



The **Regulation and  
Quality Improvement  
Authority**

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

**18 June 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 18 June 2015 from 09.15 to 15.45 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mears Care (Northern Ireland) Ltd/Alistair Fitzsimons	<b>Registered Manager:</b> Joan Telford
<b>Person in charge of the agency at the time of Inspection:</b> Joan Telford	<b>Date Manager Registered:</b> 1/09/2009
<b>Number of service users in receipt of a service on the day of Inspection:</b> 486	

## 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**

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 the responsible person
- Consultation with six care staff and one supervisor
- Staff surveys review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and sixteen relatives, either in their own home or by telephone, on 2 and 3 June 2015 to obtain their views of the service. The service users interviewed live in Lisburn and surrounding areas and receive assistance with personal care, medication, meals and security calls. Feedback received is included within the body of this report.

On the day of inspection the inspector met with six care staff and one supervisor 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:

- Four service user records in respect of referral, assessment, care plan and review
- Information and agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring via face to face contact and trust review process
- Four staff meeting agendas and minutes for September 2014 and February 2015
- Two staff weekly memo's regarding specific service user needs
- Five staff quality monitoring records
- Overall rota for individual run
- Service user compliments received by the agency from January 2015 to May 2015
- Three complaints records
- Quality Assurance Manual
- Annual quality report
- Access NI Compliance Audit report May 2015
- Belfast Trust annual contract review meeting minutes April 2015

- Procedure for management of missed calls
- Procedure for non-attendance of care staff at service users homes
- Management staff daily contact log records/on call logs for May and June 2015
- Two missed call records and follow up with staff members and trusts
- On call rota
- Two communication records with trust professionals
- Duty file
- Two incidents reportable to RQIA in 2014/2015.

## 5. The Inspection

### Profile of Service

Mears Care (Lisburn) is part of Mears Care Group Northern Ireland Ltd; a national company. Services are provided to 486 service users by a team of 230 staff. The registered manager is Mrs. Joan Telford. Services are provided in the geographical areas of Lisburn and the surrounding countryside, and also in south and west Belfast. Services are provided to older people, people with a physical disability, adults with a learning disability, and those with mental health care needs. These services range from personal care to social support and are provided to those living in their own homes. The South Eastern HSC Trust and the Belfast HSC Trust commission their service.

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 1 May 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 13.3	The responsible person is recommended to ensure records are maintained of supervision meetings with the registered manager in line with your procedure.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that the responsible person had completed supervision meetings with the registered manager in line with their procedure. Records viewed for March, April and May 2015 had been signed off by both parties.	
<b>Recommendation 2</b> 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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Records viewed within a sample of three service user files, confirmed that individual care plans and risk assessments had been expanded to include specific management plans relating to the use of bedrails and lap belts.</p>	
<p><b>Recommendation 3</b>  <b>Ref:</b> 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>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> A revised audit system regarding service user records had been implemented since previous inspection, with staff appointed with specific responsibility in this area and care staff training updated. Four service user files were reviewed which contained a copy of the service user's care plan, risk assessment and were accurate, up to date regarding the service user's condition. The agency's log sheets in the files reviewed were being completed appropriately by the carers.</p>	

### 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 social workers via the brokerage system contained limited information regarding service user and/or representative's views. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

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.

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 in the files reviewed were being completed appropriately by the carers.

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.

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. One complaint had been made regarding missed calls; the outcome was satisfactory. One relative has ongoing issues regarding the care package not suiting the needs of their service user; the matter is ongoing with the registered manager and care manager. Records were reviewed by the inspector relating to this service user and confirmed that the matters have been appropriately managed by the agency and the trust care manager.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. Management visits are taking place on a regular basis to discuss their care and observation of staff practice had also taken place in their home. Records viewed in the agency office confirmed that service user quality monitoring visits along with direct observation of staff practice was carried out within service user's homes on a regular basis. Some staff practise issues were identified during these spot checks relating to timekeeping and each had been effectively addressed with that member of staff. The staff supervisor interviewed on the day of inspection described her role in ensuring care staff practices are maintained and the value of supporting those staff in providing a high standard of care to service users.

The agency has a Quality Assurance Manual in use which contained records relating to all areas of quality management undertaken. Evidence of the annual quality report for 2015 was also reviewed during inspection completed in May 2015 but has not been shared with service users to date. The views of service users, representatives and care staff were included; however the views of the commissioners of their service were not included and this is recommended to be addressed. A separate report was viewed relating to their Annual Contract Review meeting in April 2015 with the Belfast Health and Social Care Trust which was found to be positive.

The complaints records sampled during inspection were found to be appropriately detailed and demonstrated the actions taken to resolve the matters in a timely manner.

The compliments records reviewed during inspection contained extremely positive feedback regarding the care provided and these had been shared with staff at team meetings and individually.

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 responsible person during inspection, and is recommended to be addressed.

Such reports are recommended in evidencing 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 e.g. bedtime call changed to a later time as requested. These records found that the agency carried out care review visits with service users at least annually, or when changes to their needs were identified.

It was noted in one of the records that care staff identified that a service user with dementia required additional prompting and assistance during mealtimes, this had been discussed with the registered manager; subsequent records confirmed that the care manager, family and agency reviewed the care needs of this service user and additional call time was allocated to meet this change in care need.

The inspector viewed information relating to Dementia Care Workshops for service users and their families, in partnership with the Alzheimer's Society, where they were invited to share learning and information, most recently held February 2015, this is to be commended.

Six 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 explained how information is shared individually, during staff meetings and via memo's regarding changes to service user's needs and evidence of these processes was reviewed during the inspection day.

Staff training records evidenced that the subjects of dementia awareness and palliative care had been provided to care staff to meet service user's specific needs. Eight staff surveys were received following the inspection day. These confirmed that staffs were satisfied with the training received in relation to core values, communication methods and mental health care. One of the staff questionnaires contained the comment, 'training is brilliant'.

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

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Mears Care Agency. 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.

No concerns were raised regarding the carers treating the service users with dignity or respect. However one relative felt that care is sometimes being rushed, this was discussed with the registered manager on day of inspection and is being reviewed. 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:

- "Very pleased with the service."
- "Very good carers; bubbly and friendly which I like."
- "No problems with them."
- "Never had any complaints."

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 for example working with service users with limited mobility. One service user felt that new carers needed additional training in regards to catheter care. The records evidenced that additional training and been provided to care staff.

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

### Areas for Improvement

One area for quality improvement was found in relation to this theme. The registered person is required and recommended to complete a monthly quality monitoring report in line with Regulation 23(1)(5) and Standard 8.11. This matter has been detailed on the QIP.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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 relating to communication channels with service users and their relatives were viewed. These included daily contacts, on call arrangements and management of missed calls. Where relevant, records confirmed that information had been communicated to the commissioning trust via telephone calls and emails. Review of staff rota's during inspection for a staff, service user and locality areas reflected a process for allocating the staff numbers to service user calls.

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

### Is Care Effective?

The UCO was informed by the majority of 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 service users if their carers have been significantly delayed and it would be good practice for the agency to do so when possible.

One relative advised that there had been an issue with missed calls; however the matter was addressed to their satisfaction following their complaint.

Review of communication records on the agency computer system evidenced contact with service users and/or relatives had taken place to advise if care staff were running late for their planned visit.

The registered manager explained that on occasions, calls were noted as 'missed' when in fact the service user had not been home, but the agency had not been informed by the care manager/social worker / hospital discharge team or family. This was verified on review of the on call log records.



Staff interviewed 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. One of the eight staff surveys received included the following comment; 'I would like more time allocated to listen and talk to service users.' Minutes of the management team meetings confirmed staffing levels are reviewed weekly and appropriate actions taken when potential problems identified.

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.

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

### **Is Care Compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Mears Care Agency. No concerns were raised regarding the carers treating the service users with dignity or respect.

Examples of some of the comments made by service users or their relatives are listed below:

- "It gives me peace of mind to know someone calls."
- "Everything's going well."

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

### **Areas for Improvement**

The agency has met the required standards in relation to 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.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.3 Additional Areas Examined**

The inspector reviewed the agency's RQIA notification of incidents log, with nine reports received during the past year. Review of three of these incident reports evidenced that each had been appropriately recorded and report to RQIA and the referring HSC Trust within the required timeframes. The inspector reviewed the agency's Records Management System following a notification of incident report received in September 2014 relating to storage of records. Their system, policy and procedure were found to be compliant with regulations and standards and had also been reviewed by the Information Commissioners Office and the commissioning trust as satisfactory.

The inspector reviewed the agency's Access NI Compliance report following their audit in May 2015, which was very positive regarding their staff recruitment practice, and is to be commended.

## **6. Quality Improvement Plan**

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Joan Telford, registered manager, 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](mailto:agencies.team@rqia.org.uk) (paperlite) 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

**Requirement 1**

**Ref:** Regulation 23(1)(5)

**Stated:** First time

**To be Completed by:** 18 August 2015

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

The system shall provide for consultation with service users and their representatives (on a monthly basis), and to include commissioners.

As discussed within theme one and two of the report.

**Response by Registered Person(s) Detailing the Actions Taken:**

A system for evaluating the quality of the services has been put in place where Mears Care consult with the Service User & their representatives on a monthly basis

### Recommendations

**Recommendation 1**

**Ref:** Standard 8.11

**Stated:** First time

**To be Completed by:** 18 July 2015

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.

As discussed within theme one and two of the report.

**Response by Registered Person(s) Detailing the Actions Taken:**

The registered person has a system in place to monitor the quality of services in accordance with the agency's written procedures and will complete a monitoring report on a monthly basis

<b>Registered Manager Completing QIP</b>	JOAN TELFORD	<b>Date Completed</b>	13/08/15
<b>Registered Person Approving QIP</b>	ALISTAIR FITZSIMONS	<b>Date Approved</b>	13/08/15
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	18/08/15

*\*Please ensure the QIP is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: