areas and receive assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service
- Housework.

The UCO also reviewed the agency's documentation relating to five service users.

On the day of inspection the inspector met with four care staff to discuss their views regarding care provided within the agency, staff training and staffs general knowledge in respect of the theme areas reviewed. Staff feedback is contained within the body of this report.

The following records were examined during the inspection:

- six service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements;
- six service user records in respect of the agency quality monitoring via telephone or face to face contact and trust review process;
- four service user home recording books;
- six co-ordinator/staff daily communication logs regarding specific service user changing needs;
- four staff quality monitoring and supervision records;
- staff training in the area of Dementia;
- staff rota's for two staff members;
- service user compliments received by the agency from January 2015 to May 2015;
- annual quality report for staff and service users.
- procedure for management of missed calls;
- procedure for non-attendance of care staff at service users home;
- seven management staff daily contact log records/on call logs for October and December 2014 and May and June 2015;
- two missed call records and follow up with staff members and trusts;
- one late call record and follow up with service user and staff member;
- three communication records with trust professionals.

5. The Inspection

Profile of Service

Mears Care Omagh is a domiciliary care agency which is based in Dergmoney House, 41a Dublin Road, Omagh and serves the Tyrone area of Northern Ireland. Under the direction of the registered manager Mrs Ann McCrystall, staff of 79 (an increase of 13 since the previous inspection) provide a range of services to 187 people (an increase of 17 since the previous inspection) living in their own homes. They provide personal care assistance, social support and domestic duties to service users. The majority of service users are older people, but they also provide services to those with a learning disability and / or a physical disability that require assistance to maintain an independent lifestyle. The Western HSC Trust commissions their services and the agency also has two self-funding service users through direct payments.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 7 May 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.3	The responsible person is recommended to ensure records are maintained of supervision meetings with the registered manager in line with their procedure.	Met
	Action taken as confirmed during the inspection: Review of four supervision meetings taking place during February, March, April and May 2015 confirmed standard 13.3 had been met. All records had been signed off by both manager and registered person Alistair Fitzsimmons.	
Recommendation 2 Ref: Standard 3.3	The registered manager is recommended to ensure individual care plans and risk assessments include specific management plans relating to the area of restraint.	Met
	Action taken as confirmed during the inspection: Review of two service user files with bedrails in place confirmed information pertaining to staff practice around such restraint. The risk assessments clearly detailed when the bedrails were to be in place to ensure service user safety.	

<p>Recommendation 3</p> <p>Ref: Standard 5.2 and 5.6</p>	<p>The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The agency's log sheets reviewed by the RQIA UCO in five service user files found a small number of entries had not been completed appropriately by the carers. Three service users were receiving assistance with medication; one file did not contain a medication log sheet and two records were not being consistently completed by the carers. All matters were discussed with the registered manager pre inspection and during the inspection day and recommended for attention.</p> <p>Review of a further four service user log books during inspection confirmed full and accurate recording.</p> <p>The registered manager also evidenced for the inspector a monthly log of recording audits. This is undertaken by the co-ordinators and manager to ensure shortfalls in individual staff members recording practice are reviewed over the course of the year and addressed as necessary.</p>	<p>Met</p>
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5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained a reasonable level of information regarding service user and/or representative's views. The referrals detailed a care plan and risk assessment. The agency care plans and risk assessments completed at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible and this was confirmed during the UCO visits with service users and their relatives. The person centred assessment of need, risk assessments and care plans reviewed during inspection were found to be kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. Regular communication of updates with staff members were confirmed during inspector discussions with staff on the inspection day. Service user guides and agreements had been provided to service users and were signed by service users or their relative.

It was good to note that service users or their representatives spoken to by the UCO are included in decision making regarding their care plan, either at service commencement or

during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys from the agency.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to four service users were reviewed by the UCO during the home visits. The files reviewed contained a copy of the service user's care plan and risk assessment and were accurate, up to date and included basic information regarding the service user's condition.

The agency's log sheets reviewed by the UCO in five files highlighted a small number of entries had not been completed appropriately by the carers. These matters were discussed with the registered manager during inspection and recommended for attention and follow up during staff quality monitoring in the future.

Three service users are receiving assistance with medication; one file did not contain a medication log sheet and two records were not being consistently completed by the carers. Discussions with the registered manager during inspection highlighted that the agency were not completing medication for one of the identified service users, administration takes place at a morning call when another service is providing the care. A second identified service user during the UCO visits only had topical medication application confirmed by the trust in the days leading up to the inspection hence why the record had not been completed consistently (as staff were not commissioned to apply same). The registered manager had followed up on all matters in a swift timeframe following the UCO feedback pre inspection.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. Two relatives had made complaints regarding standard of work and missed calls; both confirmed their satisfaction with the outcome. Discussion with the registered manager during inspection confirmed that neither of these matters had been made as formal complaints but were followed up appropriately by the agency upon notification.

Management visits are taking place on a regular basis to discuss their care, however none of the people interviewed were able to confirm that observation of staff practice had taken place. Review of staff quality monitoring during inspection confirmed an appropriate process and timeframes for staff observations. A number of the people interviewed were able to confirm that they have received a questionnaire from the agency to obtain their views of the service.

Evidence of the annual quality report for 2015 was reviewed during inspection, completed in May 2015 but has not been shared with service users to date.

The agency had not received any formal complaints since the previous inspection hence records were not reviewed.

The compliments records for two service users reviewed during inspection contained positive feedback regarding the care provided.

The most recent monthly monitoring reports were reviewed, however, they were found to be lacking in qualitative information relating to quality monitoring feedback and actions taken. This area was discussed with the registered manager during inspection, and is recommended to be addressed. Such reports are recommended to evidence how working practises are being systematically reviewed along with information relating to ongoing quality monitoring feedback. A requirement and recommendation has been made within the QIP in this respect.

Service user records viewed in the agency office evidenced how feedback received had been followed up. These records found that the agency carried out care review visits with service users at least annually and generally more frequently or when changes to their needs were identified.

Four staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. Staff discussed how processes such as staff meetings, daily contact with co-ordinators share ongoing changes to service user's needs and evidence of these processes were reviewed during the inspection day. Additional staff training is also provided in the areas of dementia and heart start to ensure staff are appropriately knowledgeable in service users specific needs.

Eight staff surveys were received following the inspection day. These confirmed that staff were satisfied with the training received in relation to core values, communication methods and mental health care.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

The majority of the people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Mears Care Agency. One service user raised an issue with the UCO and one relative felt that care can be rushed; both cases were discussed with the registered manager pre inspection and during the inspection day and are being appropriately followed up by the registered manager.

Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "No concerns about the carers."
- "Well looked after."
- "The agency provides a good service."
- "It gives the family peace of mind to know that someone will be calling with my XXX and they get on so well together."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included working with service users with limited verbal communication and mobility. Staff spoken with during the inspection day discussed communication techniques used in communicating with service users with limited/affected speech due to CVA.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits, by telephone or annual surveys for the agency.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme one for most areas reviewed. Staff recording in service user's homes was highlighted during UCO visits for review in a small number of cases and this was discussed with the registered manager during inspection. It is recommended that the agency include commissioners in the annual quality review process and annual report. The registered person is also required and recommended to complete a monthly quality monitoring report in line with Regulation 23(1)(5) and Standard 8.11. All matters have been detailed on the QIP.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes were reviewed in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed and late calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. Review of staff rota's during inspection for several staff members reflected a process for allocating the staff numbers to service user calls however the inspector was unable to verify the effectiveness of this rostering system given that the inspection day only presents an overview of the system.

Overall on the day the inspector found that care delivery was safe.

Is Care Effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping, however there were mixed results regarding the agency contacting the service user if their carer has been significantly delayed. Review of one record during inspection evidenced the co-ordinator contacting a service user to inform them of staff delay. The registered manager did highlight that late calls would not be a common occurrence in the service but did acknowledge that such communications may not always be logged and would be in the future.

Two relatives advised that there had been an issue with calls being missed by the agency. One of the relatives had made a complaint regarding this matter and was satisfied of the outcome. Both matters were reviewed during inspection and had been appropriately followed up with the service users, relatives and commissioners as appropriate.

Procedures in place for staff quality monitoring and supervision were reviewed during inspection. Disciplinary processes were discussed during inspection as appropriate for staff members where issues had arisen around missed or late call times however no such cases had arisen which could be reviewed at inspection. Monthly monitoring processes and reports are currently in place but require further development to include qualitative assessments on feedback sought from service users, relatives and commissioners. Implementation of this process is required and recommended in the QIP to reflect ongoing review of missed or late calls and actions being taken by the agency to monitor and improve processes to ensure missed or late calls are kept to a minimum.

Staff interviewed on the day of inspection confirmed that they felt supported by senior staff, demonstrated a clear understanding of their reporting processes if running late for next service user visit or were unable to gain access a service user's home.

Overall on the day the inspector found that care delivery was effective.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality in general was good. Staff were considered to be appropriately trained and skilled and delivering compassionate care. Where issues arise service users described appropriate communication processes in order to keep them informed.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The agency has met the required standards in respect of theme two for all areas reviewed. The monthly monitoring report as previously identified under theme one is reflected in the requirement and recommendation for theme two.

Number of Requirements:	1	Number of Recommendations:	1
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5.3 Additional Areas Examined

Incidents

From a review of RQIA's notification of incidents information, no matters have been reported since the previous inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Ann McCrystall as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23(1)(5)</p> <p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>The system shall provide for consultation with service users and their representatives (on a monthly basis).</p> <p>As discussed within theme one and two of the report.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A system for evaluating the quality of the services provided has been put in place where Mears Care consult with service user and their representatives on a monthly basis.</p>

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 18 September 2015</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in the process (to include commissioners)</p> <p>As discussed within theme one of the report.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The quality of services provided are carried out and evaluated on at least an annual basis with follow up action taken. The annual report will now seek views from key stake holders including commissioners.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be Completed by: 18 July 2015</p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>As discussed within theme one and two of the report.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The registered person will monitor the quality of the services and complete a monitoring report on a monthly basis.</p>

Registered Manager Completing QIP	Ann McCrystall	Date Completed	05/08/15
Registered Person Approving QIP	Alistair Fitzsimons	Date Approved	12/08/15
RQIA Inspector Assessing Response	A.Jackson	Date Approved	17/08/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address