

# Unannounced Domiciliary Care Agency Inspection Report 25 October 2016



## Mears Care

**Type of service: Domiciliary Care Agency**  
**Address: 16 Win Business Park, Canal Quay, Newry, BT35 6PH**  
**Tel no: 02830268541**  
**Inspector: Amanda Jackson**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mears Care took place on 25 October 2016 from 09.30 to 14.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care (HSC) Trust.

No areas for quality improvement were identified.

### Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified.

### Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives.

No areas for quality improvement were identified.

### Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

One area for quality improvement was identified and relates to retention of complaints records in accordance with Standard 15.10. A recommendation has been made in this regard.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Alistair Fitzsimons, registered person and the co-ordinator as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 June 2015

### 2.0 Service details

<b>Registered organisation/registered person:</b> Mears Care (Northern Ireland) Ltd/Mr Alistair Christopher Fitzsimons	<b>Registered manager:</b> Mr Alistair Christopher Fitzsimons (acting)
<b>Person in charge of the service at the time of inspection:</b> Mr Alistair Christopher Fitzsimons (acting)	<b>Date manager registered:</b> N/A

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered person and co-ordinator
- Consultation with five care staff
- Examination of records

- File audits
- Evaluation and feedback.

Prior to the inspection the User Consultation Officer (UCO) spoke with four service users and five relatives, in their own home, on 12 October 2016 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with the following:

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

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

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

The registered person and co-ordinator were provided with ten questionnaires to distribute to randomly selected staff members for their completion and requesting their return to RQIA. The questionnaires asked for staff views regarding the service. Two staff questionnaires were returned to RQIA; the content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three recently recruited staff members records
- Induction policy and procedure; programme of induction and supporting templates
- Three recently recruited staff members induction and training records
- Training and development policy and procedure
- Supervision and appraisal policy and procedure
- Three long term staff members quality monitoring, supervision and appraisal records
- Three long term staff members training records
- Two staff duty rotas
- Staff handbook
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three new service user records regarding referral, assessment, care planning and review;
- Three long term service user records regarding review, reassessment and revised care plans and quality monitoring
- Recording and reporting policy and procedure
- The agency's service user guide/agreement
- The agency's statement of purpose
- The staff handbook
- Three service users home recording records
- Three monthly monitoring reports completed by the registered person
- Annual quality reports
- Three compliments

- One staff meeting minutes
- Three communications to trust professionals/keyworkers regarding changes to service users care
- Confidentiality policy and procedure
- Complaints policy and procedure
- Three complaints records
- Policy on reporting adverse incidents and untoward incidents
- Two incident records
- Two safeguarding record.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 June 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 11 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 16(4) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed for three staff members were found to be in compliance with the agency policy timeframes.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 23(1)(5) <b>Stated:</b> First time	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports reviewed for August, September and October 2016 were found to be detailed and compliant with Regulation 23(1) (5).	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> First time	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)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual quality reports for service users and staff were reviewed during inspection. The registered person confirmed a questionnaire is issued to commissioners but no feedback was received. Commissioner feedback was however evidenced within the monthly monitoring process completed by the registered person.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> As detailed under requirement two above, the monthly monitoring reports were found to be compliant with Standard 8.11.	

#### 4.3 Is care safe?

The agency currently provides services to 74 service users living in their own homes. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be up to date and compliant with related regulations and standards.

Three records were reviewed relating to recently appointed staff. The registered person and deputy co-ordinator verified all the pre-employment information and documents had been obtained as required and this was confirmed during review of files at inspection. An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. All staff are currently registered or registering with NISCC. One of five staff members interviewed during the inspection day had commenced employment within the previous year. This staff member described their recruitment and induction training processes in line with those found within the agency procedures and records.

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Mears Care Agency. New carers had been 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service users or relatives; examples given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Nothing's wrong with the care."
- "Happy with the care."
- "No complaints."

The agency's policies and procedures in relation to safeguarding vulnerable adults and whistleblowing were reviewed. The Safeguarding policy and procedure provided information and guidance in accordance with the required standards. The policy has recently been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff training records viewed for 2015/2016 confirmed all care staff had completed the required mandatory update training programme. The training plan for 2016 was viewed and contained each of the required mandatory training subject areas along with other training relevant to service users care and support needs including dementia and resuscitation training (CPR) training. Training is facilitated mainly within the agency by a full time trainer with additional training sourced externally as required. Discussion during inspection with care staff confirmed satisfaction with the quality of training offered with staff commenting positively on the trainer.

Records reviewed for three long term staff members evidenced mandatory training, quality monitoring, supervision and appraisal as compliant with agency policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training.

Staff questionnaires received confirmed that update training, supervision and appraisal had been provided. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Safeguarding was discussed during inspection; the registered person and co-ordinator confirmed two matters have arisen since the previous inspection. Review of the agency's safeguarding referral information and associated documentation confirmed compliance with safeguarding protocols. The registered person, co-ordinator and care staff spoken with at inspection presented appropriate knowledge in reporting and managing matters when they arise.

Each of the five staff interviewed had a clear understanding of their roles and responsibility to identify and report actual or suspected abuse. They also described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A sample of three service user files confirmed that the agency management had carried out ongoing review of services with service users/representatives. The registered person and co-

ordinator confirmed that the agency implements an ongoing quality monitoring process and this was evident during review of three service users’ records. The registered person and co-ordinator confirmed that communication with trust representatives was good; evidence of ongoing communication between the agency and trust professionals was reviewed during inspection.

Service users spoken with by the UCO; staff spoken with during the inspection and review of agency rotas suggested the agency have appropriate staffing levels in various roles to meet the needs of their service user group.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.4 Is care effective?**

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding carers’ timekeeping. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency or felt that care had been rushed.

Service users advised that they were usually introduced to new carers by a regular carer or supervisor. It was also confirmed that new carers had been made aware of the care required. No issues regarding communication between the service users, relatives and staff from Mears Care Agency were raised with the UCO.

The service users and relatives advised that home visits and phone calls have taken place on a regular basis. The majority of the service users and relatives interviewed by the UCO confirmed that they had been involved in trust reviews regarding the care package and they have received questionnaires from Mears Care Agency to obtain their views on the service.

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

- “Very good service.”
- “Never let me down.”
- “Absolutely no concerns.”

As part of the home visits, the UCO reviewed the agency’s documentation in relation to five service users and some variation in the time of calls was noted. Two care plans are required to be updated and one issue in relation to the recording of call times is to be addressed. Discussion with the registered person and co-ordinator during inspection confirmed all matters had been reviewed following UCO feedback and were being followed up as necessary.

The agency’s recording policy and associated procedures on ‘Recording and reporting’ had been revised in 2015. The agency maintains recording templates in each service user’s home



file on which care staff record their visits. The inspector reviewed three completed records returned from service user's homes, which confirmed appropriate procedures in place.

Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their managers or co-ordinators if any changes to service users' needs are identified. Staff interviewed and questionnaire feedback confirmed ongoing quality monitoring is completed by the agency to ensure effective service delivery.

The registered person and co-ordinator confirmed discussion of records management during staff team meetings as necessary and during training updates. Discussion with five care staff during the inspection supported review of this topic as necessary. Staff meeting minutes reviewed during inspection also supported this topic area being discussed.

Service user records viewed included referral information received from the HSC Trust and contained information regarding service user and/or representatives. The referrals detailed the services being commissioned and included relevant assessments and risk assessments by a range of professionals as necessary. The assessments completed by the agency at service commencement and ongoing evidence that service users and/or representative's views are obtained and where possible incorporated. The service user guide issued to service users at commencement of the care package includes details regarding advocacy services should service users require support in reviewing their care package or making a complaint. The agency have not been requested to provide the guide in an alternative format but confirmed they would accommodate this should the need arise to ensure appropriate communication and equality to all service users.

Service user records evidenced that the agency carried out ongoing reviews with service users regarding their care needs. Questionnaires are issued to service users on an annual basis to obtain feedback regarding service delivery. Evidence of these processes were reviewed during inspection in terms of service user quality monitoring and the annual survey. Service user files reviewed during inspection contained evidence of communications between the service users, relatives and professionals where changing needs were identified and reassessments resulted in amended care plans. The agency maintains a system for providing updates to other trust professionals and evidence of this process was reviewed during inspection.

The agency had completed their annual quality report for 2016. Review of the reports for service users and staff took place during inspection and were confirmed as appropriate. Feedback from commissioners had not been received during the 2016 review period but was evidenced within monthly monitoring completed by the registered person. The registered person confirmed a summary of findings are provided to service users and this was reviewed with the agency's quarterly newsletter issued to service users.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user. Staff also stated they were kept informed regarding changes to existing service user care plans. Staff described aspects of care provision which reflected their understanding of service user's choice, dignity, and respect.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed. Service users, as far as possible, are given their choice in regards to meals and personal care. During the home visits the UCO observed an interaction between a carer and service user; this was felt to be appropriate and friendly in nature.

Views of service users and relatives have been sought through home visits, phone calls and questionnaires to ensure satisfaction with the care that has been provided by Mears Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- “Got a good wee crowd of carers.”
- “XXX gets on well with them.”
- “The boys have a friendly approach.”

Records viewed in the agency office and discussions with staff confirmed that observation of staff practice was carried out within service users’ homes on an ongoing basis. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency’s policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also indicated that appropriate information is provided to service users regarding their rights, choices and decisions about care

The agency implements service user quality monitoring practices on an ongoing basis through home visits by management staff. Records reviewed during inspection support ongoing review of service user’s needs with evidence of revised care and support plans. Quality monitoring from service user visits alongside monthly quality reports evidenced positive feedback from service users and their family members. The annual quality report completed for 2016 presented positive feedback on services provided. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Staff member was so kind to my xxx’ (Relative feedback)
- ‘Both staff member “made XXX feel really good about herself’ (Relative feedback)

- ‘Staff are exceptional, a wonderful group of people’ (Service user feedback).

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

On the date of inspection the RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person and registered acting manager Mr Alistair Fitzsimons the agency provides domiciliary care to 74 people living in their own homes.

Discussion with the registered person, co-ordinator and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities.

The Statement of Purpose and Service Users Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided.

The policy and procedure manual was reviewed and contents discussed with the registered person and co-ordinator. Staff confirmed that they had access to the agency’s policies and procedures. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interviews.

The agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services.

The complaints log was viewed for 2015 and 2016 to date; it was identified that there had been five complaints. Review of three of the complaints during inspection did not support appropriate procedures in place. A recommendation has been made in accordance with Standard 15.10. Monthly quality monitoring reports included a section for complaints review ongoing as necessary.

Discussion with the registered person and co-ordinator indicated that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Two reportable incidents had occurred since the previous inspection, review of both matters confirmed appropriate procedures in place for incident management.

The inspector reviewed the monthly monitoring reports for August, September and October 2016. These reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

The five care staff interviewed indicated that they felt supported by senior staff that were described as very supportive and always available to discuss matters either in person or via

telephone. Staff discussed quality monitoring, supervision, team meetings, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Staff supported that current staffing arrangements are appropriate in meeting service users' needs and this was also reflected in staff questionnaires returned to RQIA.

Ongoing electronic and written communications with trust professionals/commissioners was presented during inspection and supported an open and transparent communication system between the agency and the commissioning HSCT.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Alistair Fitzsimons, registered person and acting manager and the agency co-ordinator as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the Domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 15.10

**Stated:** First time

**To be completed by:**  
Immediate and ongoing  
from the time of  
inspection.

Records are kept of all complaints and these include details of all communications with complainants, the results of any investigation and the action taken.

**Response by registered provider detailing the actions taken:**

All complaint records and details of all communications with complainants, the results of any investigations and actions taken will be retained at the registered premises within service user files and or employee files and will be supported by accessible electronic records.

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



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