

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

Telephone: 01870 602425

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HAPPY TO TRANSLATE

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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	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

This service provides an essential lifeline, care and support service to individuals with additional support needs, some of whom may be vulnerable, or who may live in remote and isolated places.

Home care staff work hard to provide a service in an area where the geography presents many difficult challenges. Some staff travel very long distances, in difficult driving conditions, to provide support to service users.

Individuals with significant additional support needs are enabled to live in their own homes and communities with support visits involving one or two carers taking place, sometimes four or five times over the course of a day.

Staff working to organise, co-ordinate, administer and manage the home care service work very hard to deliver a service, and are committed to doing the best they can.

Service users told us that they feel well supported by their regular carers, and it was apparent that good, supportive and caring relationships are built up where consistent arrangements remain in place.

Staff mandatory training needs are being provided for.

The home care service works in close co-operation with community health colleagues.

What the service could do better

The service does not have enough staff working in the service. This means that they have ongoing issues in meeting their care delivery commitments.

The service does not regularly and consistently review the service they provide with individuals using the service.

Some people using the service do not have a personal plan in place that sets out how their care and support needs are going to be met.

Personal plans are not regularly updated as needs change, or as knowledge of support preferences become better known.

The service does not consistently check the quality of the service they provide to individuals.

The service does not have proper arrangements in place to provide safe assistance to people who require support with the administration of medication.

Support systems in place to include monitor, develop and manage staff, for example, supervision, staff meetings, staff appraisals are infrequent and do not take place for all staff.

The service needs to provide better information to people using the service about changes in how the service is delivered.

What the service has done since the last inspection

We saw that the service has continued to work hard to maintain service provision.

The service has made some progress in providing a personal plan for people using the service.

The organisation is currently undertaking a major redesign of how the home care service is organised, provided and staffed. Although it is not anticipated that changes will take place within this service in the short-term, the service manager has been involved in some outline discussions.

The provider has been working to change how service users will have main meals provided. A contract for delivering community meals has been awarded and it is expected that service delivery will take place in Uist and Barra in November 2014.

The service has increased the frequency with which they meet with community health colleagues. These "Round the Board" meetings aim to ensure that key information is shared between relevant professionals and needs identified are quickly responded to.

Conclusion

This service remains a highly valued service that enables people to receive support in their own homes, retaining as much independence as possible.

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.careinspectorate.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 3 - Adequate

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 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

We wrote this report after an inspection which took place on various dates between 20 October and 23 October 2014. Feedback was provided to the registered manager on 24 October 2014.

During the inspection we gathered evidence from various sources including:

- * Current self assessment and annual return
- * 23 care standard questionnaires returned by service users or their relatives
- * 10 questionnaires returned by staff employed in the service
- * Various service policies relevant to areas being inspected
- * Staff training records
- * Records of staff supervision / appraisal
- * Service users' care plans - either in individual homes, or by checking electronic records
- * Questionnaires used by the service to gain feedback on the service
- * Quality assurance information
- * Accident and incident reports
- * Service redesign report
- * Staff handbook.

As part of the inspection we also:

- * Accompanied home care staff to 22 service users
- * Spoke to 16 service users (this was either during observational visits, independent visits to service users or by telephone contact)
- * Spoke to 5 relatives either during home visits, or through telephone contacts
- * Spoke to registered manager, care co-ordinators and 13 home care workers.
- * Spoke to 3 community health workers.

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

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: Six months from receipt of report.

What the service did to meet the requirement

The service have provided a personal plan to a significant number of their service users. However, we observed a number of people who had been using the service for a long period of time and who did not have a plan in their own home. Reviews were not seen to be taking place on a regular basis.

The requirement is: Not Met

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 - Six months from receipt of report.

What the service did to meet the requirement

We did not see evidence of the service implementing their own quality assurance processes on a regular basis. A new reworded requirement will replace this.

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 to comply with:

SSI 2011/210 regulation 5 - Personal plans.

Timescale: within 6 months of receipt of this report. This also takes account of National Care Standards, Care at Home, Standard 3: Your personal plan.

What the service did to meet the requirement

See information recorded under Requirement 1. Further information about this will be included under Quality Statement 1.1 and 1.3

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 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

Timescale: within six months of receipt of report. This also 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 not put proper arrangements in place to assist service users with medication. Some of the work that has been carried out in this are:

- * The organisational policy covering the administration of medication has been reviewed, but has yet to be issued to staff so is not implemented.
- * Medication awareness training has taken place for the majority of staff.

The main elements of ensuring that satisfactory arrangements in place for helping people with medication remain unmet and further detail on this is included under Quality Statement 1.3 and a new requirement has been made, which covers additional elements relating to medication practice.

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

Timescale: within 6 months of receipt of 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 service has made good progress in ensuring that moving and handling risk assessments have been put in place, in most situations, where they are required. Whilst the service needs to ensure that the assessments in place remain accurate and reflect changing needs and abilities, sufficient progress has been made in this area to consider this requirement met.

The requirement is: Met - Within 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

Timescale: Within six 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 organisation have implemented a plan which provides mandatory staff training.

The requirement is: Met - Within Timescales

The requirement

The provider/manager must 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 - Six months from receipt of report.

What the service did to meet the requirement

The service have not implemented quality assurance processes in a consistent and routine way. This requirement has been reworded and further information about this is included under Quality Statement 4.4.

The requirement is: Not Met

The requirement

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

Timescale: Six weeks of receipt of the report.

What the service did to meet the requirement

Information about this has been included under requirement 1 - and further detail will be included under Quality Statement 1.1 and 1.3 where the requirement will be continued.

The requirement is: Not Met

The requirement

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 .

Timescale: within four months of receipt of report.

See above for further detail about this requirement .

11.

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)

Timescale: within six months of receipt of this report.

This requirement remains unmet and further detail has been included in the report under quality statement 3.3.

14.

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: four months from receipt of report.

This requirement remains unmet and has been continued in this report .

What the service did to meet the requirement

See above for information on requirements

The requirement is: Not Met

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

In the previous report recommendations were made in respect of :

How information was recorded by home carers

Being informed about any change in who will be providing the care

Assessing staff training and learning needs .

Information about these is included in the relevant section of the 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.

Each year all care services are required to submit a self assessment . We check this document to ensure that it is accurate. This service submitted a comprehensive document in which they highlighted strengths and identified areas of improvement .

Taking the views of people using the care service into account

"Just to say they're excellent and I am very glad they help me"

"I can only say how kind and helpful all these ladies are. Life would be very difficult without them. So glad they are coming"

"Can't praise them enough. Nothing can be improved as is going so well, the staff are excellent, same staff all the time"

"Can't think of anything I would change, mix up one morning as someone was off but they apologised"

"Quite happy, very happy with the way things are"

"I am pleased with all the carers - they are very helpful"

"Quite happy with carers"

"Very happy with the carers, we know them well anyway"

Taking carers' views into account

"We find this service very good especially getting a shower and getting dressed and her hair done. This makes a huge difference, as she does not have the confidence to take a shower on her own. Also the nurses call fairly regularly to see she is okay. Thank you for this service"

"No meaningful review of the home care service, no opportunity to give feedback "

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 practice in relation to the areas covered by this quality statement was adequate.

The provider has set out a participation strategy, this includes a toolkit, which provides service managers with information as to how to formally engage with people using the service, for example, through the use of questionnaires.

The service has made some progress in preparing a personal plan for each service user, at the point that service delivery commences. A home care and support plan, based on the single shared assessment is set out, and the co-ordinator visits the service user to go over the plan with the individual or their representative. A written agreement and a care timetable sets out what each individual should expect by way of service delivery. The personal file which is then kept in each person's home, sets out a range of information including:

- * Service contact telephone numbers
- * Information about complaints process
- * Information about other services
- * Information about eligibility criteria and cost.

These processes support service users to be informed about the service they are using.

We saw that the service have continued to use questionnaires on an annual basis. They have used them to gain general feedback, for example, where they have asked

people about their experience of using the service. We saw that the service have made an analysis of these questionnaires. The service received a range of comments within the questionnaires, which were returned to them. They heard:

- " I am pleased with my carers - they are very helpful"
- " If you could let us know when our own carer is off who is caring"
- " We are very happy with the care service always very helpful"
- " I think staff do a very good job, they are kind to my relative"
- " Staff understood my relative's condition"
- " Who could be responsible for putting tablets in the weekly boxes, I am very forgetful"
- " I am dissatisfied with responses to concerns raised"
- " Generally very happy but things go haywire when staff are ill or on holiday"
- " Weekends when no one has turned up"
- " My file has old info from 2008"

We saw that people using the service, their representatives and home care workers have access to care co-ordination staff. Observation in the co-ordination office indicated that they responded helpfully to contacts, requests for advice or guidance from staff. It was also apparent that home care staff were responsive in making contact to alert their supervisors to changes. We saw that this service's main strength, in terms of participation, was where service users had the opportunity to build good relationships with the care staff who support them. We saw that, in many cases, this meant that service users would raise issues directly with support staff and that either they, or the home care worker, would get in touch with the care co-ordinator in the office.

The service continues to distribute some newsletters. These newsletters are informative about the service and include stories about staff changes or achievements and service developments, which would be of interest to people using the service or working in the service.

Areas for improvement

As stated above, we saw that the service has made improvements in the availability of personal plans for people using the service. However, we did see some examples of where the home care and support plan was not available in the service users' homes when we visited. In some cases this may have been because the plan had required updating, and the task had not been completed, but we also saw that there were other circumstances where a plan did not seem to have been prepared although the person had been receiving a service for a long time.

We saw examples of where the information that was available in the individual's home, would not inform staff as to how support should be provided, either in terms of needs and support requirements, or in terms of preferences, likes and dislikes. There were some instances where the information that was in an

individual's home was very outdated. To ensure that the personal plans in place remain reflective of needs, and that they are person centred, key staff should, when preparing reviewing these plans, consider that sufficient person centred information is included as to how support is to be provided. The initial plan that is prepared is as stated above, "pulled through" from the electronic single shared assessment. The service should, however, in developing the plan, consult with the person using the service, and/or their representative so as to ensure that it is reflective of how they wish their care and support to be provided.

We did not see that the service was able to evidence that they regularly carried out reviews of the support plan with the service user, or where appropriate, with their representative. We observed that, where there was a change in need, the service did make a referral to assessment and care management, for a review of the assessment. Although there was evidence of effective team working, inevitably the outcome of these assessments rested with the social worker or social care assessor. However, the service have a responsibility to review the personal plan. These reviews should be on a planned basis, they should involve service users or, where desired or appropriate, the representative. This process should centre around checking that the current plan remains appropriate and acceptable to the individual. **(See requirement 1)**

During the inspection the service was in the process of implementing a community meals service. The implementation was due to commence in approximately a month's time. This was a major change in that the development of the service was on the basis of substituting main meal preparation time that individuals currently received. We did not see that the service had supported people using the service to be well-informed about this change, or about the implications and choices that would be available to them, as to how their care was provided. Home carers, as the first point of contact for service users, were not themselves, well-informed about what this change would mean for service users. Therefore they were not in a good position to explain the alternatives. We did not see that home carers or care co-ordinators were well-informed about how the details of this new service would impact on how the service was provided. We saw that some of the information that was sent out was confusing to both staff and service users. We saw that this uncertainty and lack of information, also coincided with assessment and care management commencing their individual service users' reassessment, which would inform what level of service individuals would be entitled to after main meal preparation was removed. We concluded that this had not evidenced positive service user participation. **(See recommendation 1)**

The service plans to establish a user group and / or representative and stakeholder meetings. They plan to hold these meetings twice a year, commencing in the new year (2015). They have identified this in the self assessment that they submitted. During feedback we discussed that this would be a very positive activity, where people using the service, or their representatives could be kept up to date about

changes to the service provision, and give feedback. This kind of engagement, which is what the organisation have themselves identified in their participation strategy toolkit, would have been a positive way of engaging , informing and helping people participate in the change to a community meals provision, substituting main meal preparation by home carers.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The care service must ensure that each service user has their personal plan reviewed as follows:
 1. When requested by the service user or representative.
 2. When a significant change to health, welfare or safety needs occurs.
 3. At least once in every 6 month period and following this consultation, where it appears appropriate revise the personal plan.

This is to comply with:

SSI 2011/210 The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011- 5

Timescale : To commence within two months of receipt of this report.

Recommendations

1. The service should consider how they implement the organisational participation strategy so that they offer people a range of opportunities to participate and influence the way the service is run.

National Care Standards Care at Home. Standard 11: Expressing your views.

Statement 3

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

Service strengths

We found that service performance was adequate in relation to this statement. We decided this after we spoke with management, staff and service users. We also looked at care plans, daily records and policies.

The home care manager participates in various meetings to co-ordinate and agree care provision and delivery where an individual has been identified as meeting the eligibility criteria. This includes meeting with health colleagues in the hospital to plan for people who are going to be discharged home. We also saw that staff worked closely with other health and social work colleagues to arrange appropriate care for individuals. As part of our inspection we attended three meetings where community health workers, care co-ordinators and home care workers met and shared relevant and appropriate information about individuals that they were jointly providing a service to. We observed that there were positive and effective working relationships between health and social care colleagues. We also noted that positive working practices were expressed in terms of home care and care co-ordination staff working in cooperation. We observed that this translated into effective support being provided to individuals requiring support to facilitate attendance at health appointments, and in liaison over the timings of visits, if such joint work was indicated as necessary.

Electronic records showed that each service user had a single shared assessment. Within Uist and Barra we understand that community health workers also carry out single shared assessments. The home care and support plan was then created by "pulling through" sections of the single shared assessment. Overall care plans generally contained relevant details about an individual's needs, physical and mental health and other related information. Care plans identified service users' main health needs, and some care plans had useful guidance to assist care staff.

We saw that most service users have a care plan in their home, and an electronic record of that plan and other service user information, is held in the home care office. Generally, the home care and support plan would usually guide staff as to the particular help that an individual needed. We saw that where required, there were up to date risk assessments, which provided guidance about moving and handling needs. These risk assessments were completed to a high standard. This ensured that staff had specific information as to the risk reducing measures that they should have in place, equipment they should use, and gave very clear guidance as to how to safely assist someone to transfer. Where we observed staff putting these skills into practice, we observed that individuals were clear about procedures, and were confident and competent in their application.

From feedback from service users, and from observing home carers going about their duties, we saw and heard that staff who regularly supported individuals were well-informed about their likes and dislikes. They worked in a way that was acceptable to the service user. We saw staff delivering a care service in a way that was

approachable and friendly, and also where, despite tight time constraints, tried to make some time for social interaction. During the inspection we saw that regular carers had established positive relationships with service users. Overall service users told us that their experience was that they were treated in a respectful manner.

Areas for improvement

We saw that at times the content of personal plans was variable and that the amount of detail included, could at times, be sparse. This was particularly evident in circumstances where there were complex issues, for example, mental illhealth, cognitive impairment or serious health issues. In some circumstances we saw that, because of impaired understanding or communication, individuals may have difficulty in communicating their needs and personal plans. Consequently they needed to be specific about needs, and about the required supports. For example, to say "needs assistance with personal care" is not sufficient in a situation where an individual may not be able to communicate what assistance they need. Key staff drawing up personal plans, and carrying out reviews (see requirement under Quality Statement 1.1) should be checking that plans are person centred, and that they include sufficient information as to how support should be provided.

We observed that home carers were generally responsive to alerting their supervisor, or a member of the care co-ordination team, of concerns or changes that they had noted. We saw that there was a wide variation in the standard of detail in the record sheet maintained within the person's home. We saw that a variation existed that ranged from reasonable detail, with an entry for each point of care, to others where there were lots of gaps and where there was little to reflect the support that was actually provided. Clearly, in some circumstances a brief note is all that would be necessary, but we observed other circumstances where individuals who may have communication barriers, or cognitive impairment and needs in areas such as, maintaining nutrition, personal care and hygiene, where recordings were not sufficient. We saw that the service had not worked to resolve ongoing issues with recording when services are jointly provided with other providers, which we saw could lead to gaps in the records maintained. At feedback, we discussed that the important factor was to ensure that key information about what care has been provided was recorded, and that important aspects of care were logged and could be read by the next person who came to provide support. Although as stated above we found that care workers were generally proactive about passing on changes that they noted, we did observe some variations in this. We highlighted two instances where changes had been noted in terms of pain and skin care, a few days before the issue was raised with community health workers. Clearly in such circumstances a quicker response would have had a better outcome for the individual. We saw that having been completed, recording sheets were sent into the care co-ordination office. We saw that there could be a significant delay in reading, or acting on any information noted. These could sit for some time before being attended to. The service also needs to consider how they then ensure that important records are kept as an audit trail of

what has taken place. Although we saw that home carers did often pass on important information over the telephone and we saw that care co-ordinators, on becoming aware of this did act and pass on information to relevant colleagues, we did conclude that there was a gap in the system, in terms of being an effective recording and governance tool, which would clearly detract from their use to review and monitor different aspects of the individual's situation. **(See recommendation 1)**

During feedback, we highlighted the importance of ensuring that appropriate procedures were implemented, to raise concern in situations where the service was not successfully meeting the expressed needs. where there were inherent risks that could possibly fall under the scope of adult protection. We observed that the systems in place to support individuals who had complex additional needs, not being effectively met by the service, were not very clear. We concluded that, while the service did not, of course alone, hold responsibility for resolving these issues, they clearly had a responsibility to ensure that they effectively communicated concerns and obtained advice and guidance on how to progress better outcomes, as a matter of priority.

We found that the arrangements in place for medication continued to be unsuitable. There were no assessments in place within the care plans about service users' ability to manage their medication. We were told, and care plans indicate (where reference is made to medication) that care staff were only prompting service users, to remind them to take their medication and that, with the exception of this "prompt", service users were self-administering their medication. However, we observed that home care workers were, in many instances administering medication, but without checks in place to monitor how they were carrying out this task. From talking to service users, staff and from reading personal plans, we concluded that a significant number of service users were not able to understand about their medicines and would not be assessed as being able to self administer. We observed a number of situations where home care workers were administering medication to individuals who would not be assessed as being able to carry this out , and were doing this from medication that had been put into compliance aids (dosette boxes) by family members or friends. Home carers would not generally have any formal information about what they were giving. There were no suitable records kept about what medicine service users were prescribed, what support they required to take this medication and about how medicines should be safely stored. There were also no records maintained to evidence what had been taken. The current policy on administration of medication states that home care workers should not support service users with administration of medication.

We understand that this policy has been redrafted, although has not been implemented throughout the service. **(See requirement 1)**

We were aware that people using this service did sometimes experience missed visits. We were aware of this through observation in the care co-ordination office,

from talking to people using the service and also from reading the results of the quality questionnaires that they had themselves carried out. The service do themselves acknowledge that this occurs, but we did not see that they had effective systems in place to record such events, to report on causal factors and to put effective plans into place, to prevent a reoccurrence. Given the level of need that some of the individuals they support experience, we concluded that it was essential that any such events should be rare. Although we were not able to quantify the frequency with which missed visits took place, we observed that these were significant occurrences and required resolution if they took place with anything other than rare frequency. **(See recommendation 2)**

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 3

Requirements

1. The service must review all medicine procedures and protocols in order to comply with best practice. Account must be taken of service users who are unable to self administer their medication. Assessments and records should be reviewed regularly and suitable records should be kept. Staff should be given appropriate training in this area of their work and their competence assessed to ensure that they are qualified and competent to carry out this task.

This is to comply with:

SSI 2011(the Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011

Timescale: Three months from receipt of this report.

Recommendations

1. The service should ensure that all staff receive and follow guidance on service expectations about proper record keeping. Records should be maintained that will allow key staff to monitor and review the care and support that has been provided, the outcome of any referrals made, and any advice and guidance received.

National Care Standards Care at Home. Standard 4: Management and staffing.

2. The service should review their performance with regard to missed care visits. This would be with the aim of reducing the frequency with which these take place. As part of their quality assurance process the service should monitor any occasion

when a visit was missed, and where they identify this has happened, put in place an effective plan to address identified issues.

National Care Standards Care at Home. Standard 5: Lifestyle and Standard 6: Eating well.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

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 Theme 1, Quality Statement 1 for information about participation practice.

Areas for improvement

Please refer to Quality Theme 1, Quality Statement 1 for information about participation practice.

Grade awarded for this statement: 3 - Adequate

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 decided that the service grade for this statement was good. We concluded this after we spoke with management, staff, service users and their families. We also looked at staff training records.

Staff we met appeared friendly and enthusiastic about their work and we saw evidence of a commitment at different levels in the service to providing a good standard of care, and to meeting individual service user's needs. We saw evidence of staff supporting individuals in a manner that demonstrated that they knew individuals well.

When employing new staff, a safer and robust recruitment procedure was followed. New staff did not commence employment until they had suitable references and a

PVG (protection of vulnerable groups) check. This helped to reduce the risk of employing unsuitable people. There was an induction process which had core elements including:

- * Introduction to organisational policy and procedures, National Care Standards, SSSC (Scottish Social Service Codes of conduct)

- * Training in areas such as infection control, continence support, personal care, food safety (some of this training is provided by health colleagues who have special areas of expertise, for example, in skin care or continence supports

- * Mandatory training in moving and handling

- * Shadowing an experienced worker.

The service issues all staff with a comprehensive staff handbook, which gives clear guidance to workers about various aspects of the role.

Following on from induction training we saw that the service has some good arrangements in place for the ongoing provision of mandatory staff training. It is planned that some future training will be carried out using LEARNPRO, an online training system, but to date this has not commenced. We saw that staff receive training in a number of different areas relevant to the work that they carry out. These include:

- * Moving and Handling

- * Dementia Awareness

- * Medication awareness

- * Adult Support and protection.

The service has made progress with regard to making arrangements for home care workers to obtain a qualification in care. Home carers in the area have commenced a rolling programme of SVQ level 2 (Health and Social Care).

We saw that in relation to specific questions about staff, those who returned care standard questionnaires:

100% of those who responded were confident that "staff have the skills to support me"

70% of those who responded stated that they felt that "staff have enough time to carry out the agreed support and care"

100% of those who responded stated that "staff treat me with respect"

100 % of those who responded said "I know the names of the staff who provide my support and care"

Staff said that they were able to access support from either the service manager, or the appropriate care co-ordinator and that they responded appropriately to concerns that they expressed.

Areas for improvement

We saw that the service, although working towards a service redesign where staff would be employed on a contract with minimum hours of work, still has a reliance on a variable hours, contracted workforce. This, in conjunction with a reducing workforce in some localities, and an increasing service user need, means that, as a service, they have constant issues with meeting their current care commitments. This is particularly evident in some of the more remote and rural areas. It impacts significantly on consistency for service users, and on both home care and care co-ordination staff, who are working hard to maintain service delivery. We saw that the service continues to not have management or supervisor cover in place, out of office hours, although the manager and care co-ordinators do, on occasion, respond to issues that arise, if they become aware of a difficulty occurring. Service users or relatives experiencing issues with service delivery outwith normal office hours, contact "Faire" the local authority out of hours service. We saw that in many situations this service was able to resolve issues, for example, identify an alternative care. However, there are other occasions when home care staff come across an issue with which they need practice guidance, or indeed "Faire" may not be able to identify an alternative care worker. Further measures are required to resolve the situation, and there is no identified senior cover to resolve the problem. This area is subject to an unmet requirement. **(See requirement 1)**

Some service users told us that they can experience a lack of continuity with carers, and that this is particularly obvious when their main carers are on holiday, or at weekends or peak holiday periods. Sometimes people do not know who is scheduled to provide their service, and this creates anxiety. **(See recommendation 1)**

Overall we concluded that improvements could be made as to the ways that the service used to assess and evaluate staff practice.

Some staff who responded to questionnaires, or to whom we spoke with, either by telephone or directly, told us that :

- they did not have regular supervision
- they were not given the opportunity to meet up with other staff and talk about their day-to-day work
- the service did not regularly ask for their opinion on how it can improve.

- although they received some good training , there was also some repetition with some courses such as medication awareness being repeated without any new learning being included.

The service does not have regular team meetings for the majority of staff. Home carers do not have regular opportunities to meet as part of a team. Regular meetings following an agenda, which all those attending could have an opportunity to add to, would supplement the opportunities available. For example, during the "Round the Board" meetings. These would work towards raising awareness of different care topics, reinforcing best practice, as well as sharing areas of concern.

We concluded that arrangements for staff supervision are limited. Most staff have a supervision / appraisal meeting with their supervisor on an annual basis. However, we understood from some staff that this was not consistent and that even with this minimum frequency, not all staff had individual or group supervision, or one to one meetings. Overall, we concluded that the current arrangements in place did not work well to support home carer workers and did not contribute effectively towards monitoring all aspects of the service. Although staff generally reported that they were able to access their supervisor easily when they had a concern, we did not see that the current system was sufficient, given the complex nature of the work being carried out by staff members usually working alone. We also concluded that there could be improvements as to how new and inexperienced workers were consistently supported through an enhanced supervision process. **(See recommendation 2)**

We did not see that there was any planned process in place whereby staff practice was regularly observed.

We concluded that this would be another tool that could be used to effectively assess staff competency, identify areas of development and training needs, and could support service improvement by contributing towards identifying those needs. Overall we observed that care co-ordinators were working hard to maintain service delivery and input data into various organisational information systems. This detracts from their ability to consistently spend time in their locality areas.

The service provided staff with training in medicine awareness. We heard that staff found this training useful and that it was relevant to the work they carry out . The service should, however, ensure that this training is sufficient to ensure that staff administering medication (in line with their new policy) will have the knowledge and skills for this task. In doing this they should ensure that they assess the competency of staff who will be carrying out this task, and ensure that they supervise and audit practice in this area. **(See Quality Statement 1.3 requirement 1)**

We concluded that the service would benefit from either implementing or having access to clear , and up to date staff records which would allow them to constantly monitor what training staff have achieved. Currently we saw the service can request

reports from the providers organisation staff training department , or are reliant on the wealth of detailed, but unrecorded knowledge which staff managing and coordinating the service hold.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. This requirement was carried through from an inspection in 2013.

The provider must ensure that there is 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:

SS1 2002/114 Regulation 13 Staffing (a), and SSI 2002/ 114 The Social Care and Social Work Improvement Scotland (Requirements for Care Services)Regulation 4(1)(a) Welfare of users.

Timescale: within 8 months of receipt of this report.

Recommendations

1. The service should aim to let service users know who is going to be providing their care on each occasion that a change is made. In doing this they should establish practical ways of communicating this information, but with an emphasis on ensuring that the information is passed on and that the service will be consistent and reliable in who is providing the care.

National Care Standards Care at Home. Standard 4.1, 4.2, 4.5: Management and staffing.

2. We would recommend that the service make more effective use of staff management and support tools such as planned staff meetings, regular and more frequent supervision and observed practice for all workers.

National Care Standards Care at Home. Standard 4.6: Management and staffing.

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 Theme 1, Quality Statement 1 for information about participation practice.

Areas for improvement

Please refer to Quality Theme 1, Quality Statement 1.1 for information about participation practice.

Grade awarded for this statement: 3 - Adequate

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

At this inspection we found that the service was performing at an adequate standard for this statement .

We saw that the service had set out comprehensive proposals for re-designing this service. They have based their proposals on comparisons with other different models of service delivery, an analysis of their needs based on their current requirements, and projections of their future needs. Although the organisation has, at a strategic level, been working to take proposals through formal organisational approval processes, detailed work on this has not yet begun at service level. Much of the re-design focusses on establishing a service, which has contracted staff who work a shift basis pattern of fixed hours, and who will be managed in locality areas. They aim that this

will enable more regular activity in areas such as staff supervision, observed practice, quality assurance visits and reviewing of personal plans.

Taking this forward is clearly a major piece of work within this service, and has set out a clear improvement agenda, which is being progressed.

During the inspection, work was being carried out to roll out "Call confirm live" a staff monitoring and scheduling system throughout all the local areas. We heard that implementing this system would help the service prepare for a service redesign, by providing them with up to date and accurate information about staffing needs. This system should also support the care co-ordinators to schedule home care provision and provide them with data, which they can use to monitor what they are providing.

The service has a complaints procedure, and where we sampled activity around complaints, we saw that complaints made were followed up within appropriate timescales.

The service does make use of Care Inspectorate processes, such as self assessment, to reflect on their strengths and areas of improvements. We can also see that they are working towards making progress in areas where weaknesses have been identified and requirements or recommendations made. The organisation uses an electronic system to record progress in key performance indicators and the manager regularly contributes and updates the information available on this service.

We saw that staff and service users continue to have easy access to the registered manager or care co-ordinators if there is any aspect of the service, or the support they provide, that they wish to discuss. The manager was very visible in the daily life of the service.

The service has a framework in place for quality assurance visits. These are where care co-ordinators visit service users in their own homes and check that their standards are being met. **(See areas of improvement)**

Areas for improvement

We identified that during this calendar year, care co-ordination staff carried out quality assurance visits to some people using their service. The service acknowledge that they have not met their own targets in carrying out these visits, which are designed to be a way of checking with service users about the quality of the service that they routinely receive. Although some visits have been carried out, we did not see that there was a consistent approach to engaging with service users in this way.

Throughout the inspection we also saw that there were a number of areas within which, more robust quality assurance processes could be applied. For example, we have observed that :

- Personal plans and personal files (including service user daily records)
- Service user reviews
- Incidents of missed visits, time of visits
- Practice in key areas such as medication, infection control

Areas where we identified that more regular and structured monitoring and auditing could be applied, so that they can routinely check that standards and best practice in these areas are being met.

Regular planned reviews with service users, quality assurance visits, and staff supervision, including observed practice, would all work towards establishing a consistent approach towards assessing the quality of the service being delivered. Regular analysis and review of data obtained from the staff monitoring and scheduling system, for example, in relation to missed visit , would highlight where problems have occurred and could be used to inform where improvement was required.

The service should ensure that where audits identify issues requiring resolution, action plans should be developed which address the problem, either on an individual basis, or where indicated as part of a team or service approach. **(See requirement 1)**

This service often works with a local voluntary care provider to provide a care at home service to individuals. This works in a variety of ways, usually where the local authority is experiencing a challenge in service provision, for example, because of lack of available workers. We would consider that this is a positive solution and aims to ensure good outcomes for individuals who may otherwise experience difficulty in maintaining independence. We saw that there was an ongoing need to establish more effective joint working practices, particularly in relation to maintaining effective records in such circumstances.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. This requirement was carried through from previous inspection.

The provider must ensure that they make proper provision for the health and welfare of service users by ensuring they have proper quality assurance systems in place.

This is in order to comply with:

SSI 2011/210 The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 4 Welfare of users. This also takes account of National Care Standards Care at Home, Standard 4: Management and staffing.

Timescale: Six 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

Quality of Care and Support - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
27 Nov 2013	Announced (Short Notice)	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
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

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