

Care service inspection report

Full inspection

Generic - Care at Home - Lewis and Harris Support Service

Social and Community Care
Comhairle nan Eilean Siar
Sandwick Road
Stornoway

Service provided by: Comhairle Nan Eilean Siar

Service provider number: SP2003002104

Care service number: CS2009229965

Inspection Visit Type: Announced (Short Notice)

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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

This service provides a range of supports to vulnerable people living in the community. Some of the people they support have complex care needs and this service can be essential to their health and wellbeing and to enabling individuals to remain in their own homes.

Care at home staff evidenced very good levels of commitment towards meeting individuals care needs.

Care co-ordinators, who work under a great deal of pressure, were working hard deploying home care staff so as to ensure that service users had their needs met.

People using the service told us that they feel well supported by their regular carers.

What the service could do better

The provider must ensure that long overdue medication procedures are adopted as a matter of priority to ensure that staff have appropriate guidance, and that service users who need this support are safeguarded.

The provider must appoint more staff to relieve the staffing crisis that they are currently experiencing. This will allow support visits to be consistently scheduled in a way that meets individual needs, and also suits their preferences.

The provider must ensure that the number of missed visits are reduced.

Care and support plans must be reviewed every six months. These reviews should meaningfully include the person who uses the service, and where appropriate their representative.

Improved risk assessments must be implemented. Particularly each person using the service should have their moving and handling needs assessed and where necessary detailed risk assessments should be put in place. These should then be regularly reviewed.

The service must continue to implement more regular checks on the quality of the service that they provide.

More regular staff supervision and support systems should continue to be developed as part of the overall management of the care service.

What the service has done since the last inspection

The service has been working hard since the last inspection towards making changes to how they organize and deliver services. Some changes have been made; and although the majority are still a "work in progress" there was some progress to be seen towards their goals.

The service have restructured their care co-ordination workforce. This means that they now have supervisory cover in place from 7am - 10.30pm. Care at home staff can now obtain advice or support out with office hours. Any cover

arrangements that call centre staff cannot sort out can be referred to a supervisor who can make decisions about the best way forward.

The service have also restructured, and added to, their administrative team. They aim that this will free up care co-ordinators to be more actively involved in supervising staff, reviewing care and support plans, inducting and training staff and checking the quality of the service.

The care scheduling and monitoring system "call confirm" is now being monitored in real time. This means that they can monitor support visits and pick up any missed visits within a short time of this happening.

The care at home service has stopped preparing and cooking hot meals. Instead people can, if they choose, buy frozen meals from a supplier that the council has contracted with.

Care co-ordinators have had training so that they can work alongside care at home staff providing care. This will let them better check how the service is being provided.

Each person we visited in their own home had a personal plan. Although some plans needed some updating, overall they did reflect care needs.

The provider has employed a project manager for a six month period. This person is to implement plans the provider has to change the way the service is staffed and how care visits will be organized.

The service now call themselves a "home care and reablement" service. They plan on providing reablement services. This is when people can be helped to learn or relearn daily living skills that they might have lost because they weren't well, or because their circumstances changed.

Conclusion

This care at home service provides vital care and support to vulnerable people in the community.

Overall, people we spoke with during the inspection spoke well of the carers who provided their support and in the main the feedback we received about the service was positive.

However we were also aware that this service is very stretched and is constantly struggling to meet the care and support needs of their service user group. This is mostly because there are not enough care at home staff to provide for the complexities of service provision. There are big demands on this service and their capacity issues impact on their performance.

1 About the service we inspected

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 co-ordinator.

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.

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 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 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 wrote this report following an announced (short notice) inspection which took place between 7 and 21 October 2015.

We provided feedback to the registered manager and a manager (home care and reablement) on 28 October 2015.

The inspection was carried out by one inspector and one team manager.

Before the inspection we sent out 170 care standard questionnaire to the service for distribution to people using the service. 106 questionnaires were returned to us.

During the inspection process we gathered evidence from various sources, including the following :

- 23 home visits to people using the service. This included some visits where we shadowed staff and others which we did on our own. These visits were in Point and in the Ness to Barvas area.
- Telephone interviews with people using the service.
- Discussion with relatives whom we met on home visits or through telephone interviews.
- Telephone, individual or group discussions with 22 care at home staff, five care co-ordination staff, two managers and three administrative staff.
- Attendance "The Hub" in the Point area and in Stornoway so as to meet with care at home staff.
- Findings from completed staff questionnaires submitted to us.

We looked at :

- Evidence from the services most recent self assessment and annual return.
- Personal plans and other relevant care records of people who use the service.
- Accident and incident records.
- Staff training records.
- Care visit scheduling visits.
- Staff supervision, appraisal and meeting minutes.
- Participation information including the services own surveys and newsletters.
- Medication policy and information relating to progress with this area of practice.
- Quality assurance records.
- Staff induction records.

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 were satisfied with the self assessment submitted by this service, in which they told us about some of their strengths and the areas they were aiming to make improvements in.

Taking the views of people using the care service into account

Overall most people we spoke with told us that they were satisfied with how their care at home workers provided support to them. Individuals spoke of having care workers on whom they relied and with whom they had developed good relationships.

Where people had experienced some issues with their care service or with their care worker we heard that they felt that these were taken forward and addressed. People also commented that they felt that their home carers were very rushed, had too little time allocated to them and that there was not enough of them. We heard that this sometimes caused problems such as changes in the time care was provided, the timings of visits not suiting them, and changes to the staff who provide support.

We received the following comments :

"I have a very good team of carers over the last two years, the frozen meals take up so much of the carer's time. They have so little time, the girls feel it themselves. I feel the time has been cut, it was 30 minutes two years ago, now 15 minutes. I get 45 minutes in the morning and 30 minutes at tea time.

Quality of food not so good as it was at the beginning, potatoes can be mushy and gravy watery."

"I needed more care which is given. I get a visit at 5pm. I couldn't manage without them. Very good carers, you get to know them, they're so nice... I'm happy with everything. Care co-ordinator has been in twice, but not since my op - I told carer myself what has to be done".

"Main carers very dependable, asks me to phone if there is any problem... but not... I've no confidence in her "care is good".

"Thank goodness they're here. They're very good to me".

"Happy with every meal, happy with carer".

"Carers are very good and helpful, will do anything for me".

"I'm really missing my veg, especially carrots - they're a strange, rubbery texture. I always have them. The meat and everything else is very good. I miss having a simple boiled egg or salad. The doctor has referred me to the dietician. The girls are all very reliable and efficient. I feel sorry for them as they are always rushing to the next job. I'm not sure what time I'm allocated. I don't know what's in the care plan. The girls write something everyday. I don't really hear from the office unless they're looking for a carer, or to tell me that the carer will be late".

"I get a carer at 8.45am - 9am then 12.30pm and then it's supposed to be 5pm for my tea. Sometimes they come at 4pm, one even came at 3pm which is far too early. I did phone the office about visits too early and I'll know by tonight if this has worked. Apart from that I've no complaints. I've found all the carers very nice. They have a book they write in every day".

"I dread when my carer is on holiday or on her day off. On one occasion I had ten different carers when my carer was on holiday all of which I found to be very stressful and most unsatisfactory".

"All my carers look after my needs. They are kind, considerate and take the trouble to find out my needs".

"Miscommunication a problem, when we don't have regular carers. Once we had two different carers coming at different times. Meals are a god send, fantastic variety, good options to choose from. Why aren't carers given work mobiles. Changes could be quickly texted to them".

"Meals take seven minutes in the microwave, then it's so hot I can't eat it. I'm a slow eater and I'm often not finished when she leaves. I can't clear up the things myself. The carers are good, but what a rush they're in. I don't know how much time I should have. I need more time in the morning".

"Nearly all the different carers who come to me are efficient, kind and gentle. They all seem to wish that they had more time to do more for me".

"Overall I am happy with the care and support given. However I could do with more time in the morning as this causes the carers to rush which makes me feel quite dizzy".

"Excellent care and support and great compassion. Staff are always under pressure in terms of being "able" to spend time with patients. I refer in particular to the 15 or 20 minutes allotted to getting clients dressed and ready for bed. This amount barely allows time to get in the door and dressing a client and get him or her to bed. It must take at least ten minutes to get the less able clothed alone. I think CNES are very lucky to have such wonderful carers."

"Worth their weight in gold".

Taking carers' views into account

We also spoke with and had some written feedback from carers or relatives. Some of the comments we received were :

"Very satisfied, very happy, fantastic. Carers have given me back my life. I do the care in between but the addition of the 5pm visit has made all the difference. I'm so thankful".

"Marvellous, couldn't be better, nothing but praise, all of them are great".

"I couldn't have managed without them, fantastic team of girls, well-trained, professional, discreet. I only contacted the office on an odd occasion if people came to early. The office was able to sort it out straight away. Faire (call centre) would contact us if there was a problem, if the weather was really bad and they were short-staffed. This only happened twice in several years".

"They used to get my relative up at 7.20am, this was far too early, they changed this to 8.30am during the week but it's still 7.30am at the weekend. Without notifying us they changed night time visit from 8pm - 9.30pm or even 9.50pm when she was already in bed. At the moment it's 7.10pm which is better. We only get notification when carer is off. After my relative deteriorated in July the GP referred her for a further home care assessment. This didn't happen till the end of September".

"Carers are good, like part of our family they are a marvellous support. I tell everyone I meet how marvellous they are".

"We're very happy with the carers. The personal care is very good".

"More could be done to professionalize and educate staff. In the main they are reliable and staff are all very caring".

"I always know which carer I am expecting. I am very happy with the service. They are very reliable and I trust them".

"Quite happy with the service. I can depend on.... she always comes on time, the other carers I don't know when they are coming".

"I haven't had any missed visits ... a lot of people come here but I don't mind".

"Care plan put in place in April 2015, still no booklet for the carers to fill in, other than a text from a regular carer to say what she has done. This booklet should be in place shortly after care begins. Good to know who the non regular are during carers holidays. Did not have a care plan from April - August the

carer had to ask me what to do. There should be a care plan within 28 days of service starting. The carer would text me to let me know how things were and I made my own spreadsheet until the care plan was in place".

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

The service is performing to an adequate standard in respect of the areas covered by this quality statement.

We concluded this after we looked at :

- the service participation policy
- results of feedback questionnaires used by the service
- personal plans, review documents and daily recordings for individual service users
- considered feedback obtained in care inspectorate questionnaires
- information from people who use the service and their relatives

The provider has a participation policy. This is the plan for how they will involve service users. We saw this 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 recently (September 2015) tried a new kind of participation and engagement event. This event aimed to share information about the service, provide details of how the service is performing and to answer any questions or address any concerns that people may wish to raise. The event was open to people using the service, their representatives, informal carers or stakeholders. The service have collated the feedback and it seemed that although the number of people giving feedback was small some relevant information was obtained. The service manager told us that they plan to reflect on lessons learnt from this event, consider what worked and what was not effective and then decide how best to proceed with future participation events.

Earlier this year a survey was distributed to people using the service. In this they asked a number of questions to gauge what people thought about the quality of the service. We saw that there was high levels of satisfaction with some aspects of the service, for example how care at home staff supported them in a way that upheld their rights to respect and dignity. This corresponded with our findings during the inspection and from the care standard questionnaires that were returned to us before the inspection. There were however some other areas, particularly relevant to participation and being kept informed, which could be better evidenced. (see areas of improvement)

Throughout the inspection we saw some good evidence of informal opportunities for service users to express their views about their care. We saw that staff managing the service had responded in a positive manner to points which were raised. We saw that care co-ordination and managers carried out some home visits, and some people whom we spoke with told us of having had visits, and of being able to easily access the relevant co-ordinator for their area when they needed to make contact. Care at home staff also told us that when they needed to speak with a supervisor, perhaps because of a concern about someone using the service, that this was generally easy to do.

We saw that the service have made progress in ensuring that each person has a personal plan. The service have access to a single shared assessment prior to service delivery starting. A home care and support plan, based on this single shared assessment is prepared. The responsible care co-ordinator visits the individual or their representative to go over the plan. Part of this process is a

written agreement to set out what the individual should expect by way of service delivery. The personal file which is kept in the person's home includes relevant details and information, for example contact numbers, the complaints process and information about other services. Each person we visited as part of the inspection had a personal plan in their home which was a reasonable reflection of their care and support needs. (see areas of improvement).

While we saw from service user feedback that some people had waited a while before a personal plan had been put in place, we concluded that there was a significant improvement in this area since the last inspection. We discussed at feedback the importance of ensuring that reviews address any areas of the care plan that need updating. This was because we saw some instances where up to date information had not been included and the review process is essential to picking this up. A regular review is also crucial to ensuring that each person has an opportunity to be involved and to direct how their care is provided. (see areas of improvement).

Areas for improvement

The surveys that had been carried out went some way towards gauging 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 were already in place to support any follow-up required. 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. In the action plan following the service user questionnaires we saw that some people using the service were not sure how they should make a complaint or where dissatisfied with the information received regarding changes, or about the response to comments, enquiries and complaints. The identified actions for these were for these to be discussed at quality assurance visits, or for internal discussion at team meetings. It was not clear how these would resolve the issues identified in the feedback.

In our own care standard questionnaires we saw that in response to the question "the service asks for my opinions about how it can improve" only 59% agreed or strongly agreed with the statement.

The service must still make improvements to their review processes. 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 observed that approximately a quarter of people using the service had a review within the last year. We heard that in the second half of the year the service have concentrated on meeting their review obligations but progress to date still feels short of the legal requirement. (see requirement 1).

While the service have made some progress in carrying out quality assurance visits, these have not included everyone receiving a service. Where the service have carried out quality assurance visits, records showed that these were being used to effectively check with people whether appropriate standards were being delivered. At the time of the inspection approximately one third of people using the service had such a visit. We considered that there was good recording to support these visits. There was also very good evidence to demonstrate that when practice issues were identified these were being acted on in a way which aimed to raise standards and which listened to the experience of the person receiving the service or their family carer. However although progress was noted, until this is consistently applied in a planned way to everyone receiving the service this remains an area of improvement. (see requirement 1 Quality Statement 4.4).

Overall we saw that although some processes to survey service users had been implemented there remained much scope to further develop engagement across the service.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that each service user has their personal plan, which includes appropriate risk assessments, in place within 28 days of

starting a service. These should then be reviewed as follows:

- a) When requested by the service user or representative.
- b) When a significant change to health, welfare or safety needs occurs.
- c) At least once in every six month period and following this consultation, where it appears appropriate, revise the personal plan.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulations - 5 (1) (2) (a) (b) (c) (d)

Timescale : 1 February 2016

Number of recommendations - 0

Statement 3

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

Service Strengths

We assessed that the service was continuing to perform to an adequate standard in the areas covered by this quality statement.

We concluded this after we had looked at a range of personal plans, review documents and daily recordings for service users. We were also informed by our discussions with service users, relatives, staff and management.

The service provides a range of essential supports to people living in the community, including all aspects of personal care, help with meals and support with medication.

We found that service users had personal plans in use in their homes. This was a significant improvement since the previous inspection. We noted that some plans continued to require some updating, and some people we spoke with told us about there having been a delay in a plan being delivered to their home. Personal plans we looked at, in the main, reflected assessed care needs and

how these were to be supported. We considered that the personal plans we sampled would inform care workers about the support they were to provide. Key medical information was in place.

We sampled daily recordings maintained by care at home staff. Positively we saw that staff were making regular and appropriate recordings and it was very clear that information was then being reviewed by supervising staff, logged in the individuals electronic records, and used to inform any necessary changes. We had previously made a recommendation about this but following this inspection found that this had been addressed. (see areas of improvement).

Through our observations, and from talking with people using the service it was clear that staff, particularly those who provide regular support had developed a good understanding of individual needs and of their preferences. Staff whose practice we observed were skilled at providing care in a way that was acceptable to the service user. Care co-ordinators and managers worked to address any issues regarding how care had been provided. Throughout the inspection there was evidence of positive relationships between service users and staff.

We were advised by the service that a recent change in procedures had been made so that care co-ordinators could, in emergency circumstances, make interim adjustments to a care package. This could include increasing or decreasing the support provided within agreed limits until a full assessment could be carried out by the local authority assessment and care management service. This is a positive development in situations where a service users needs change and support plans needed to be altered immediately so as to maintain health and safety needs.

Accident and incident forms were being completed appropriately by care workers or care co-ordinations staff. We were able to track activity resulting from incidents or accidents and we were able to see that appropriate action was taken, and that guidance was put in place for staff to follow in situations where there was an assessment of elevated risk.

We were able to observe practice in supporting people to eat and drink and also to be assisted to move using moving and handling equipment. Staff whom we

observed carrying out these tasks were apparently competent and experienced. We noted that staff providing support to a service user who had very high support needs were vigilant to ensuring that everything was in place to promote her comfort before leaving.

Care at home workers were responsive to alerting their supervisors or a member of the care co-ordination team of changes or concerns that they noted. Staff we spoke with felt that concerns of that nature which they raised were taken forward.

Areas for improvement

As stated previously some personal plans required updating because there had been a change to the person's health or their circumstances which then impacted on their support needs. In some instances where we noted this, adjustments had been made to the level of care provision because of a change in care needs but the personal plan had not been updated as a result. Reviews, or quality assurance visits being carried out regularly and within stipulated timeframes would ensure that this was picked up. We saw that the service could develop the use of sheets intended for "supplementary guidance". These did not seem to be much used, even when additional information was included in a file. We saw some examples of where important information was being passed over to carers from community health staff about support requirements, for example about skin care, this had not been included in supplementary guidance. Further developing these would support the work of keeping personal plans up to date. (see requirement 1 Quality Statement 1).

Previous inspection reports over the last number of years have required the provider to review their medication procedures and protocols, taking account of best practice guidance and legislation. Such a review was expected to consider those service users who were unable to self medicate and who needed staff to take responsibility for the administration of their medication. We noted that the provider organisation have now recently formally adopted a policy on supporting people with medication in a care at home service. They are now working towards the implementation of this policy so that staff providing support in this area will be working within agreed procedures and guidance. The provider is now at a stage where they are working to agree procedures for :

- medication profiles and administration records (and protocols with health partners as to how these will be completed)
- staff training needs and competency assessments
- assessment of individual support needs in this area of care and wellbeing

It remains clear that these issues are still outstanding and that the requirement remains in place. We saw that there has been ongoing multi agency work taking place working through the above issues. However to date the impact of this significant work is not yet evident at the point of service delivery. (see requirement 1).

We made a requirement at the previous inspection about missed care visits. This was because a sample of scheduling records showed that there was a considerable number of missed visits having occurred. Again through sampling scheduling records for periods during the last year we saw that there had been a significant number of support visits missed. It appeared from the records as if these incidents were due to a combination of carer or scheduling errors. We saw that shortly before this inspection the provider had introduced live monitoring of their scheduling systems (call confirm). This continuous monitoring should now enable the service to take immediate action if a visit shows as not having taken place. Managers in the service felt that early indicators were that by quickly picking up any problems the service was as a consequence, able to avoid instances of missed visits. However we concluded, that at this early stage, it was too soon to consider that this requirement had been met and we considered that the service should continue to review the effectiveness of this system over a longer period. (see requirement 2).

The provider acknowledges that they are experiencing serious staff shortages. We concluded that this impinges on their ability to fully resource care packages, and this can also impact on the scheduling of care visits. We saw instances where it was apparent that the timings of visits were being influenced by carer availability rather than by the needs and preferences of people using the service

or their relatives or carers. Examples of this were individuals being supported to get up at a time which did not suit them or instances where people were being supported to have a meal or snack at times which were too near their last meal. Clearly this could be detrimental to ensuring that nutritional needs were met. (see requirement 1 Quality Statement 3.3).

The service has not continued with the very positive progress concerning risk assessment which we had seen at the last inspection. This particularly relates to moving and handling risk assessments, but could also include any aspect of assessed care and support needs. The worker who had been seconded from another part of the local authority organisation specifically to carry out complex moving and handling risk assessments has since left the service. This has left a gap in the knowledge, the skills, and in resourcing this area of work.

Risk assessments are required to ensure the health and safety needs of individuals (both staff and service users). They should be used to inform staff about individual risks that they need to be aware of, and of the procedure they should follow to ensure these risks are reduced to what is tolerable.

Appropriately detailed risk assessments should be in place from when service delivery commences and be reviewed as part of the regular review process. We understood that the plan was that care co-ordination staff were to be trained so that they would carry out this work as part of their other personal planning responsibilities. (see requirement 1 Quality Statement 1.1).

Grade

3 - Adequate

Requirements

Number of requirements - 2

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

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011) - regulations 4 (1) (a)

Timescale : 1 March 2016

2. The provider must ensure that they make provision for the health, welfare and safety of service users by ensuring that consistent and reliable care and support arrangements are in place to eliminate missed care visits.

As part of their quality assurance process the service should ensure that they effectively record, monitor any occasion when a visit was missed, that they identify causal factors or patterns, and put in place an effective plan to address identified issues.

This is to comply with:

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

Timescale : 1 March 2016

Number of recommendations - 0

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 about participation practice.

Additional to this we saw that the service did respond to service user feedback about the quality of the staff they were provided with. We saw examples where issues were addressed and where a resolution was implemented which suited the service user.

We particularly noted the inclusion of relatives in some staff group meetings. This was so that information could be shared which would inform the process of providing care in a way that best met the needs of an individual. We considered that this was evidence of some very person centred practice.

Areas for improvement

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

Grade

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

Service users told us that they were happy with the care at home workers who provided their support. During our own observations we saw individual staff who consistently provided good standards of care. It was also clear from our observations during the inspection that care co-ordinators worked hard and were committed to maintaining delivery of essential care services. We saw that as a team they were under a great deal of pressure, but that they remained focussed on their work.

The provider has appropriate systems in place to support safer recruitment. New staff do not start work until all checks have been carried out. (see areas of improvement).

Formal induction processes were in place and delivered. We saw that a range of mandatory training was delivered at the point of induction.

We spoke with a number of staff, either when we accompanied them on support visits or when we spoke with them individually. Staff were seen to be committed to their caring role and who worked very 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 heard from one relative who spoke of exceptional support which had been given at a time of particularly bad weather.

The provider has very good arrangements in place to enable staff to obtain SVQ (Scottish Vocational Qualifications). They are at a point where a high proportion of the staff have completed SVQ (Level 2) in Health and Social Care. This will help staff to maintain registration 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 a staff development and appraisal system. During the inspection we saw that care co-ordinators were working through appraisal interviews and some care staff we spoke with confirmed that this had taken place or was planned.

We saw that there was some staff meetings taking place. This included some very positive engagement, for example care worker group meetings focussing on an individual who had complex support needs. We saw a number of these types of meetings, arranged by the care co-ordinators and with input from associated health professionals, or including some person centred training on topics such as dementia. In some very individual circumstances this had also included some individual training/guidance from a mainland health specialist using video conferencing. On some occasions we saw that a relative was included in these sessions so that they could contribute to the process of agreeing how best to support their loved one in a way that was effective and supportive.

The service have developed use of "The Hub". We saw some mixed results for this. While overall we considered that it was a strength, it could be further developed. In one area we visited (Point) all the home carers for that area come together at the same time once a week. There seemed to be a good attendance, and people we spoke with valued being able to have face to face discussion, as well as an opportunity to be updated regarding any service information. Care schedules are issued at these meetings, and staff can have a chance to go through them and highlight any problems. We saw that the meetings are sometimes used to facilitate a short bite sized piece of training and for carers to liaise about any relevant arrangements. However staff we spoke with in the Stornoway area told us that "The Hub" had not been running regularly over the summer months. This meant that staff usually just called into the service office to pick up their schedules for the following week when they had an opportunity. Due to the larger staff group, and the "drop in" arrangement, a group facilitated discussion would be less likely to be effective within that group. In this area it may therefore be that other opportunities for staff meetings should be explored. We saw that staff meetings took place with

the care co-ordination team and the service managers. Minutes were kept of these meetings showing that relevant discussions took place within which staff could express their views, and where guidance was given on service developments.

The service have made a significant improvement how they organise their care co-ordination staff. Supervisory staff are now available from 7am - 10.30pm. On a rota basis staff are available to deal with any care and support issues that arise. We considered that this demonstrated more effective and responsive management of a diverse and complex service which operates over a 24 hour period.

The service have now appointed a project officer who is tasked with the responsibility of taking forward the service redesign. Of particular importance is to improve how the service is staffed. The postholder was only weeks into post at the time of the inspection so there were no outcomes to be looked at. However we saw that the process of engaging with staff had restarted, to establish staff availability and work pattern preferences.

The provider has a training plan which provides for a range of mandatory training opportunities. We saw that within the year being inspected there had been a reduction in the training provided to care at home staff. This was attributed to staff sickness affecting capacity within the training section. This resulted in some mandatory staff training becoming out of date. However overall we found that within the service they evidenced strengths in how they organised and monitored this area of practice. Excellent records were maintained which showed what had been achieved and what remained outstanding. Although there had been slippage particularly with regard to moving and handling training, they were able to evidence how this was being resolved and demonstrate that staff would have caught up within a short time of the inspection being concluded.

We saw that over the year staff have had training in :

- Moving and handling
- Adult support and protection
- Dementia
- Medication awareness

At induction new staff have training on providing support with personal care. This provides staff with the essential knowledge for supporting people with skin care and continence supports. Palliative care training is to be rolled out to all staff to support their work in this area of care. Care co-ordinators have had training in reablement. Although we understand that the service have not actually started providing reablement on a formal basis, they have now included this provision into their job titles of staff. Care co-ordinators have had training to enable them to actively provide direct support (for example moving and handling training), to be better equipped to support, guide and monitor care workers in their role.

Areas for improvement

This service has significant staffing issues. These issues impact on the consistency, flexibility and reliability of the service. The service have ongoing problems in meeting their current care commitments. This is apparent throughout the geographical area that the service covers, although it seems that there are some areas which are particularly badly affected. The service has a reliance on a variable hours contract, a reducing workforce, and variations in the geographical spread of local workforce. The provider organisation recruitment processes can take a significant period of time before posts can even be released for advertising. While some processes are a necessity of safe recruitment we heard that some other processes may create unnecessary barriers to recruiting to an essential, indeed lifeline service which is experiencing a staffing crisis.

There are some other issues such as long shift patterns, non-payment of travel

time, short visits to service users all of which contribute to the issues of recruitment and retention, which require addressing as part of the service redesign process. From our observations while accompanying staff on visits, we saw that despite being advised not to rush, there is a sense of lack of time, with what appears to be tight schedules, pressures in meeting up with different staff for double up visits, and short visits being included in scheduling lists and service user info. (see requirement 1).

The service has a new policy on supervision. At the time of the inspection this had not been implemented in the service. We saw that the service did use staff supervision although not at the frequency laid out in their own policy.

We saw that they currently arranged :

- one to one supervision (which included the appraisal meeting) twice per year
- group supervision used to discuss common issues or provide knowledge about particular topics
- individual supervision over and above was usually in situations where there was a practice issue to be addressed. We saw a number of examples when this was used to effectively highlight an area where performance had not reached the expected standard.

At the previous inspection we had made a recommendation about supervision and staff meetings. While we concluded that we had seen some good practice, we would expect that the service would implement their own newly developed policy, which is based on good practice and which supports more regular and frequent supervision arrangements. (see recommendation 1).

The service rely on their care workers to discuss with service users whether they wish them to find out who will be providing their support at times of annual leave or other absence. They tell us the volume of changes they sometimes need to make, often at short notice, making this impossible for them to do from the service office. They found letters did not work because allocating carers to

support visits was often subject to ongoing changes so the information became out of date. Although we did not look in any detail at this issue, feedback we receive indicate that for some people, this and multiple different carers continues to be an issue. For this reason, and because it is an expectation in national care standards, the previous recommendation made remains in place until such times the service find a way of resolving this. (see recommendation 2).

A number of staff we spoke with identified that more in-depth dementia training would be beneficial to them in their work. Staff told us that they had previous training which was interesting and helpful, but they felt that more in-depth knowledge would support them with some people whom they provide support to. The service are now introducing a new version of dementia training and we discussed during feedback the importance of ensuring that managers attend this training and use this and formal feedback from staff to check whether it meets the needs of the service and supports their staff to demonstrate a skilled approach to dementia care.

Grade

4 - Good

Requirements

Number of requirements - 1

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.

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 April 2016

Recommendations

Number of recommendations - 2

1. The service should make more effective use of staff management and support tools such as planned staff meetings, regular and more frequent supervision and observed practice for all workers.

This is to comply with National Care Standards - Care at Home : Standard 4 - Management and staffing

2. 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 this information is passed on and that the service will be consistent and reliable in who is providing the care.

This is to comply with National Care Standards - Care at Home : Standard 4 - Management and staffing

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

Please refer to Quality 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

At this inspection we concluded that the service was performing to an adequate standard for the areas covered by this quality statement.

The service have identified what it wants to achieve in terms of service redesign and have now positively moved into a phase where tangible steps are being taken towards meeting these goals. As stated previously with the appointment of a project officer, resources have been put into place to lead on this work. We saw that already progress had been taken in other preliminary steps, for example the restructuring of the care co-ordination and administrative teams so as to allow for better management and organisation.

The service was seen to be making use of tools which they can use to audit their own performance. We saw :

- Good training and induction records which clearly identify performance, achievement and what is outstanding
- Regular use of reports to identify compliance in areas such as reviews, quality assurance visits
- Up to the minute scheduling information which they can use to identify any missed or late visits or any other scheduling problems that take place
- Use of staff management and support tools to drive improvements, to set standards and to deal with problems. We considered that the service evidenced a responsive approach towards dealing effectively with any issues they themselves identified, or which were drawn to their attention by service users, staff or relatives/carers.

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

The service have a framework in place for quality assurance visits. We can see that these visits are not being carried out consistently to regularly check and recheck the standard of service being delivered. We did however conclude that when carried out they were meaningful in checking relevant standards, for example record keeping, use of personal protective equipment, personal plans, food safety practices. We saw that they were used to highlight any areas where

improvement was indicated and that appropriate actions were taken to address these issues.

Service users and staff continue to have access to the registered manager or the care co-ordination team to discuss any issues that have arisen.

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. Missed visits
4. Employing sufficient staff
5. Implementing a quality assurance system

We also made some recommendations concerning :

1. Proper record keeping - (we considered this has been met and have not continued with this into this report)
2. Communicating important information to service users about who will be providing their care visits
3. Arranging regular supervision and staff meetings with their staff

The requirements remain unmet despite some of them having been put in place over two years. However we agree that at this stage we can see some tangible progress being made with regard to how the service is organised. Lack of progress in key areas such as staffing is limiting progress in all areas. The complexity of this work is further compounded by lack of suitable communication and IT equipment for care at home staff. Care co-ordinators are reliant on leaving telephone messages for staff to call them back (on their personal phones) to communicate important information, including crucial details, about changes to work schedules. This can be time-consuming, cause delays and is open to human error. We saw that key staff are constantly responding to staffing and scheduling problems rather than being able to plan

and implement effective arrangements to conduct reviews, carry out quality assurance visits, staff supervision or training. (see requirement 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must make proper provision for the health and welfare of service users by ensuring they implement proper quality assurance systems.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) regulation 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:

- a) When requested by the service user or representative.
- b) When a significant change to health, welfare or safety needs occurs.
- c) At least once in every 6 month period and following this consultation, where it appears appropriate revise the personal plan.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 5 (1) (2) (a) (b) (c) (d)

Timescale - to commence within 2 months of receipt of this report.

This requirement was made on 02 November 2015

There have been similar requirements to this in place for a number of years. We saw that the service has made good progress in making sure that personal plans are put in place, although some comments received from service users would indicate this has not always been done within the required timeframe of 28 days. Some reviews are taking place, however not all personal plans have been reviewed within the legal timescales which can mean that information contained in them becomes out of date. This requirement has not therefore been met, and is to be continued 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 to comply with:

The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011 (SSI 2011) regulations 4 (1) (a)

Timescale - 3 months from receipt of this report.

This requirement was made on 03 November 2014

The provider has reviewed their medicine procedures and protocols and the local authority has formally adopted a policy covering the administration of medication. Staff have had awareness training in supporting people with medicines. However more work is required to now implement the policy, ensuring that individual needs in this area are assessed and reviewed and that records which meet best practice standards are in place. To evidence the support that is provided. This requirement is continued in this report.

Not Met

3. They must ensure that they make provision for the health, welfare and safety of service users by ensuring that consistent and reliable care and support arrangements are in place to eliminate missed care visits.

As part of their quality assurance process the service should ensure that they effectively record, monitor any occasion when a visit was missed, that they identify causal factors or patterns, and put in place an effective plan to address identified issues.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SI 2011/210) regulation 4 (1) (a)

Timescale - 3 months from receipt of this report.

This requirement was made on 03 November 2014

The service still has too many missed visits. We saw that they have been active in responding to instances when a missed visit has occurred, for example identifying the causal factor, highlighting the problem with staff and escalating the response where this may be necessary. Records of these situations have been maintained and we were able to check these during the inspection. The provider has now started "live" monitoring of the scheduling system but although the service felt that already problems in this area had been averted we concluded that it was too soon (a few weeks at the time of the inspection) to consider that this very important issue had been resolved.

Not Met

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

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 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 :

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

Timescale - within 8 months of this report.

This requirement was made on 01 November 2013

This requirement has not been met. The major issue of insufficient care at home staff has yet to be satisfactorily addressed by the provider. However they have demonstrated very good progress in how they manage the service at times when the offices are closed. Supervisors (care co-ordinators) now work on a rota basis to provide cover from 7am - 10.30pm (a combination of being office based and on call). This provides staff and service users with support to manage any difficult problems that arise during these times.

Not Met

5. 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:

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

Timescale - within 6 months from receipt of this report.

This requirement was made on 01 November 2013

The provider has evidenced that they have some systems in place to check their progress and what they have achieved. Quality assurance visits, where they have been carried out were seen to be effective in addressing shortfalls. However these have yet to be consistently implemented throughout the service, and therefore this requirement has not been met. While we conclude that all the existing requirements

continue to be unmet, there was evidence that some tangible progress had been made towards each.

Not Met

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

Previous recommendations

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

This is to comply with National Care Standards - Care at Home : Standard 4 - Management and staffing

This recommendation was made on 03 November 2014

We saw that staff had been given guidance on service expectations about proper record keeping. We saw that the service had appropriate arrangements in place so that records maintained by care at home workers were sent to the office and were reviewed by care co-ordination staff. There were arrangements in place that important information was then logged appropriately in the individual electronic file. We saw that where quality assurance visits had taken place recording had been sampled. We would therefore consider that this recommendation has been progressed satisfactorily.

2. 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 this information is passed on and the service will be consistent and reliable in who is providing the care.

This is to comply with National Care Standards - Care at Home : Standard 4 - Management and staffing

This recommendation was made on 03 November 2014

The service do not have consistent arrangements in place to support this area of best practice. Although it was not an area which we particularly focussed on during this inspection, we had some mixed feedback from people using the service about this topic. Some people told us that they almost always knew which carer was coming, but others told us that this was not the case(see views of people using the service). The service advise that their practice is to ask permanent carers to ask service users if they would like them to find out what alternative arrangements have been made if they are to be off on annual leave or other reason. They tell us that the volume of other changes made at short notice is such that they are unable to contact each person. We will look at this further at the next inspection to check what progress has been made towards meeting what is a national care standard.

3. The service should make more effective use of staff management and support tools such as planned staff meetings, regular and more frequent supervision and observed practice for all workers.

This is to comply with National Care Standards - Care at Home : Standard 4 - Management and staffing

This recommendation was made on 03 November 2014

The service demonstrate some use of staff management and support tools. The provider has adopted a new supervision policy, but to date the service are not meeting the benchmark standard set out in this guidance. We saw evidence of some effective use of individual supervision to discuss practice issues. Appraisals were being carried out. We saw some very positive examples of group meetings for teams of carers being used to discuss individual care and support needs and there are some staff meetings taking place which include discussion about relevant topics. While we considered that further progress is still outstanding to implement their own policy, which was reflective of good practice and to ensure that all staff have the opportunity to regularly get together to discuss important topics.

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
3 Nov 2014	Announced (Short Notice)	Care and support 3 - Adequate Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
27 Nov 2013	Announced (Short Notice)	Care and support 3 - Adequate Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
15 Nov 2012	Unannounced	Care and support 2 - Weak Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
30 Jun 2011	Unannounced	Care and support 2 - Weak Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
9 Jun 2010	Announced	Care and support 2 - Weak Environment Not Assessed Staffing 2 - Weak

		Management and Leadership	2 - Weak
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