



The Regulation and
Quality Improvement
Authority

Mears Care
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Inspector: Amanda Jackson

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

11 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

1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 09.30 to 15.30 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	2	2

The details of the QIP within this report were discussed with the registered manager Catriona McManus 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 (Newry)/Mr Alistair Christopher Fitzsimons	Registered Manager: Miss Catriona McManus
Person in charge of the agency at the time of Inspection: Miss Catriona McManus	Date Manager Registered: 12 November 2014
Number of service users in receipt of a service on the day of Inspection: 72	

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 the co-ordinator.
- Consultation with five care staff
- Staff surveys review
- Examination of records
- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and four relatives by telephone on 8 June 2015 to obtain their views of the service. The service users interviewed live in Newry and surrounding areas and receive assistance with personal care.

The UCO completed all service user contacts via telephone and therefore did not review the agency's documentation relating to service users.

Review of four service user files during the inspection day found recording generally to be of a good standard and in compliance with standards 5.2 and 5.6 with exception to one record which evidenced a number of gaps in daily recording. This matter was discussed with the registered manager for attention.

On the day of inspection the inspector met with five 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 face to face contact and trust review process
- Four service user home recording books
- Two Staff meeting agenda and minutes for May and June 2015
- Five staff weekly memo's regarding specific service user needs
- Four staff quality monitoring records
- Staff rota for one staff member
- Service user rota for one service user
- Overall rota for individual run
- Service user compliments received by the agency from January 2015 to May 2015
- Three complaints records
- Annual quality report for staff and service users
- Information and agency initial visit information regarding service user guide and
- 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 April, May and June 2015.
- Two missed call records and follow up with staff members and trusts
- On call rota
- One email communication record with trust professional.
- Duty file
- Three incidents reportable to RQIA in 2014/2015 (Medication incidents).

5. The Inspection

Profile of Service

Mears Care Newry is part of Mears Care Group NI Ltd, a national company. The Agency is managed on a day to day basis by Miss Catriona McManus. The agency is based in Newry, Co. Down and provides domiciliary services to 72 adult service users (an increase of ten since the previous inspection) by a team of 27 staff (an increase of two since the previous inspection). The areas serviced are local and include Newry, Bessbrook and Camlough. Currently services are being provided to adults with physical disabilities and older people with a wide range of needs including personal care and social support. Service Users have all been referred from Southern Health and Social Care Trust and there are two self referred service user at present (an increase of one since the previous inspection). Both self referred service users have direct payments in place and are reviewed by the trust as per all other service user packages held by the agency.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection 8 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 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 three supervisions records completed between the registered person and registered manager in January, February and May 2015 were found to be fully met and in compliance with recommendation one and standard 13.3.	
Recommendation 2 Ref: Standard 3.3	The registered manager is recommended to ensure, where relevant, individual care plans and risk assessments include specific management plans relating to the area of restraint.	Met
	Action taken as confirmed during the inspection: Reviewed in two service user's files during inspection evidenced appropriate detail in respect of service user restraint in respect of lap-bands and bedrails.	
Recommendation 3 Ref: Standard 5.2 and 5.6	The registered manager is recommended to ensure that full and accurate records are maintained consistently within service users daily records.	Met
	Action taken as confirmed during the inspection: Review of four service user files during the inspection day found recording generally to be of a good standard and in compliance with standards 5.2 and 5.6 with exception to one record which evidenced a number of gaps in daily recording. This matter was discussed with the registered manager for attention.	

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. 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. Service user guides and agreements had been provided to service users and were generally signed by service users or their relative. Review of two of these agreements were noted not to have been signed and were discussed with the registered manager during inspection for attention.

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 for 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 six service users were reviewed by the inspector during the inspection day. The files contained a copy of the service user's care plan and risk assessment which included information regarding the service user's condition. The inspector noted that the log sheets in one file were not always completed and signed appropriately. This matter was discussed with the registered manager during inspection and recommended for attention and follow up during staff quality monitoring in the future.

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 relative advised that they had made complaints regarding consistency of carers and standard of work; they were satisfied with the outcome of their complaint.

There were mixed results regarding whether management visits had taken place to obtain their views of the service or that observation of staff practice had taken place. One relative was able to confirm that they had received a questionnaire from the agency. Review of a random selection of six service user quality monitoring records during the inspection day evidenced the majority of service users to be receiving quality visits in line with the agency policy and procedure however a few gaps were noted in this process for two service users and were discussed for attention by the registered manager.

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. Review of a random selection of staff quality monitoring records evidenced this process not to be in compliance with the agency policy and procedure timeframes and a requirement has been made in the QIP of this report.

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 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 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. 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.

Five 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's independence and choices. Staff discussed how processes such as staff meetings and weekly memo's are shared with them ongoing in respect of changes to service user's needs and evidence of these processes was reviewed during the inspection day. Additional staff training is also provided in the areas of dementia, incontinence and soon will include MS training to ensure staff are appropriately knowledgeable in service users specific needs. Five 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.

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, or that care is being rushed. Examples of some of the comments made by service users or their relatives are listed below:

- "The manager and office staff are approachable when I have contacted them"
- "Very good to me"
- "Couldn't complain at all"
- "The girls are nice and chatty; we look forward to a bit of a joke with them".

The majority of the people interviewed informed the UCO that they felt that the carers are appropriately trained and knowledgeable. One relative had raised a concern to the agency regarding new carers knowing how to assist the service user who has limited mobility and this was discussed with the registered manager during inspection. In this case the agency endeavour to provide the same staff teams consistently and to avoid new staff attending were 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.

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 quality monitoring was highlighted for review in line with the agency policy and procedure and the agency are recommended to 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:	2	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 calls. Communications with the referring HSC Trusts appeared appropriate via email contacts evidence of these communications were verified during the inspection. 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. 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 majority of the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping; one relative advised of concerns which were discussed with the registered manager. A review of this service user's care is due to take place over the coming weeks. There were mixed results regarding the agency contacting service users if their carer has been significantly delayed. Review of one record on the agency computer system evidenced contact with a service user's relative in this respect.

The registered manager did discuss that the agency's approach to notifying service users and recording of same on the computer system were not as robust as they could be and this was recommended for review by the agency in the future.

One relative also advised that they had experienced a small number of missed calls which had not been reported to the agency. This feedback was shared with the registered manager during the inspection.

Procedures in place for staff quality monitoring and supervision were reviewed during inspection and found not to be in compliance with the agency policy and procedure. A recommendation has been made in the QIP in this respect to ensure all matters arising are appropriately reviewed and addressed. 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:	2	Number of Recommendations:	1
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5.3 Additional Areas Examined

Incidents

The inspector reviewed the agency's RQIA notification of incidents log, with four reports received during the past year. Review of three of these incidents confirmed appropriate recording and reporting to RQIA within appropriate timeframes and appropriate management of all matters and retention of records.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Catriona McManus (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 (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

<p>Requirement 1</p> <p>Ref: Regulation 16(4)</p> <p>Stated: First time</p> <p>To be Completed by: 11 August 2015</p>	<p>The registered person shall ensure that each employee receives appropriate supervision (to include spot checks) in compliance with Regulation 16(4) and the agency policy and procedure timeframes.</p> <p>As discussed within theme one and two of the report.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: All employees will receive appropriate supervisions and spot checks in compliance with regulations 16(4) and in line Mears Care policy and procedures</p>

<p>Requirement 2</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>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 11 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>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>

To be Completed by: 11 July 2015	Response by Registered Person(s) Detailing the Actions Taken: The registered person will monitor the quality of services and complete a monitoring report on a monthly basis		
Registered Manager Completing QIP	Catriona Sloan	Date Completed	31/7/2015
Registered Person Approving QIP	Alistair Fitzsimons	Date Approved	21/08/2015
RQIA Inspector Assessing Response	A.Jackson	Date Approved	27/08/15

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