

Care service inspection report

Generic - Care at Home - Lewis and Harris

Support Service Care at Home

Social and Community Care
Comhairle nan Eilean Siar
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Stornoway
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Inspected by: Sandra Macleod

David Cameron

Type of inspection: Announced (Short Notice)

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Service provided by:

Comhairle Nan Eilean Siar

Service provider number:

SP2003002104

Care service number:

CS2009229965

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Summary

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

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

We gave the service these grades

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

What the service does well

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

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

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

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

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

What the service could do better

Each person receiving a service should have an up to date care plan in their own home.

This plan should be updated regularly and should contain sufficient detail to fully inform staff as to their support needs and preferences.

Procedures for the administration of medication need to be made clearer so that staff

providing support are knowledgeable and trained to do so following up to date best practice guidance.

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

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

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

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

The service have employed more staff. The service are introducing different ways of staff working with the aim of making more staff available to work flexibly at short notice.

What the service has done since the last inspection

The electronic system " call confirm " which has been introduced in the Stornoway area has made improvements in how care visits are scheduled and monitored within that area, and should mean that there are overall fewer missed visits. The service is committed to introducing this into the rural areas that they provide a service in.

There has been considerable ongoing progress in staff completing a Scottish Vocational Qualification which will enable them to meet their requirements for registration with Scottish Social Service Council (SSSC) at the appropriate time.

The service has introduced a comprehensive training plan which sets out what is expected by way of mandatory staff training. The training plan includes a timetable of when this training will be available to staff.

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

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

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

Conclusion

The care at home service is very large and for its size overall performs adequately well. The service employs staff at all levels, management, care coordinators and home carers who are motivated to deliver a good service. There are a number of requirements, which represent risks and which detract from the outcomes for people. Although the service is working hard to implement changes in how they provide the service the expected improvements have not yet been realised.

Who did this inspection

Sandra Macleod
David Cameron

1 About the service we inspected

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

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

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.

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).

The Generic- Care at Home - Lewis and Harris service is provided by the local authority, Comhairle nan Eilean Siar. The service provides assistance and support with personal care and daily living to adults and children living in Lewis and Harris. The service has its main office within the local authority headquarters in Stornoway but there are small offices in some of the rural areas, staffed by a care coordinator.

The aims and objectives of the Generic - Care at Home - Lewis and Harris 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 sector, to ensure that service users receive good quality care'.

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

This report was written after an announced (short notice) inspection which took place on 12, 13, 14 and 15, November 2013.

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

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

We sent 75 care standards questionnaires to the registered Manager to be sent to staff who use the service. A total of 50 questionnaires were returned . We also sent out 25 questionnaires to staff and a total of 10 were returned.

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

Service self assessment

Service aims and Objectives

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

Personal Plans of people using the service

Electronically held records (Care First records)

Participation information

Care Standards Questionnaires

Newsletters

Written Agreement

Staff Training Plan and Staff Training records

Staff Meeting Minutes

Relevant Policy and procedure (for example Medication Policy , Prevention of Infection

in care , Handbook for Home Care Workers)

Incident and Accident Recording

Supervision and Appraisal records

Complaints records

Quality Assurance Monitoring Records

We spoke with:

17 Service users

8 relatives

8 home carer staff

4 care coordinators

Registered Manager

Client Handling Risk Assessor

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 must ensure that all service users have a personal plan within one month of receiving the service. This must set out how the service users' health and welfare needs shall be met.

This is a requirement under SSI 2002/114 Regulation 5(1) Personal plans. The provider must do this within 12 months of receipt of this report. National Care Standards, Care at Home, Standard 3: Your Personal Plan.

What the service did to meet the requirement

The service has set out a new format for personal files and at the point of inspection have prepared a plan for the majority of service users. The personal plans prepared make good provision for the health welfare and safety of each person , and reflect support needs as well as preferences.

There are however still a large number of plans which have to be made available to people in their own homes. The care plan format is being explained to each person when it is being introduced to their home. The plan being distributed has been audited to ensure that it is accurate, however this will require to be done on an ongoing basis to ensure that it remains accurate. Although considerable progress has been made in the requirement , the expected improved outcomes have not yet been realised.

The requirement is: Not Met

The requirement

The provider must ensure that all service user requests for reviews and reassessment are acknowledged and dealt with in a timely and courteous manner. Care plan reviews should also be carried out at least annually.

This is in order to comply with: SSI 2011/210 Regulation 4 Welfare of users. This also takes account of National Care Standards - Care at Home - Standard 3 -Your Personal Plan. Timescale -6 months from receipt of report.

What the service did to meet the requirement

The service, as stated above in relation to requirement 1 are in the process of distributing personal files, which include up to date home care and support plans to each service user. To date reviews of care plans with the service user at least every 6 months have not been taking place regularly and a requirement regarding this has been carried forward into this report.

Service user reassessments are carried out by the local authority assessment and care management department, and although the care service would be expected to pass a request on when they were either requested to do so, or where they observed that it was required, they are unable to reasonably influence the process beyond this stage. This requirement has therefore been met in part and we took this into account during the inspection.

The requirement is: Not Met

The requirement

The provider must ensure that there are suitably qualified and competent staff employed in the service and that there is proper provision made for service users.

This is a requirement under SS1 2002/114 Regulation 13 Staffing (a), and SS1 2002/114 Regulation 4(1)(a) Welfare of users. The provider must do this within 1 month of receipt of this report. National Care Standards, Care at Home, Standard 4: Management and Staffing.

What the service did to meet the requirement

The provider has set out a comprehensive plan for staff training. This plan which came into operation in September 2013 has established a programme of mandatory training, and has put in place arrangements as to how staff will be able to access that training. The service are aware of the requirements in relation to registration with Scottish Social Service Council (SSSC) and staff have made considerable progress in

achieving qualifications which will enable them to register when the appropriate section of the register opens.

A recommendation has been made following this inspection concerning other staff learning and developmental needs.

The requirement is: Met - Outwith Timescales

The requirement

The provider shall 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 Regulation 4 Welfare of users. This also takes account of National Care Standards, Care at Home, Standard 4: Management and Staffing. Timescale: 6 months from receipt of report.

What the service did to meet the requirement

The service have set out a framework of quality assurance . There has been some progress in this area, but this varies considerably within different localities and the frequency and regularity of these monitoring visits is inconsistent.

The requirement is: Not Met

The requirement

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

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

What the service did to meet the requirement

See Information under Requirement 1

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. The provider must do this within 6 months of receipt of report. This takes account of National Care Standards, Care at Home, Standard 8: Keeping Well - Medication.

What the service did to meet the requirement

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

The requirement is: Not Met

The requirement

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

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

What the service did to meet the requirement

The service have made considerable progress in undertaking risk assessments in respect of manual handling. Although not every person has one, the work involved in carrying these out was prioritised and they were completed initially in situations where risks were greater. An environmental risk assessment will be included in each person's personal file.

The risk assessments that have been carried out are by an approved assessor, and are of a high standard. Care coordinators within the service have also gained the

qualification and will be able to progress these on an ongoing basis. sufficient progress has been made in this area to consider the requirement met.

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that staff follow good infection control guidance.

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

What the service did to meet the requirement

The service has a number of methods for instructing and informing staff about good infection control guidance, for example, the home care manual, and at times of induction. The organisational policy on preventing infection in care has been reviewed within the period being inspected. The service are to introduce a specific compliance audit in relation to hand hygiene, and have developed a template to use for this purpose. These audits have yet to be put into place but sufficient progress has been made to consider this requirement as being met.

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that there are suitably qualified and competent staff employed in the service, and that there is proper provision made for service users.

This is a requirement under SS1 2011/210 Regulation 15 Staffing (a) and SSI 2011/210 Regulation 4 Welfare of users. The provider must do this within 3 month of receipt of this report. This also takes into account National Care Standards, Care at Home, Standard 4: Management and Staffing.

What the service did to meet the requirement

The provider has set out a comprehensive plan for staff training. This plan which came into operation in September 2013 has established a programme of mandatory training, and has put in place arrangements as to how staff will be able to access that training. The service are aware of the requirements in relation to registration with Scottish Social Service Council (SSSC) and staff have made considerable progress in achieving qualifications which will enable them to register when the appropriate

section of the register for opens. A recommendation has been made following this inspection concerning other staff learning and developmental needs.

The requirement is: Met - Within Timescales

The requirement

The provider must 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 Regulation 4 Welfare of users. This also takes account of National Care Standards, Care at Home, Standard 4: Management and Staffing. Timescale -6 months from receipt of report.

What the service did to meet the requirement

The service has set up a format which will be used in regular monitoring visits to quality assure the service. The service has not made consistent progress in carrying out these on a regular basis although within their service some were being carried out, and there were variations within the service within different locality areas as to progress.

The requirement is: Not Met

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

There were a number of recommendations made at the last inspection. There has been some progress in relation to some of what was recommended, and in others the recommendations have been carried forward into this report.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

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

Taking the views of people using the care service into account

As part of this inspection we spoke to 17 service users ,either in their own homes or by telephone. We received the following comments:

"very happy with my carers"

"Don't always know who is coming"

"have been some missed visits"

"with main carer we have got into a wee routine"

"don't usually tell you in advance, but had a letter today "

"before my lunch time was cut I had more options" (for meals)

"new carers are not introduced"

"holidays ,when regular staff are off can be a challenge"

" At holiday times it can be confusing if there are numerous carers providing a service"

"Excellent service"

" My care and support plan came into being on.... from that day I have been personally cared for and are able to recover steadily with the support of all my carers over these weeks"

"not enough visits from social staff"

"telephone checks in and out good but makes clients and staff very aware of the time limit as there is no time for travelling from one client to another"

" Some times they are so rushed that they cannot do everything here for me that they should and would like to do for me. The very good thing about the service here is that the same carers come regularly so the two of them know my needs and know their way about the house and so I am looked after by people I know, trust and like"

"when my regular carer was on holiday for 8 days I had 10 different carers in that time"

"Sometimes when my regular carer is off no one turns up"

" although the staff have the skills to support me , some carers go over and above their duty to me , and others do less"

"feel very apprehensive if it is someone strange"

" sometimes get someone different and they just turn up"

Taking carers' views into account

Throughout the inspection we spoke with 8 relatives either in their own homes or by telephone. We received the following comments from carers:

"our carer is very special"

"This is an excellent service that we could not do without, some of the carers are more professional or more skilled than others"

" Some of the carers need more training in moving and handling"

"in this household the caring package is very successful. We are thankful and grateful for this, very happy with all the care I get"

"sometimes worker does not turn up and they have to fend for themselves"

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

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

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

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

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

Have you been provided with a care plan?

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

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

Continuity of staff

Information received when changes are made

Responses to comments, enquiry or complaints

Flexibility of service in meeting needs

Overall satisfaction

Timekeeping

Quality of work ,presentation and performance of home carers

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

- 90%- 95% people expressed satisfaction with the quality of performance from their home carer
- overall people expressed satisfaction with the continuity and flexibility of the service
- comments from people using the service regarding how information was conveyed and how comments or enquiries were responded, to indicated that the service needed to make improvements in these areas

Since this feedback was received we saw that the service had followed up these questionnaires with a comprehensive action plan. In this action plan we saw that they had highlighted measures that they would put in place to facilitate improvement and that they identified actions that would be taken to specifically address points made.

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

Usually before a person receives care at home service they were assessed by an assessment and care management section of the local authority. A comprehensive assessment (SSA) would then be created following information received from service users, family and where appropriate, reports or discussion with health personnel. Service users were routinely involved in their own assessment. Reviews of these assessments were then carried out at varying frequency depending on changing needs and circumstances.

Care needs were assessed as to whether they met the national eligibility criteria. Information on this has been included in new personal files. Those people who met the critical or significant risk were eligible for a service.

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

- * Written agreement - this document sets out clearly the terms and conditions for the service stating that " the appropriate member of staff will monitor the quality of your service)
- * Rota detailing home carers names, the tasks they should carry out, the length of time that they are allocated for this task. This is broken down into a day-to-day planner.

- * Consent for the provision of assistance with medication
- * Home care and support plan (and if required an opportunity for additional guidance)
- * Environmental risk assessment and client handling risk assessment form with an additional "action sheet" when there are outstanding actions .
- * Recording of Financial transactions
- * Useful telephone numbers of people they may wish to contact
- * Information as to how and who to complain to
- * Information about relevant services
- * Communication sheets for home carers

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

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

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

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

Control,promoting independence and confidentiality

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

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

Areas for improvement

The personal plans have not yet been made available to all service users in their own homes.

During the inspection we therefore saw that the standard of information that was available to people still varied. The service told us that the new personal plans are now ready for distribution and that this is a priority within the service. (**See requirement in Quality Statement 1.3)**

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

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

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

Electronic care records showed that there was a single shared assessment for each client.

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

The home care manager participates in various meetings to co-ordinate and agree care provision and deliver where an individual has been assessed 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.

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

From feedback from service users, and from observing home carers going about their duties we saw that staff were well-informed about individual likes and dislikes and preferences, and worked well to provide a service in a way that was acceptable to the service user.

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

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

During inspection we saw that people using the service had established positive relationships with staff , and staff we observed were seen to be caring ,approachable and respectful. We also saw that home carers, who being allocated to individual service users were very familiar with their support needs, likes and dislikes.

Home carers we observed were aware of individual social needs, and tried within the very rigid time constraints to engage on a social and emotional level. We observed that home carers were good at contacting their supervisor when they had a concern about someone they were providing a service for.

We saw that home carers provided support for people with aspects of daily living, including personal care, nutritional care - preparing and cooking a meal ,helping someone to eat and drink. Home carers also carry out essential domestic duties i.e setting fires, cleaning food storage and preparation areas and some specially designated laundry. We observed that home carers were familiar with household routines and requirements and saw they worked efficiently to carry out these tasks within allocated times.

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

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

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

Medication Policy

Palliative and End of Life Care

Infection Control

Handling Service Users Money

Severe Weather Contingency Plans

The service has also made good progress in carrying out risk assessments on a prioritised basis. An accredited moving and handling assessor has been deployed from

within the provider organisation specifically to this task. A substantial number of assessments have been carried out. We saw that these assessments could be followed by staff who had been given appropriate training.

Action plans were drawn up where there were outstanding control measures needed to reduce risks and we saw that the manager was proactive in following these up. The personal file that will soon be available to each person in their own homes will also have a completed environmental risk assessment with an associated action plan if there are further actions to reduce risks.

Areas for improvement

We have stated earlier that the service had made considerable progress in preparing personal plans for each service user which would be available in their own homes and would clearly inform home carers and service users about the care that was to be provided. We saw however that these had not yet been put into each person's home, although we observed that the work of preparing the plan had been completed.

Where we visited people in their own home we therefore saw a variable standard of information available. This will be remedied when the personal plans are actually put into place and each service user or their representative have been informed of what it contains. This support plan then needs to be reviewed by the service at least every 6 months or as needed to make sure it remains an up to date plan of how support needs will be met. We saw that there were some variations from area to area within the service as to the progress they had made with implementing new personal plans.

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

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

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

(See Requirement 1).

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

of medication - September 2013) that staff were expected to follow, which is further reinforced in the home care manual (new version currently in draft form) .

We saw that the training that home carers receive was based on the service policy of not "administering medication" and that the definition of "prompting" was being widely applied.

The only exception to this as set out in the policy was when workers were employed as "special carers". We understood that this was when specially designated care packages supported people for significant periods through the day, and where staff would then be given additional training.

We saw that most people who were requiring assistance with medication had pre dispensed blister packs which had been prepared for them by the pharmacist or the dispensing GP. From talking to home care staff and reading assessment and care plans we saw that there were people receiving a service whose ability to retain full responsibility for their own medication was requiring review and we considered that the service need to review their processes where this was the case.

In doing this the service should ensure that staff have the training, information and support available to them for this task to be managed safely, for example, in situations where the person does not know what the medicine is for, or to identify what is being taken.

We saw that no records were maintained within the personal plan of what medicines had been given /medication taken.. The previous inspection report identified similar issues and we saw that the updated policy did address some of the areas of concern . **(See Requirement 2).**

During the inspection we observed that there were occasions when scheduled care visits were missed. While we saw that the service had worked hard with a new scheduling system for home carers , and that care coordinators worked very hard to eliminate / reduce the frequency with which these occurred we saw that these did occur.

Within Stornoway and the immediate surrounding area the electronic system "Call Confirm" has made improvements but this system is not yet in use throughout the service. We saw that the service found it difficult to make alternative arrangements at short notice due to insufficient staff sometimes being available at key times. We saw that this was more difficult in some areas than others , where recruitment was problematic. Although people had expressed that they found Faire - the providers out of hours emergency call centre helpful we saw that their ability to respond

appropriately was hampered by a lack of available staff. This problem was compounded by the service not having available key staff to supervise service delivery during out of office hours.

We saw that this could then leave vulnerable individuals with unmet needs, and that this sometimes led to inappropriate arrangements being made to support care which did not take account of service users' privacy and choices. We saw that the provider, and the service had through their own processes identified improvements that they needed to make to resolve some of these issues and they told us that they are now entering into a process of consultation over this. **(Requirement 3)**

We saw that there were some improvements in the systems set up for home carers to communicate with their supervisors. During the inspection we saw that the home carers returned a communication sheet each week, but we considered that the information recorded was in most cases limited. We saw that sometimes there were barriers to recording information, but concluded that there were areas of support provided, for example, nutrition, skin care and health concerns where the detail recorded was insufficient.

We saw that home carers used their own initiative to liaise with their colleagues. We concluded that the service should ensure that their expectations in relation to recording significant information is further explained to ensure that information significant to the health and welfare of service users is available to those providing support. **(See Recommendation 1)**

Service users, home carers and their relatives told us that they experienced anxiety about whether arrangements had been put in place when their regular carers were on holiday.

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

Grade awarded for this statement: 3 - Adequate

Number of requirements: 3

Number of recommendations: 2

Requirements

1. The service must prepare a personal 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) . The provider must do this this within 6 weeks of receipt of the report .

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

This is to comply with SSI 210/2011 Regulation 4 . The provider must do this within 4 months of receipt of this report.

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

This is to comply with SSI 210/2011 4 (1) (a) (b). The provider must do this within 6 month of receipt of this report.

Recommendations

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

This takes account of National care Standards , Standard 4 : Management and Staffing

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

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

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

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

Areas for improvement

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

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

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

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

policy and procedure including:

National Care Standards

SSSC Codes of Conduct

Roles and Responsibilities

Food Hygiene and Infection Control

Providing Personal Care

Food Hygiene

Infection Control
Providing Personal Care
Adult Protection

We saw that health colleagues have input into the induction process on a regular basis, providing information and guidance to staff on aspects of personal care, for example, maintaining skin integrity and continence supports .

We saw that training in client manual handling tasks takes place prior to commencing work with service users. Arrangements were routinely made for "shadowing " where new workers worked alongside experienced staff.

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

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

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

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

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

This training plan came into operation in September 2013. We saw that the plan also laid out how and when this training was going to be provided , ie through external providers, within the provider organisation, through online training (LEARNPRO) or from within the service ,or at a time of induction. The service was also working towards the Care Coordinators achieving SVQ Level 3 in Health and Social Care.

We concluded that this training plan can work effectively to support staff with ensuring that they have skills appropriate to the task required of them. The training plan will also support care coordinators to plan for

staff to attend these training sessions in a systematic way which they had previously found difficult.

The service is clear about the requirements of registration with Scottish Social Service Council (SSSC) . The manager has registered as required and the provider has a strategy in place to enable staff to gain the appropriate qualification. During the inspection we saw that the service has made very good progress in enabling staff to achieve an appropriate qualification and we heard from staff who were motivated by their own achievement.

Areas for improvement

The service do not have regular team meetings for home carers. Many of the home carers we spoke to indicated that they would benefit and feel supported by having a regular opportunity to meet with their supervisors in an environment where they could raise areas of concern , and receive information or guidance.

Home carers work primarily on their own , and we saw during the inspection that the only time when they have contact with colleagues might be when they are directly providing support on a joint basis . There have been occasional meetings with some teams, for example, evening care, and some geographical areas within the service have managed to have meetings on a more regular basis.

The service told us that they aim to have a supervision meeting with staff on a twice yearly basis. We saw that this was scheduled alongside the staff development and appraisal meeting . We saw that for a large number of staff this does take place, but some staff indicated to us that this was not their experience. Some staff we spoke to were unclear about the arrangements for their supervision. We saw that the timetabling for these meetings allowed very little time for discussions, and we saw that the recording that was made of the staff development and appraisal meetings did not encourage their use as a tool for identifying individual learning and development needs.

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

We consider that staff may not have all their learning and developmental needs from what is set out in the training plan. Although it forms a good basis of appropriate training the service should ensure that other learning needs are provided for, as they arise. **(See recommendation 1)**

Information recorded through supervision and the staff development and appraisal

systems may continue to identify one-off training that is required in other areas, for example, complex health conditions such as Parkinson's, Multiple Sclerosis, Huntington's, addiction and alcohol issues, mental health and learning disabilities. Staff may also require additional training in areas such as PEG feeding and catheter care.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

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

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

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

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

Areas for improvement

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

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

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

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

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

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

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

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

Areas for improvement

The service has set up a framework for quality assurance visits. These are where care coordinators would regularly visit service users in their own homes, and check that the standards expected were being met.

These could take the form of talking to service users, but would also have a supervisory element where they observed care and support being provided. To date they have not made consistent progress in carrying out these visits in a regular manner, although we could see that up to a hundred visits had been completed to date.

Some areas within the service have made more progress than others in carrying out these visits on a regular and repeated pattern. By doing this the service would have a basis for monitoring the service delivery, and at the same time identify any problems being experienced and be able to work to resolve these. Through implementing this system the service would have a proactive means of addressing any practice issues that were observed in relation to how the service was being provided. **(See Requirement 1)**

The service has a complaints process, with identified people within the organisation who would deal with complaints. We saw that information on the complaints process was provided within the personal plan . The service provider has within the department identified senior staff as lead officers in response to complaints.

During the inspection although we could see that these processes usually worked effectively we were not able to see that this was effective on every occasion . The service should consider how they audit their processes in relation to complaints to ensure that they can identify that the correct policy and procedure has been applied in every case.

The service has designed an audit tool which staff are to introduce to audit staff hand hygiene practice. This will ensure monitoring of staff compliance with standard infection control precautions

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. 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). The provider must do this within 4 months of receipt of this 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	4 - Good
Statement 3	3 - Adequate
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings
15 Nov 2012	Unannounced	Care and support 2 - Weak Staffing 4 - Good Management and Leadership 3 - Adequate
30 Jun 2011	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 3 - Adequate
9 Jun 2010	Announced	Care and support 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak

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

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