

## Care service inspection report

# Generic - Care at Home - Uist and Barra

## Support Service Care at Home

Social and Community Care

Comhairle nan Eilean Siar

Balivanich

Isle of Benbecula

HS7 5LA

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Inspected by: Sandra Macleod

David Cameron

Type of inspection: Announced (Short Notice)

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## Service provided by:

Comhairle Nan Eilean Siar

## Service provider number:

SP2003002104

## Care service number:

CS2004085758

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

### What the service does well

Home carers work hard and are committed to providing good care for the people they support.

Management and care coordinators work in co-operation with colleagues who assess and review care provision for people who receive a service.

People using the service value the support that they receive from their carers.

Management and care coordinators work hard to administer the service and make improvements .

The care coordinators are well-informed about the individual needs of people using the service.

Home Carers provide a lifeline care and support services to frail and vulnerable people, some of whom live in very remote and isolated communities.

### What the service could do better

Each person receiving a service should have an up to date care plan in their own home. This plan should be updated regularly and should contain sufficient detail to fully inform staff as to their support needs and preferences.

Procedures for the administration of medication need to be made clearer so that staff providing support are knowledgeable and trained to do so following up to date best practice guidance.

Information should be given to people using the service about cover arrangements when their regular carer is off so that people will know in advance who is coming to their home to help them. Carers should be introduced to clients before coming to their home to provide support.

Communication and recording significant information should be improved so that important information is available to home carers and their supervisors.

The service needs to improve how they check whether the service that is provided meets the standard they expect, and that staff have the necessary skills for the work expected of them.

The service needs to improve how they monitor occasions when visits are "missed" and improve how they respond when arrangements are required to be made at short notice particularly in the evenings and at weekends.

### **What the service has done since the last inspection**

A personal file has been developed for each service user and has been put into place in a large number of service users' homes. This file contains all the relevant information, including information about needs and preferences, and sets out how these should be met.

The service has made considerable progress in carrying out risk assessments and in setting out support plans to meet moving and handling needs.

The service took part in a joint improvement project with their health colleagues called "Releasing Time to Care". This brought together key operational health and social care staff on a weekly basis. The purpose of this was to share relevant information and respond quickly to changes that may have occurred in service user need. This specific pilot project has now ended, but it is planned that this format of meetings will continue and be extended to include other areas of the islands that the service operates in.

A training plan has been set up and arrangements put in place which sets out mandatory training requirements for care at home workers. The plan will set out how training will be provided to workers.

The service has, through evaluation of their service been working towards a redesign of the care at home service.

## **Conclusion**

The Uist and Barra Care at Home service is a relatively large service and for its size and complexity overall operates to an adequate level. However, there are a number of requirements outstanding , which represent risks and detract from the outcomes for people. The service is planning to go through a process of redesign, which should allow for some planned improvement in how the service operates.

Generic care at home workers in Uist and Barra provide a very valuable service .

Management and care coordinators are working hard to make improvements in how the service operates.

## **Who did this inspection**

Sandra Macleod  
David Cameron

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

All references in this report will be to The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the Regulations") (SSI 2011/210).

## Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a Recommendation or Requirement.

\* A Recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement.

\* A Requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a Requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Generic Home Care Service is based on the Islands of Uist and Barra in the Outer Hebrides. It is part of a range of services provided by the local authority - Comhairle nan Eilean Siar (CnES). It provides Care at Home to vulnerable people in their own community. The care service was registered to provide help with personal care and daily living to adults and children living in the Western Isles.

The aims and objectives of Generic - Care at Home - Uist and Barra service include the statements:

"Enable people to remain safely at home for as long as they choose to do so.  
Support people on discharge from hospital to assist with their recovery.  
Prevent unnecessary admissions to hospital.  
Support service users and their family within the community.  
Promote service users' independence and allow privacy.

Work effectively in partnership with other agencies in the public, private or voluntary, to ensure that service users receive good quality care'.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 3 - Adequate**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

This report was written following an unannounced inspection that took place on 5, 6 and 7 November 2013.

Feedback was given to the Registered Manager, and to Head of Social and Community Services on 27 November 2013. The feedback included information on requirements and recommendations made as a result of the inspection. The inspection was carried out by Sandra MacLeod, Care inspector. David Cameron, Care Inspector, helped by phoning people who use the service, or relatives who had indicated through the care standards questionnaires that we could contact them. Telephone calls were also made to four staff working within the service.

As requested by us the care service sent us an annual return and also sent us a self assessment . The service has not previously included full details of staff members in the "staff details" section of the annual return. We have requested that they do this in the annual return that they submit in 2014.

We sent 50 care standards questionnaires to the registered Manager to be sent to staff who use the service. A total of 24 questionnaires were returned. We also sent out 25 questionnaires to staff and a total of 7 were returned.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including

Service self assessment

Service aims and Objectives

Service information Leaflets ( for example information on eligibility for community care)

Personal Plans of people using the service

Electronically held records (Care First records)

Participation information

Care Standards Questionnaires

Newsletters

Written Agreement

Staff Training Plan and Staff Training records



Staff Meeting Minutes

Relevant Policy and procedure ( for example Medication Policy , Prevention of Infection in care , Handbook for Home Care Workers )

Incident and Accident Recording

Supervision and Appraisal records

Complaints records

Quality Assurance Monitoring Records

We spoke with

13 Service users

2 Relatives

9 Home Carer Staff

3 Care Coordinators

Registered Manager

Social Worker

Community Health professional

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## What the service has done to meet any requirements we made at our last inspection

### The requirement

The provider/management must ensure that all people using the service have a written personal plan in place which should be used to record how their health, welfare and safety needs are to be met and that these plans are implemented by staff. Each plan should detail how the provider intends to promote the independence of each service user and make proper provision for their health, welfare and safety. a). Care plans should reflect a service user's support and care needs and personal preferences. Risk assessments should be up to date and reflect the service user's circumstances. It should give sufficient information so that staff can use this to provide a high quality of care.b) The care plan should be reviewed regularly and updated to reflect any changes. c) Management should ensure that care plans are audited robustly to ensure accuracy and quality. d)The care plan should be in a form that the service user/relative can understand.

**This is in order to comply with: SSI 2011/210 Regulation 5 Personal Plans. This also takes account of National Care Standards, Care at Home, Standard 3: Your Personal Plan. Timescale -6 months from receipt of report.**

### What the service did to meet the requirement

The service have set out a new format for personal files and at the point of inspection have prepared a plan for the majority of service users. The personal plans prepared make good provision for the health, welfare and safety of each person , and reflect support needs as well as preferences. There are, however, still a large number of plans which have to be made available to people in their own homes. The care plan format is being explained to each person when it is being introduced to their home. The plan being distributed has been audited to ensure that it is accurate, however, this will require to be done on an ongoing basis to ensure that it remains accurate. Although considerable progress has been made in the requirement, the expected improved outcomes have not yet been realised.

**The requirement is:** Not Met

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## **The requirement**

It is a requirement that the provider/manager ensure that there is a suitable monitoring system in place that will pick up concerns and problems at an early stage, and ensure that action is taken to rectify and improve the service for the benefit of service users.

**This is in order to comply with SSI 210/2011 Regulation 4(1)(b).. Timescale for action - 6 months.**

## **What the service did to meet the requirement**

The service have set up a format which will be used in regular monitoring visits to quality assure the service. The service have not made progress in carrying out these on a regular basis.

**The requirement is:** Not Met

## **The requirement**

The provider must ensure that all service users have a personal plan in their homes within one month of receiving the service. This must set out how the service user's health and welfare and safety needs shall be met. The personal plan should be reviewed at least once in every 6 month period whilst the service user is in receipt of the service.

**This is a requirement under SSI 2011/210 regulation 5- Personal plans. The provider must do this within 6 months of receipt of this report. This takes account of National Care Standards, Care at Home, Standard 3: Your Personal Plan.**

## **What the service did to meet the requirement**

See information under Requirement 1. Each care plan will have been reviewed as new personal plans are put into place, but this has as yet, not taken place with each service user.

**The requirement is:** Not Met

## **The requirement**

It is a requirement that the provider must make proper provision for the health, welfare and safety of service users by:a) reviewing the arrangements for helping

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service users with medication b) ensuring that care staff who administer medication receive appropriate training.

**This is in order to comply with SSI 2011/210 Regulation 4 Welfare of users. The provider must do this within 6 months of receipt of report. This takes account of National Care Standards, Care at Home, Standard 8: Keeping Well - Medication.**

### **What the service did to meet the requirement**

The provider has reviewed the organisational policy on the administration of medication which in part addresses this requirement. However, there are outstanding areas of concern in respect of how service users who require support with administering their medication are assisted.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that risk assessments, especially about the environment and about moving and transferring service users, be completed as soon as possible when a service commences and be available in the service user's house. Any significant risk should have an action plan to reduce the risk.

**This is in order to comply with SSI 2011/210 Regulation 4 Welfare of users. The provider must do this within 6 months of receipt of report. This takes account of National Care Standards, Care at Home, Standard 4: Management and Staffing.**

### **What the service did to meet the requirement**

The service has made considerable progress in undertaking risk assessments in respect of manual handling. Although not every person has one, the work involved in carrying these out was prioritised and they were completed initially in situations where risks were greater. An environmental risk assessment will be included in each person's personal file. The risk assessments that have been carried out are by an approved assessor, and are of a high standard. Care coordinators within the service have also gained the qualification and will be able to progress these on an ongoing basis. Sufficient progress has been made in this area to consider the requirement met.

**The requirement is:** Met - Outwith Timescales

## **The requirement**

The provider must ensure that all staff are suitably qualified and competent. To help achieve this there should be a rolling programme of statutory training for all home care staff, which will ensure that best practice guidance is adhered to at all times and that service users and staff are protected.

**This is a requirement under SS1 2011/210 Regulation 15 Staffing. The provider must do this within 6 months of receipt of this report. This also takes account of National Care Standards, Care at Home, Standard 4: Management and Staffing.**

## **What the service did to meet the requirement**

The provider has put in place a comprehensive training plan which sets out the mandatory training that will be provided to staff. The provider is aware of the timescales in terms of registration with Scottish Social Service Council (SSSC) and have a plan in place to ensure that staff meet the requirements for registration within the timeframes permitted .

**The requirement is:** Met - Outwith Timescales

## **The requirement**

It is a requirement that the provider/manager ensure that there is a suitable monitoring system in place that will pick up concerns and problems at an early stage, and ensure that action is taken to rectify and improve the service for the benefit of service users.

**This is in order to comply with SSI 210/2011 Regulation 4(1) (b). Timescale for action - 6 months.**

## **What the service did to meet the requirement**

Although the service have set up a framework for monitoring the service this system has not been put into practice in a regular and systematic way.

**The requirement is:** Not Met

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## **What the service has done to meet any recommendations we made at our last inspection**

There were three recommendations made at the last inspection . Some were partly met, some have been included as recommendations in this report.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

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We received a completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned .

### **Taking the views of people using the care service into account**

We received the following comments from people using the service:

"Good service"

"Quite happy with the service"

"the home care service is very good"

"Tthe care service seems to be very short-staffed at the moment . Clients seem to be diverted to other clients without any notice; its unsettling to me. On 3 occasions in the past week a carer has not arrived. One day I had no lunch or medication and on another 2 mornings my carer did not arrive to get me washed and dressed and get me breakfast and medication"

"I am quite happy and content with the service"

" The care team have a difficult job to fulfill their duties in the time given which seems to be cut back every year. The service is a valuable asset to those who are in need of the services available" The carers are always in a rush from client to client due to the time slots they have, to provide the service standards they are set. Without the service a lot of elderly/disabled people would be a lot worse off than they currently are"

"very good in the office"

"Good at letting you know"

" Carers quite good"

### **Taking carers' views into account**

We received the following comments from relatives and carers:

"when things go well more or less faultless"

"carers are adaptable".

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We found that service performance was good in this statement . We concluded this after we had looked at relevant documents and spoke with service users, relatives, home carers and management.

The provider organisation have set out a participation strategy for the period 2013-2016. In this they state that the outcomes they want are :

"that service users get quality services and feel listened to ".

A participation toolkit provides service managers with information as to how to formally engage with people using the service, for example, questionnaires. We saw that the service regularly use questionnaires asking a range of questions about the service , for example,

Have your been provided with a care plan?

Do you know who to contact if you require assistance with your home care service?

How satisfied are you with the following areas of your home care service:

Continuity of staff

Information received when changes are made

Responses to comments, enquiry or complaints

Flexibility of service in meeting needs

Overall satisfaction

Timekeeping

Quality of work, presentation and performance of home carers



They also offer opportunity for suggestions or comments. Comments that the service has received from the last questionnaires ( sent March 2013) ranged from :

- Very positive feedback about the home carers who delivered the service.
- Concern about not knowing who is going to be their carer when their regular worker goes on holiday.
- Carers being rushed because of the time constraints of the time allocated.
- Missed care visits.
- People expressing a need for review or reassessment as their circumstances have changed.

We took into account that the assessment of individual need would not be carried out by the care at home service, although they would refer to the appropriate professional either when requested to do so, or when they observe that needs have changed since the last assessment.

Usually before a person receives care at home service they were assessed by an assessment and care management section of the local authority, or another lead professional i.e a community nurse. A comprehensive assessment (SSA) would then be created following information received from service users, family and where appropriate, reports or discussion with health personnel. Service users were routinely involved in their own assessment. Reviews of these assessments were then carried out at varying frequency depending on changing needs and circumstances. Care needs were assessed as to whether they met the national eligibility criteria. Information on this has been included in new personal files. Those people who met the critical or significant risk were eligible for a service.

A personal plan ( or personal file ) has been( or is in the process of being ) set up for each service user. We saw that where these were completed they contained comprehensive information about the service that was to be provided including:

- Written agreement - this document sets out clearly the terms and conditions for the service stating that " the appropriate member of staff will monitor the quality of your service).
- Rota detailing home carers' names, the tasks they should carry out, the length of time that they are allocated for this task. This is broken down into a day-to-day planner.
- Consent for the provision of assistance with medication.
- Home care and support plan ( and if required an opportunity for additional guidance).
- Environmental risk assessment and client handling risk assessment form with an additional "action sheet" when there are outstanding actions.
- Recording of Financial transactions.

- Useful telephone numbers of people they may wish to contact.
- Information as to how and who to complain to.
- Information about relevant services.
- Communication sheets for home carers.

We saw that these personal plans have the capacity to fully inform people receiving the service about the service and give the opportunity to make comment . The responsible care coordinator, in putting these plans into place explain the information that they contain.

We also saw that service users are able to express concerns about their service to any home care staff , including the home carer who should pass these concerns on to the care co-ordinator or manager. During the inspection we saw that care coordinators were in regular touch with home carers and that home carers were in regular touch with their supervisors.

We saw that the service had recently distributed a "stakeholder "survey . These have been sent out to professionals or groups who may have an interest in the delivery of the service. In these questionnaires we saw questions about :

- whether people using the service were treated with respect, courtesy and dignity.
- whether people have sufficient time allocated to meet needs.
- continuity of home care staff.
- Participation in decision-making.
- Information provided.
- Whether staff have sufficient skill in: providing personal care, communication, food and nutrition, moving and handling, infection Control, promoting independence and confidentiality.

The results of this survey were not yet available at the time of inspection.

We saw that the service has, throughout the period being inspected, distributed some newsletters. These newsletters are informative about the service and include stories of service developments and would be of interest to people using the service or working for the service.

### **Areas for improvement**

The personal plans have not yet been made available to all service users in their own homes. During the inspection we therefore saw that the standard of information that was available to people still varied. The service told us that the new personal plans are now ready for distribution and that this is a priority within the service . ( **see requirement in Quality Statement 1.3**)

Care and support plans have not been regularly reviewed by the service. Regular reviews are required and would also improve the opportunities for participation. **(see requirement in quality statement 1.3)**

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We ensure that service users' health and wellbeing needs are met.

### Service strengths

We graded the service performance as being adequate for this area of the statement . We concluded this after looking at personal plans in people's own homes, looking at eleven care records and from speaking to staff and service users.

Electronic care records showed that there was a single shared assessment for each client. A home care and support plan was then created by "pulling through" sections of the single shared assessment. Care plans and single shared assessments contained relevant details about an individual's needs, physical and mental health and other related information.

As stated earlier where personal plans had been prepared and distributed to individual homes we identified that information appropriate for the level of service provided was included.

From feedback from service users, and from observing home carers going about their duties we saw that staff were well-informed about individual likes and dislikes and preferences, and worked well to provide a service in a way that was acceptable to the service user. From observing carers at work we could see that they worked well to promote choice in terms of how they provided care, for example, ensuring that meal preferences were respected. During discussions with care coordinators they gave examples of where they aimed to respond to individual preferences in terms of support packages, for example, taking on board expressed preferences about who would support them, and about the times that they were supported.

We saw that the service manager participated in meetings with health colleagues to discuss individuals who may be receiving a service, or be about to start receiving a service. Hospital discharge meetings take place regularly , as do multi disciplinary meetings with community nurses, social workers and other relevant professionals. The pilot project referred to earlier was considered effective by participating staff in quickly identifying and addressing areas of difficulty and we were cited with examples of where this had improved outcomes for individuals service users. We were told that the aim was that this would be restarted, and embedded into practice through the geographical area covered by the service.

We saw that schedules and plans for the delivery of care did aim for a continuity of care, although in complex support packages there was by necessity a number of carers who provided support on a regular basis.

We observed that home carers were supporting people, some with significant and complex support needs. We saw that people receiving support were individuals who were assessed as having needs which were either critical or substantial .

During inspection we saw that people using the service had established positive relationships with staff, and staff we observed were seen to be caring, approachable and respectful. We also saw that home carers, who being allocated to individual service users were very familiar with their support needs, likes and dislikes. Home carers we observed were aware of individual social needs, and tried within the very rigid time constraints to engage on a social and emotional level.

We saw that home carers provided support for people with aspects of daily living, including personal care, nutritional care - preparing and cooking a meal, helping someone to eat and drink. Home carers also carry out essential domestic duties i.e setting fires, cleaning food storage and preparation areas and some specially designated laundry. We observed that home carers were familiar with household routines and requirements and saw they worked efficiently to carry out these tasks within allocated times. We saw that home carers were good at verbally informing care coordinators about changes to service user circumstances, and that where this was required they liaised with other professionals. We were told that home carers worked flexibly in supporting other health professionals if this was required for certain tasks, and we heard from other professionals(s) that carers sometimes excel themselves in providing a service which is 'over and above'.

The service provide home carers with personal protective equipment (PPE) for example gloves, hand gel, aprons and we observed it being used appropriately. Guidance was given to staff through the home care manual and through training in infection control.

The service has set out a new handbook for home care workers " Guidelines for care at home". This handbook provides staff with information that they need to know about how the service should be provided.

The service has also worked to review policies relating to care provision. Examples of where this has been carried out and completed are :

- Medication Policy
- Palliative and End of Life Care
- Infection Control
- Handling Service Users Money

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- Severe Weather Contingency Plans

The service has made good progress in carrying out risk assessments on a prioritised basis. An accredited moving and handling assessor has been deployed from within the provider organisation specifically to this task. A substantial number of assessments have been carried out. Positively the service care coordinators have now also become accredited moving and handling risk assessors which will give flexibility to how this task can be carried out on an ongoing basis. We saw that these assessments could be followed by staff who had been given appropriate training. Action plans were drawn up where there were outstanding control measures needed to reduce risks and we saw that the manager was proactive in following these up. The personal file that will soon be available to each person in their own homes will also have a completed environmental risk assessment with an associated action plan if there are further actions to reduce risks.

### **Areas for improvement**

We have stated earlier that the service had made considerable progress in preparing personal plans for each service user which would be available in their own homes and would clearly inform home carers and service users about the care that was to be provided. We saw however that these had not yet been put into each person's home, although we observed that the work of preparing the plan had been completed. Where we visited people in their own home we therefore saw a variable standard of information available. This will be remedied when the personal plans are actually put into place and each service user or their representative have been informed of what it contains. This support plan then needs to be reviewed by the service at least every 6 months or as needed to make sure it remains an up to date plan of how support needs will be met.

From talking to service users and home carers we heard that home carers tried to support people to maintain their skills. We observed that the time restrictions on some visits restrict the opportunity to do this meaningfully.

For example, the home carers manual states:

"Service users should at times be helped to maintain their independent abilities. Whilst keeping safety in mind you should encourage a service user to be as active as possible and to share tasks with you".

We saw that very short visits can work against this level of inclusion to promote skills maintenance or development where this would be to the person's benefit. We saw that these were issues that would be picked up with regular reviews of care plans.

### **(See Requirement 1)**

The service policy in relation to the administration of medication state that home carers only assist people to take medicines through giving service users prompts or reminders. This was the policy guidance (Organisational policy on the administration

of medication - September 2013) that staff were expected to follow, which is further reinforced in the home care manual ( new version currently in draft form) . The only exception to this as set out in the policy was when workers were employed as "special carers". We understood that this was when specially designated care packages supported people for significant periods through the day, and where staff would then be given additional training.

Through talking to service users, reading assessment and care plans, and observing home carers we observed that the definition of prompting was being widely applied. We saw circumstances where it was indicated that an individual's ability to take responsibility for his or her own medicine was requiring review. Service users were being reminded to take medication by home carers, who were taking medicine from a compliance aid ( dosette box) filled by a relative or family carer. Sometimes home carers were taking medication from original containers, either tablets, or measuring liquids. We considered that the service need to review their processes where a person was not managing to retain responsibility for their own medication. In doing this the service should ensure that staff have the training, information and support available to them for this to be managed safely, for example, in situations where the person does not know what the medicine is for, or to identify what is being taken. We saw that no records were maintained within the personal plan of what medicines had been given /medication taken . The previous inspection report identified similar issues and we saw that the updated policy did address some areas of concern. We saw that the training that home carers receive was based on the service policy of not "administering medication". **(See Requirement 2)**

During the inspection we observed that there were occasions when scheduled care visits were missed. While we saw that the service had worked hard with a new scheduling system for home carers, and that care coordinators worked hard to eliminate / reduce the frequency with which these occurred we saw that these did occur. We could not see that the service monitored or audited these events in terms of either frequency or resolution. We saw that the service found it difficult to make alternative arrangements at short notice due to insufficient staff sometimes being available at key times. We saw that this was more difficult in some areas than others, where recruitment was problematic. We saw that although people had expressed that they found Faire, the providers of the out of hours emergency call centre, helpful, we saw that their ability to respond appropriately was hampered by a lack of available staff. We saw that this could then leave vulnerable individuals with unmet needs . We saw that the provider, and the service had through their own processes identified improvements that they needed to make to resolve some of these issues and they told us that they are now entering into a process of consultation over this. (

### **Requirement 3)**

We saw that there were some improvements in the systems set up for home carers to communicate with their supervisors. During the inspection we saw that the home carers returned a communication sheet each week, but we considered that the information recorded was in most cases limited . We saw that sometimes there were

barriers to recording information, but concluded that there were areas of support provided, for example, nutrition, skin care, health concerns where the detail recorded was insufficient. We saw that home carers used their own initiative to liaise with their colleagues and we saw that in some cases family carers had started a diary/notebook to record relevant details. Positively we did observe that where we sampled issues highlighted on these communication sheets there was evidence that care coordinators had followed up on concerns. We concluded that the service should ensure that their expectations in relation to recording significant information is further explained to ensure that information significant to the health and welfare of service users is available to those providing support. ( **See Recommendation 1** )

Service users, home carers and their relatives told us that they experienced anxiety about whether arrangements had been put in place when their regular carers were on holiday. Although some people we spoke to had not experienced issues with this, most said they did not consistently receive information about who was coming to support them, even when they were aware for some time that their regular carer was planning time off. Sometimes people said they were told, sometimes by letter or telephone call and often their regular carer would try to find out for them. People told us that this uncertainty caused them anxiety. ( **See Recommendation 2** )

During the inspection we saw that there were occasions when the service arranged for some care visits to be carried out by other care providers. This happened either when people had complex care packages to ensure that all care visits were covered but could happen at other times, when there were insufficient staff available in an area at key times, or as an emergency response when existing arrangements broke down. We saw that these arrangements were made generally because there were difficulties in recruiting staff, and while often they worked well we observed that there were issues with regard to the governance of these arrangements that the service needed to clarify to ensure lines of responsibility and accountability were maintained.

The service have indicated that they plan as a matter of priority on reviewing how these arrangements are made.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 3

**Number of recommendations:** 2

### Requirements

1. The service must prepare a persona plan for each service user within 28 days of the person receiving a service. They must make that personal plan available to the

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service user and to any representative they have consulted, and at least once in every six month period review that personal plan.

**This is to comply with SSI 210 2011 Regulations 5(1) (2) (a) (b)**

**The provider must do this within 6 weeks of receipt of the report.**

2. The service must ensure that the arrangements in place for helping people with their medication are reviewed in circumstances where it is indicated that the individual being supported may not be able to maintain full responsibility for what is taken . They must ensure that staff helping people with medication are given training which is appropriate to the task they are then carrying out.

**This is to comply with SSI 210/2011 Regulation 4 .**

**The provider must do this within 4 months of receipt of this report.**

3. The provider must ensure that there are always enough staff working in the care service to ensure that the needs of service users can be met. The service should ensure that the service delivery is managed appropriately during all times when the service operates, particularly when the offices are closed , so that arrangements made if home care workers are sick or absent provide for the health, welfare, safety and dignity of the service user.

**This is to comply with SSI 210/2011 4 (1) (a) (b)**

**The provider must do this within 6 month of receipt of this report.**

### **Recommendations**

1. The service should ensure that there are recording systems in place for home care staff to use to communicate and record significant information which may be necessary to make sure that support needs are met by others involved in providing care .

**This take account of National Care Standards , Standard 4 : Management and Staffing.**

2. The service should, as far as is possible ensure that they notify people in advance if there is a change to who their home care worker will be. While there may be emergency situations where it is not possible, carers should be introduced to the service user prior to arriving to provide care.



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**This is to take account of National Care Standards , Standard 4 :  
Management and Staffing .**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

Please refer to Quality Statement 1.1 for information on participation practice.

#### Areas for improvement

Please refer to Quality Statement 1.1 for information on participation practice.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

We found that the service performance was good in the areas of this statement. We concluded this after we had spoken with staff and management, service users, relatives and looked at relevant documents .

We saw that the service had appropriate procedures for recruiting and inducting new staff. New staff had a period of induction when they started work , being introduced to policy and procedure including:

- National care Standards
- SSSC Codes of Conduct
- Roles and responsibilities
- Food Hygiene and Infection Control
- Providing Personal care
- Food hygiene

- Infection Control
- Providing Personal care
- Adult Protection

We saw that training in client manual handling tasks takes place prior to commencing work with service users. Arrangements were routinely made for "shadowing " where new workers worked alongside experienced staff. New home care staff we spoke to were very positive about the induction process they had undertaken and about how this had helped them to become familiar with the service and with some of the service users receiving support in the area they were working in .

We referred earlier to the home care manual which we saw was a comprehensive document, setting out clearly the roles and responsibilities for home carers.

From talking to service users and by observing home carers going about their work we saw that staff were motivated to provide a good service. We were told by service users that they were treated with respect, and we could see that caring relationships had developed. Feedback from service users regarding the staff who support them:

- 100% said that "I am confident that staff have the skills to support me"
- 100% said that "staff treat me with respect"

We saw that the provider had developed a staff training plan. This plan clearly sets out the expectations of the service as to what training will be provided. Mandatory training includes:

- Moving and Handling
- Infection Control
- Medication
- Palliative Care
- Dementia (Promoting Excellence Framework)
- Food Hygiene
- Personal Care
- Health and Safety

This training plan came into operation in September 2013. We saw that the plan also laid out how and when this training was going to be provided, ie through external providers, within the provider organisation, through online training (LEARNPRO) or from within the service, or at a time of induction. We saw that care coordinators attended training so that they were able to monitor that the training being provided equipped staff for the work they were doing. The service was also working towards the Care coordinators achieving SVQ Level 3 in Health and Social care . We concluded that this training plan can work effectively to support staff with ensuring that they have skills appropriate to the task required of them. The training plan will also

support care coordinators to plan for staff to attend these training sessions in a systematic way, which they had previously found difficult.

The service is clear about the requirements of registration with Scottish Social Service Council (SSSC) . The manager has registered as required and the provider has a strategy in place to enable staff to gain the appropriate qualification.

### **Areas for improvement**

The service has not had regular team meetings for home carers for some time. Staff we spoke to indicated they thought this would be helpful to them to meet with their colleagues where they could discuss common areas of concern, or receive new information about the service or about best practice.

Although we did see minutes from team meetings, on reading the minutes we saw that these had been initiated by issues of planning /scheduling care delivery, for example, prior to a forthcoming holiday season, although then other appropriate issues were also included in the agenda. Sometimes meetings arranged were specific to a team of workers providing care to individual(s). Although these are very valid and appropriate reasons to meet, we considered that for staff who work in isolation, often without any planned contact with other home carers, except when providing care, that regular meetings would be a useful way to coordinate service improvement. Home care staff have individual supervision from their care co-ordinator supervisor. We saw that the aim was that these meetings took place on a twice yearly basis, at the same time as the staff development and appraisal interview. Some staff we spoke to were unclear about the arrangements in place for them to have supervision, and in some cases meetings did not seem to take place according to this timetable. We saw that the recording of these supervision meetings could be improved so that they can be used more effectively by the service to monitor service performance and to support staff in carrying out their responsibilities.

We understand that the service has changed, or is changing the way that staff training is recorded. This is now being recorded by the provider's Training Department . We observed that the records that were currently being maintained within the service were piecemeal in demonstrating what had been achieved or what was still required by individual staff . Records maintained should enable the service to accurately audit and review their performance with regard to training.

We consider that staff may not have all their learning and developmental needs from what is set out in the training plan. Although it forms a good basis of appropriate training the service should ensure that other learning needs are provided for, as they arise. Information recorded through supervision and the staff development and appraisal systems may continue to identify one-off training that is required in other areas, for example, complex health conditions such as Parkinson's, multiple sclerosis, addiction and alcohol issues, mental health and learning disabilities.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. Management should continue to assess staff training and learning needs and make available training in non mandatory areas of care and support , to reflect individual staff skills, and which may be specific to support they are providing.

**This takes account of National Care Standards -Healthcare - Standard 7.**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

Please refer to Quality Statement 1.1 for information on Participation practice.

#### Areas for improvement

Please refer to Quality Statement 1.1 for information on Participation practice.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### Service strengths

The service has set out a service improvement plan update where they aim to inform their own organisation on service improvements and the outcomes of inspections. In doing this, they have identified their own progress in areas such as

- Replacement of care diaries and improved risk assessment processes.
- Strategy to meet the requirements of workforce registration.
- Training Plan.
- Staff Supervision.

This evaluative document also sets out areas of future work planned to bring improvements to service delivery.

The service has also contributed to their organisational plan to ensure service continuity. In doing this they have identified strengths and weaknesses, and worked to put measures in place to reduce these.

The service has a complaints process, with identified people within the organisation who would deal with complaints. We saw that information on the complaints process was provided within the personal plan .

We saw that staff and service users have easy access to the registered manager or care coordinators if there is any aspect of their service, or the support they provide that they wish to discuss. We saw that the manager has an open door policy.

We observed that where the service used questionnaires to seek feedback from people, the manager had analysed the results of the service to inform improvements, and to gain clear information about individual experiences.

### **Areas for improvement**

The service has set up a framework for quality assurance visits but to date have not made progress in carrying out these visits in a regular manner. These are where care coordinators would regularly visit service users in their own homes, and check that the standards expected were being met. These could take the form of talking to service users, but would also have a supervisory element where they observed care and support being provided. By doing this the service would have a basis for monitoring the service delivery, and at the same time identify any problems being experienced and be able to work to resolve these. Through implementing this system the service would have a proactive means of addressing any practice issues that were observed in relation to how the service was being provided.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

### **Requirements**

0. It is a requirement that the provider /manager ensure that there is a suitable monitoring system in place that will pick up concerns and problems at an early stage, and ensure that action is taken to rectify and improve the service for the benefit of service users .

**This is to comply with SSI 210 /2011 Regulation 4(1) (b) Timescale for implementation: 4 months from receipt of report.**





## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
15 Nov 2012	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 3 - Adequate
29 Jun 2011	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 3 - Adequate
26 May 2010	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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