

Care service inspection report

Full inspection

Generic - Care at Home - Uist and Barra Support Service

Social and Community Care
Comhairle nan Eilean Siar
Balivanich
Isle of Benbecula

Service provided by: Comhairle Nan Eilean Siar

Service provider number: SP2003002104

Care service number: CS2004085758

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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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	2	Weak

What the service does well

Individuals who receive a service told us that they were happy with the home carers who provided their service and with whom they have good relationships.

Care co-ordination staff and the manager work very hard, and demonstrate a good commitment to delivering an essential lifeline service with very limited resources.

Staff at different levels demonstrated a positive approach to their work.

The service has good and established effective working relationships with health colleagues and there is evidence of very good joint working practices at a local level.

What the service could do better

Planned opportunities for service users to give feedback on the service are currently limited and should be improved.

The service should provide each person with clear information about the service that has been agreed. This should include contact information.

Some people using the service do not have a personal plan, or what is in place is out of date and does not contain all relevant details.

People using the services do not have their support plans regularly reviewed with them.

Records maintained by home carers are variable in standard and need more monitoring.

The service has too many missed visits.

Arrangements for supporting people with medication remain unsatisfactory.

The service does not have enough home care staff working in the service. This means that there are times when there are not enough carers available to carry out support visits. It also means that there are times when two carers are required to provide support and this is not available. Working conditions such as variable hours contracts, not paying for travel time and short care visits may be impacting on their ability to recruit and retain staff within a geographical area where there are already problems with recruiting enough staff.

The service has not been able to fill gaps when care co-ordination staff are absent from work. This impacts on the workload of care co-ordination staff and the manager.

The organisational senior manager post with responsibility for overseeing the service has remained unfilled for a significant time despite repeated recruitment attempts. This means support to, and monitoring of the service is reduced.

Staff management and support is mostly carried out in informal ways. Staff supervision is not regularly carried out and team meetings are infrequent.

The service must review staff training records so at least to ensure that mandatory training is provided, updated and refreshed regularly, in line with statutory regulations and best practice guidance.

The service has not yet implemented a structured approach towards checking the quality of the service they provide.

What the service has done since the last inspection

Since the last inspection the service stopped cooking main meals as part of their care service delivery. Home care staff will now reheat prepared meals or prepare light snacks.

The service provider has recently adopted a policy on medication management. On going work has continued on policy development relevant to aspects of the service.

The service has introduced a care scheduling and management system called "call confirm". This system should provide up to date and accurate information about all aspects of service delivery and "live" monitoring of the system was to commence from 28 September 2015.

The service provider have employed a project officer to lead on the redesign of the home care service. This worker was to take up post on 5 October 2015. The project will initially focus on redesigning the providers other care at home service operating in Lewis and Harris with an expectation that this will in time inform how this service operates.

At the last inspection we made four requirements. Some variation of these requirements have now been in place for a number of years and have not been met. We also made five recommendations and we did not find that the service had evidenced progress in these.

Conclusion

The Generic Care at Home Service - Uist and Barra covers a remote and rural area and we saw that it provides a very essential and lifeline service which is very much appreciated by those who use the service.

We concluded however that the lack of progress towards meeting any of the requirements had to be reflected in the grades awarded, as these were constraining the delivery and development of this very important service.

1 About the service we inspected

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'.

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 2 - Weak

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 0345 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 carried out this announced (short notice) inspection from 21-24 September 2015. The inspection was carried out by two inspectors. We gave feedback to the registered manager on 25 September 2015 and to the head of service, community resources on 1 October 2015.

During the inspection we gathered evidence from a range of sources including:

- 19 care standard questionnaires returned to us from individuals using the service
- Electronic care records
- Individual personal plans and other records held in people's own homes
- Accidents and incidents records
- Records about missed visits
- Staff training and induction records

We spoke with :

- Registered manager
- Two care co-ordinators
- 12 people who used the service
- Relatives of people who use the service
- Six care workers
- Three health care workers

We looked at practice in relation to the administration of medication.

Additionally we observed a number of care workers by accompanying them on their support visits in North Uist, and Barra.

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.firescotland.gov.uk

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.

We checked the self assessment submitted by the service. While we concluded that the document contained some good information about strengths and areas of improvement there were a significant number of points identified as strengths which the service were struggling to consistently evidence.

Taking the views of people using the care service into account

We had feedback from a number of people who use the service. Overall we heard that individuals were very happy with the carers who provide their care. People told us :

"I just don't know how I would have managed without my carers. They are always punctual (or if not, they let me know). They are so kind and helpful, above and beyond what they have to do. One lady, in particular, always makes me laugh, a thing I rarely do otherwise"

"I am only allowed one shower per week. As I am sore from sitting I would like two or three showers a week. I don't always have the same carers due to staffing shortages"

"I am currently getting five days @ 1/2 hour a day care, to me this only allows my carer time for a chat. I feel I would benefit more from two days a week at one hour each and one day at 1/2 hour. This would maybe allow time for carer to change bed - clean out my fire - breakfast or such like twice a week for me"

"I am very happy with the service I receive and am well looked after"

"I feel very lucky to receive this help as I can't manage it on my own"

"I have never had a problem, the girls - they are fantastic"

"carer is excellent"

"I have mostly had the same carer"

"happy with the ones who come, beyond my comprehension what they can do for me in 15 minutes".

Taking carers' views into account

People we spoke with were generally positive about the direct care they received from their care workers. We had some feedback where concern was expressed about the consistency of service delivery and about the service's ability to sustain more complex care packages.

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 thought the service was performing to an adequate standard in areas covered by this statement.

The service has a participation strategy which we saw evidenced an intent to establish the experiences of people using the service in relation to the quality of the service they are provided with.

The service provider is planning a series of participation events throughout the islands. An event has taken place in Stornoway involving the other generic care at home service operated by the local authority. This service plan to use any learning from this event to plan a similar event when people using the service, their relatives, representatives or other stakeholders will be invited to attend a feedback session.

Earlier this year a survey was distributed to people using the service, when they were asked a number of questions to gauge their overall satisfaction with the home care service. We saw that an analysis of the results had been carried out and that it was planned that a letter giving feedback would be distributed so that people would be informed about the findings and about any planned

actions. We saw that in some of the areas, particularly in terms of how people experienced they were treated by service staff, that there was a high level of satisfaction, which corresponded with our findings during the inspection and from the care standard questionnaires that were returned to us before the inspection. (See areas of improvement).

Throughout the inspection we saw some evidence of informal opportunities for service users to express their views about their care, and we saw that the service had responded in a positive manner to points raised. Home visits were arranged by care co-ordinators or the manager when this was required and we concluded that there was evidence of a positive approach towards resolving issues. People we spoke with told us that it was easy for them to access care co-ordination staff when they needed to. We saw that individual staff were giving consideration to the preferences expressed by service users to inform them in how they worked.

The service set out to ensure that each person using the service will have a personal plan. The service receive a single shared assessment prior to the service starting. A home care and support plan, based on this single shared assessment is prepared and the responsible co-ordinator visits the individual to go over the plan with the individual or their representative. Part of this process should be a written agreement to set out what the individual should expect by way of service delivery. The personal file which is then kept in each persons home, sets out a range of information including important contact numbers, the complaints process and information about other services.

Areas for improvement

We saw that surveys had been carried out to gauge the experiences of people using the service. However, we identified that where some issues were raised, the resulting action plan placed an over reliance on assuming that activities such as quality assurance visits, personal plans were already in place to support any follow up required. We were told at the inspection that a letter was to be issued to people using the service informing them about the result of the survey but this had not yet taken place. We did not see that these opportunities had been used to obtain feedback on aspects that had changed within the service over that last year, for example the introduction of an

external company frozen meals service, resulting changes to the timings of visits. **(See Recommendation 1).**

A small number of people whom we visited or people providing informal supports to them, felt that they did not have up to date information about how to contact the care service in the event of any issues arising. While we saw that personal plan folders included this information we were aware that these were also not present in each home we visited. We highlighted how the service should make sure that this information is easily accessible to anyone using their service. **(See Requirement 1).**

During the inspection we sampled electronic care records and also personal plans held in people's own homes. Individual personal planning is crucial to ensuring that individuals have opportunity for being involved in determining how their care is being provided and then being able to provide feedback on how this has been done. A significant number of those we visited did not have up to date plans which were reflective of current needs and expressed preferences, for example information about the preferred times for support to take place.

(See Requirement 1).

Services have a statutory duty to make sure that support plans are reviewed every six months. We noted that reviews were not being carried out in accordance with statutory timeframes and we did not find evidence of a systematic system for organising regular reviews with service users and their carers. We also identified that there appeared to be varying practices with regard to how reviews were recorded. We discussed with the registered manager the necessity to ensure that reviews were recorded in a way that evidenced service user and representative involvement and which demonstrated that all aspects of the care plan had been reviewed and considered. **(See**

Requirement 1).

Care workers are expected to complete communication sheets on every care visit. There continues to be a variation in the standard of recording and in how this is monitored so that it can be used both as a record of care delivered, and of changes in need or any expressed preferences. We noted examples of where these forms were not returned to the service office and that there was also a

delay in processing and checking the information that they contained. (See Recommendation under Quality Statement 1.3)

Although the service does have a stated intention to carry out quality assurance visits, and has carried out some, these have not yet been arranged so as to ensure that they take place regularly and systematically. We considered that the service should ensure that systems are implemented so as to ensure that there are early feedback opportunities available for service users, for example, by contacting new service users within a short period of the service commencing so as to identify issues early on. (See Requirement under Quality Statement 4.4)

Within the personal plan folders that were in place in people's own homes there was a generic written agreement which set out the terms and conditions for both the provider and the service user. However, where personal plans were not in place this information was consequently not present either. Similarly some of the information regarding the timings and length of support visits were out of date as these had not been updated when agreed support visits had changed. **(See Requirement 1).**

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The care service must ensure that each service user has an up to date personal plan which reflects their care support and safety needs, in place within one month of starting to use the service.

This plan should then be 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 six month period, or sooner where necessary, including when requested by the service user or their representative.

Following this consultation, where it appears appropriate, the personal plan and associated risk assessments should be updated.

This is in order to comply with:

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

Timescale : To be in place by 5 January 2016.

Recommendations

Number of recommendations - 1

1. The service should implement the organisational participation strategy so that they offer people a range of opportunities to participate and influence the way the service is run. Feedback received should inform an action plan for service development and evidence improved outcomes for service users, and service users should be informed about any action taken as a result of their feedback.

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 concluded that the service was performing to an adequate standard 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.

We found that some people had personal plans which gave details of the service user and some details about the support that they required. Prior to being allocated a care at home service each person will have their needs individually assessed and a single shared assessment completed. A personal home care and support plan is then formed on the basis of this assessment. We saw that where these were present in the individuals homes, in some instances, these personal plans would inform the care workers about the support they were to provide and would provide guidance regarding how this should be carried out. Where up to date plans were in place, key medical information was included to inform care workers about important details. We observed that some care workers were using the communication sheets to record important information about changes that they observed, care delivered and any identified issues.

We saw that the service management participates in various meetings to co-ordinate and agree care provision and delivery where an individual has been identified as meeting the eligibility criteria for a care at home service. Meetings take place with health colleagues in the local hospital to plan for people who may be being discharged and who already have, or are about to commence having a care at home service. Weekly meetings also take place across the islands (excluding the Isle of Barra) for care co-ordinators or the registered manager, care at home workers and community nursing colleagues to discuss relevant issues regarding individuals receiving a joint service. We were able to attend two of these "round the board" meetings and we saw that they evidenced positive examples of good joint working which resulted in positive outcomes for the person receiving the service. This was particularly evidenced in liaison over the timings of visits so as to ensure that effective communication was supported and indeed at times for nursing and care workers to work together to provide necessary care. Overall we found that the liaison with the community nursing and was very good and that this was a key strength of the care at home service.

During our inspection we were able to speak with a number of people who use the service and in some instances with their relatives or representatives. We were also able to carry out observational visits where we shadowed home care staff in carrying out the care work duties. People we spoke with told us that they experienced very good support from the care workers who provided their

care. Through our observations we concluded that people using the service knew their care workers well, and that caring and warm relationships were well evidenced. Care workers also appeared to be very clear about the support preferences and needs of the individuals they were providing a service for and we saw that this then meant that staff were able to assess changes which they observed, or identify any changes to health and wellbeing. During our observations care tasks were carried out in a person centred manner, and where we saw moving and handling tasks being carried out this was done in a competent way.

Care workers, registered manager and care co-ordination staff were seen to work hard to provide continuity of care for the people they supported.

The service has made some progress towards implementing policy about relevant areas of their work. During the inspection a policy to inform the management of medicines was approved by the provider. Similarly policies for infection control and palliative care have been introduced and approved.

However despite these positive elements we saw that service delivery was being affected by some important outstanding areas of improvement, some of which had been the subject of previously made requirements. We did not see that the service had been able to provide evidence that these issues were yet being addressed in a systematic way within which there was as yet tangible timeframes when they would be comprehensively met.

Areas for improvement

Personal Plans:

We identified a number of issues with the personal planning process. A number of people whom we visited did not have an up to date personal plan available to them and to the support staff who provided their care. We highlighted a number of situations, either where a plan was not available or in some cases where it had clearly not been reviewed for significant periods of time. This meant that some personal plans did not have clear up to date information about current health and wellbeing needs. We also identified instances where the personal plan had information contained which conflicted with the support which we saw being provided. In some other situations we

saw examples where carers were supporting individuals with complex conditions including pressure care, significant nutritional support needs, palliative care and where there were either no plans in place or where the information available was not detailed, or was vague in identifying how staff should work to meet that need. The provision of a personal plan which sets out how health, welfare and safety needs are to be met is a legal requirement. (See Requirement under Quality Statement 1.1)

Risk Assessments:

We found that the risk assessment processes were not well supported. Personal plans do contain a generic risk assessment which identifies environmental risks but as stated above these have not always been completed or been reviewed as circumstances change. We also saw that the process of completing implementing comprehensive moving and handling risk assessments had stopped when the staff member who had been seconded to this role had left the service. This meant that as with personal plans there was a variation of information in place. Some people had risk assessments in place that had been completed by the previous postholder, which remained current and relevant, although these had not been reviewed. Some people we saw had significant changes to their mobility, or were using different equipment and there was no review, or indeed risk assessment to support safe care delivery. We saw one example of where a moving and handling risk assessment had been carried out. This assessment was satisfactory completed and identified the risks, and stated that this should be carried out safely through using two care workers. However, we saw that the service had not been able to provide a second worker to resource this service which meant that they were providing care which they had assessed was not safe for the staff or the service user. Care co-ordinators had been trained in carrying out risk assessments but we heard that due to the other pressures of maintaining service delivery they had been unable to carry out this aspect of their role. We have linked this area with the requirement already in place concerning personal plans. (See Requirement under Quality Statement 1.1)

Medication:

We have previously identified issues about the unsuitable arrangements in place to support people with managing their medication. This includes clear assessments of the supports that are required by each individual.

We identified at the previous inspection that some of these were :

- Limited information in personal plans to guide staff as to the support people need to manage their medication.
- Over use of "prompting" as being the support required when observation indicates that the support would fall into the definition of administration.
- No medication administration records to detail medicine information, or for staff to use to record what has been taken.
- Compliance aids being filled by informal or privately arranged carers which are then used by service staff to administer medication.

We concluded that these issues remain outstanding and that the requirement in place remains unmet. Positively we saw that there has been some progress in establishing a service policy on managing medicines and that there has been multi agency work occurring which are working through issues of documentation, staff training, assessment but to date the impact of this is not evident at the point of service delivery. **(See Requirement 1).**

Missed Care Visits:

At the previous inspection we made a recommendation for the service to review their performance with regard to missed care visits. We highlighted that this was with the aim of reducing the frequency with which these take place. We saw that the service had, through the introduction of "call confirm" put into place a system that did identify and record any time a visit was missed. We are aware that the week after the inspection concluded this system was to go "live" so that instead of checking in retrospect why visits were missed there would be a continuous monitoring of the system so that remedial action could be taken

immediately if a visit showed as not having taken place. Where we sampled in relation to missed visits we saw that there was two types of occurrences :

- For a variety of reasons a scheduled visit not taking place.
- A scheduled visit being cancelled in advance because the service was unable to allocate this support visit to a home carer. This was often because of a shortage of available care workers.

Our findings evidenced that both of these were happening frequently, and we concluded that both circumstances were unsatisfactory, and that this was a priority area for the service to address. We have therefore made a requirement in relation to this. **(See Requirement 2).**

Records - Communication Sheets (Care Diary)

The service maintains electronic records on "care first" to support their service provision. As well as various assessment and planning tools the system has a record of contact - either telephone, emails, or information passed on during visits, or at "round the board" meetings.

Care at home staff are expected to complete an entry in a communication sheet on each occasion that they provide a support visit. We found inconsistencies in the practice which we observed. We found that some staff wrote clear records of what they had undertaken, and included information about any changes which they had observed. We saw other instances where there were gaps in what was recorded, including instances of no recording sheets being available or maintained in the person's home. The service also need to ensure that they have systems in place within which there are arrangements to check the information contained in these sheets, which should be returned to the service office each week. We highlighted some instances where forms were not being returned and we saw that there was likely to be delays in reading any information contained in these sheets. We have previously made a recommendation about this but concluded that the service still had work to complete to ensure that records which enable them to monitor and check what is being provided are being maintained. **(See Recommendation 1).**

Accidents and Incidents:

We observed that there were very few accident and incidents forms completed for the previous year. While this was positive, we concluded that the service should check that there was a common understanding amongst staff at all levels regarding when an incident report should be completed. Through our sampling we also highlighted two incidents when we would have expected an incident report to be completed but where there appeared to have been a delay in ensuring that this was done and where the systems in place to follow-up the lack of documentation were not robust. We discussed this with the manager during feedback and will follow this up again at the next inspection.

Unmet Needs:

During the inspection some staff we spoke with highlighted areas of unmet need for service users. An example of this focussed on foot care, an area of personal care which we understand is not currently being provided for by this service. We have raised this with the provider so as to ensure where people are assessed as requiring assistance with personal care consideration is given to this aspect of grooming/care. This would be to ensure that with their partner agencies an important area of care which can contribute to comfort and mobility is provided for in a safe way by staff who have been trained to carry this out.

Grade

3 - Adequate

Requirements**Number of requirements - 2**

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 in order to comply with :

The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 4

Timescale : 1 February 2016

2. The service must implement systems that will reduce, and as far as is possible eliminate, the number of missed visits. This includes visits that are cancelled because they do not have sufficient staff working to cover a previously agreed support visit. Records must be maintained of any missed visits, and should comprehensively evidence the actions they have taken to prevent recurrence.

This is to comply with :

The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 4

Timescale : 1 February 2016

Recommendations

Number of recommendations - 1

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 outcomes of any referrals made, and any guidance received.

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

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 Statement 1.1 for information about participation practice.

Additionally we saw evidence to support that when service users gave feedback about their support workers, comments were taken on board and where necessary changes were made to their support arrangements.

Areas for improvement

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

Grade

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 adequate. We concluded this after we spoke with management, staff, service users and their families. We also looked at staff training records.

Service users told us their carers were excellent. We were told that staff were polite and courteous. People told us about the kindness shown by their care worker, who often did more than they were required to do to help them.

The service tried as far as was possible to ensure that staff worked consistently with individual service users and we met some people whom this had worked well for.

We spoke with staff who were committed to their caring role and who worked hard to maintain service delivery at times when this can be challenging, for example when there are adverse weather conditions, power cuts and when travel is difficult.

We saw some evidence of good team working between care at home workers and we hear that they found it easy to approach office based staff for advice and guidance when this was required by them.

Some staff working in the service have completed SVQ training (Level 2 - Health and Social Care). This will help staff to maintain registration with SSSC (Scottish Social Service Council) when this becomes mandatory but is also evidence of the provider supporting staff to develop their skills and provide relevant learning opportunities.

The service have systems that evidence safer recruitment, and we saw that new staff did not commence employment until they had suitable references and a PVG (Protection of Vulnerable Groups) check had been completed. Some staff who had started to work within the service relatively recently told us that they had a good induction experience which included the opportunity to shadow experienced staff prior to being allocated work.

The service provider has a staff development and appraisal system and have also recently approved a staff supervision policy. The latter has not yet been

implemented within the service and they are identifying that they would find it difficult to meet the expected standards in terms of frequency and timescales.

We have previously identified the "round the board" meetings which we concluded evidenced strengths in relation to effective working relationships and good team working. We highlighted at inspection that the service could evidence better use of these regular meetings. Their use as an opportunity to hold staff meetings within the local communities that staff live in could avoid the need for lengthy time-consuming travel which can be difficult for a service experiencing staff shortages to sustain. Since the last inspection the service have employed a dedicated administrative support worker.

In our analysis of the care standard questionnaires which we had returned to us we saw that 100% of those who returned completed questionnaires stated "I am confident that staff have the skills to support me".
100% of those who returned completed questionnaires stated "staff treat me with respect".

Areas for improvement

We saw that this service have significant staffing issues. These issues impact on the consistency, flexibility and reliability of the service. The service constantly have problems in meeting their current care commitments. This seems particularly problematic in North Uist and Berneray and Barra, but is apparent in most of the areas and is particularly evident when more complex arrangements are required. There was evidence that this was impacting on service users through cancelled support visits, through visits being timed for when staff are available rather than for when would be most suitable, and through some individuals having to move into care homes for temporary periods because their care package could not be sustained. We observed that this also impacts on management and care co-ordination staff who constantly strive to resolve staffing issues.

The service also have some staffing issues at a care co-ordination level. We saw that they have not been able to retain effective contingency arrangements for when there is a gap in care co-ordination staffing. We found that during a period of absence of one worker there were no regular arrangements in place to

fill this post. Similarly there has been no care co-ordination staff present in Barra for a period. This has meant that the responsibility of scheduling care and the provision of staff supports is shared between existing staff leaving gaps in what has been achieved.

The position of senior manager with responsibility for the service has been vacant, apart from a brief period, for the last number of years. It seemed that this impacted on the supports available to the registered manager, for example by way of supervision and monitoring of the service.

The care at home service operates out of office hours and at weekends. Faire, the local authority out of hours call centre provides support to individuals who need to contact emergency assistance when offices are closed. They also provide a valuable support through the use of assistive technology, for example, medication prompts as well as some environmental safety features. However, out with office hours there are no formal management or care co-ordination supports. We saw that local care co-ordination staff did work flexibly to provide support to care worker colleagues who were experiencing difficult issues in their work and who required assistance. Although these staff did work very well we would consider that the provider continues to require to make arrangements so as to ensure that this aspect of management and staffing is better provided for. This is an area which has been subject to an unmet requirement for some time.

The provider has plans for comprehensive service redesign. This includes improving features of how the service is staffed. The service has a reliance on a variable hours contracted workforce which, with a reducing workforce, variations in the geographical spread of local workforce creates problems. We heard that increased numbers of short visits and non-payment of travel time for home care workers, all contribute to major staffing issues. We saw that the provider was beginning to take forward service redesign within its other care at home service but as yet there are no dates for this work to be commenced within this service.

Training:

The service provider has a training plan which provides for a range of training opportunities. During this inspection we saw that there had been a reduction in the amount of training provided to care at home staff. Primarily this seems to have been because of sickness absence within the provider's training section. From the training records we checked we observed that :

- Many staff were out of date with regard to moving and handling training. Although some dates were planned for future training dates we saw that there was a considerable number of the staff who required to have their training updated.
- There were still significant numbers of staff who had not received recent dementia training.
- Training for care co-ordination staff in complex areas such as dementia - who are required to have additional skills to be able to support and guide staff in delivering care is not sufficient.
- There are gaps in training across all mandatory areas such as health and safety, adult protection, and food hygiene.
- Training in areas of care, for example continence care, catheter care, skin (pressure care) palliative care, diabetes, and medication are all required for most of the staff group. **(See Requirement 2).**

Supervision/Staff Meetings:

During the previous year we concluded that there were infrequent staff supervision opportunities. Although most staff have a supervision/appraisal meeting with their supervisor on an annual basis we did not find that even at this reduced frequency that this was consistent. Staff we spoke with told us that they were able to access their supervisor or the manager easily if they had an issue which they wanted to discuss. We saw evidence of this and clear availability of an "open door" policy from key staff. However, we concluded that the level of support, in conjunction with limited opportunities for staff meeting was not providing staff with the necessary support/supervision. This

includes formal supervision for care co-ordination staff and for the registered manager.

As we identified at the previous inspection we did not see evidence of care co-ordinators regularly carrying out observed practice of workers. This would be a tool to effectively assess staff competency, identify areas of development, and training needs and could support service improvement. We saw, however, that care co-ordinators were for the most part desk bound working very hard to maintain service delivery, arrange care schedules and respond to a wide range of care and staffing issues that they were alerted to.

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. 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 is managed appropriately during all times when the service operates, particularly when 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 in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) and Regulations (SSI 2002/114), regulation 15(a)

Timescale : 1 May 2016

2. The provider must provide staff with effective training to enable them to do their job safely and competently. To do this they should ensure that they regularly undertake a training needs analysis of staff needs and maintain

accurate records of training that has been delivered. Training in moving and handling should be provided to staff within timeframes set by training providers and in accordance with best practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2002 (SSI 2002/114), regulation 15(a) and regulation 4(l)(a).

Timescale : 1 February 2016

Recommendations

Number of recommendations - 1

1. We would recommend that the service makes 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 - Management and Staffing
Standard 4.1
Standard 4.5**

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

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 about participation practice.

Areas for improvement

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

Grade

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

We concluded that the service's performance in the areas covered by this quality statement was weak.

We have previously seen that the provider had set out proposals for re-designing this service. Although we can see that the organisation has at a strategic level begun this work, no tangible dates for when the actual improvements and changes will be implemented at a local level has yet been given.

We saw that "call confirm" a staff monitoring and scheduling system has the capacity to provide the service with current information about many aspects of the care service they are providing.

Staff and service users have ready access to the service management. During the inspection we saw that where a service user had contacted the service and asked for a home visit that this was immediately acted on in a very straightforward manner.

The service uses an electronic system to record progress in key performance indicators and the manager regularly contributes and updates the information available.

The service does have a framework in place for quality assurance visits.

Since the inspection we have had some positive dialogue with the service which, if successfully implemented would see the provider taking some positive steps towards attempting to make some tangible improvements.

These included :

1. Deploying an experienced member of staff from another service to the care co-ordination service and to be based in Barra where a significant gap was identified.
2. Offering out some fixed hour contracts to current care at home staff.
3. Identifying some options for supplementing the out of hours management cover to improve interim arrangements until service redesign takes place.

Areas for improvement

At the previous inspections we have made requirements and recommendations concerning some important aspects of service provision.

These concerned :

1. Personal plans and reviews
2. Implementation of suitable and safe medication practice
3. Employing sufficient staff
4. Implementing a quality assurance system

We also made some recommendations concerning :

1. Implementing the organisational participation strategy.
2. Improving record keeping.
3. Reducing the frequency of missed care visits.
4. Communicating important information to service users about who will be providing their care visits.
5. Arranging regular supervision and staff meetings with their staff.

Overall although we can see that some work has been carried out in some areas, all the requirements remain unmet despite some of them having been put in place over two years ago.

This inspection has also resulted in further requirements concerning :

1. Insufficient training opportunities.
2. Missed visits (at the last inspection we had made this a recommendation but there is now clear evidence available that this should be a requirement).

As stated previously there has been a gap in the organisational management structure for a significant period of time. This has reduced significantly the depth of managerial support, and the monitoring activity out. The main managerial supports in place are joint fortnightly meetings with the head of service - community resources. While these meetings are found to be useful and inform work streams did not see evidence of focussed scrutiny or service improvement into this service.

At a service level we concluded that despite working very hard, and evidencing a great deal of commitment, local management were struggling to plan quality assurance work which would support overall service improvement. We concluded that this was because by necessity the majority of their focus was on maintaining service delivery rather than in approaching areas of improvement in a planned a systematic manner.

Grade

2 - Weak

Requirements**Number of requirements - 1**

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

This is in order to comply with :

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210), regulations 4

Timescale : 1 May 2016

Number of recommendations - 0

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

Previous 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 six month period, and following this consultation, where it appears appropriate to revise the personal plan.

This is in order to comply with :

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

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

This requirement was made on

This requirement (or one that is similarly worded has been in place since 2013). Further information on our findings is detailed under Quality Statements 1.1 and 1.3. This requirement is continued in this report but, in a slightly reworded form.

Not Met

2. 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 in order to comply with :

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

Timescale: Three months from receipt of this report.

This requirement was made on

This requirement (or one that is similarly worded has been in place since 2013). Further information on our findings is detailed under Quality Statements 1.3. This requirement is continued in this report but in a slightly reworded form.

Not Met

3. 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 is managed appropriately during all times when the service operates, particularly when 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 in order to comply with :

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2002/114), regulation 13(a) and regulation 4(l)(a).

Timescale : within eight months of receipt this report.

This requirement was made on

This requirement has been in place since 2013. Further information on our findings is detailed under Quality Statements 1.3. This requirement is continued in this report.

Not Met

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

This is in order to comply with :

The Social Care and Social Work Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210), regulation 4.

Timescale : Six months from receipt of this report.

This requirement was made on

This requirement has been in place since 2013. Further information on our findings is detailed under Quality Statements 1.3. This requirement is continued in this report.

Not Met

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

Previous 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.

This recommendation was made on

Details about our findings about this are included under the relevant Quality Statement.

2. 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 outcomes of any referrals made, and any guidance received.

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

This recommendation was made on

Details about our findings about this are included under the relevant Quality Statement.

3. 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

This recommendation was made on

Details about our findings about this are included under the relevant Quality Statement.

4. 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

This recommendation was made on

We did not look at progress in relation to this area in any detail during this inspection. We saw that the care co-ordinators do pass on information to service

users through making telephone calls. We would however continue to recommend that the service make every effort to ensure that service users have up to date information about who will be providing their service when regular carers are to be absent.

5. We would recommend that the service makes 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.

This recommendation was made on

Details about our findings about this are included under the relevant Quality Statement.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
24 Oct 2014	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate 3 - Adequate
27 Nov 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate
15 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 3 - Adequate 3 - Adequate
29 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 3 - Adequate 3 - Adequate
26 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate 3 - Adequate
1 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 3 - Adequate

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