Care service inspection report

Allied Healthcare (Edinburgh)
Housing Support Service
Suite 17
Bonnington Mill Business Centre
70/72 Newhaven Road
Edinburgh
EH6 5QG

Type of inspection: Unannounced
Inspection completed on: 26 November 2014
## Contents

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<tr>
<th>Service provided by:</th>
<th>Nestor Primecare Services Ltd trading as Allied Healthcare</th>
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<tr>
<td>Service provider number:</td>
<td>SP2013012053</td>
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<td>Care service number:</td>
<td>CS2013316891</td>
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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

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<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tr>
<td>Quality of Care and Support</td>
<td>2</td>
<td>Weak</td>
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<tr>
<td>Quality of Staffing</td>
<td>3</td>
<td>Adequate</td>
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<tr>
<td>Quality of Management and Leadership</td>
<td>2</td>
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What the service does well

We found the service was working to maintain methods to encourage participation. We found examples of the manager working to try to involve service users and their relatives in commenting on and planning care through surveys, forums and reviews. We received several positive comments about the approach of staff. They were described as "listening" and "respectful" and this was consistent with what we saw during the inspection.

For some individuals where a core staff team were in place, where visits were taking place at regular times in line with the service users personal plan and where a positive rapport had been established, the service was working well. We did see some good examples of personal planning.

We also found established systems in place to support staff including regular supervision, appraisal and training.

The manager was committed to communicating with the staff team to inform and involve staff in improving care. We found audits were taking place, these were well recorded and where problems had been identified through the auditing process the manager and senior staff were working to rectify them.
What the service could do better

While the service had strengths we identified a number of areas of weakness which are reflected in the gradings awarded to the quality themes.

Care and support

Weaknesses in care included a lack of consistency which meant for some service users they were not supported by core teams of staff but could regularly be supported by staff they were unfamiliar with. For some individuals this was a source of anxiety. The report describes a lack of consistency in the timings of visits which could cause inconvenience and anxiety for service users. We also found examples of the durations of visits varying significantly from the times identified in assessments of need.

Visits were being missed on occasions, where these were correctly logged we found evidence of remedial action being taken to reduce the likelihood of errors being repeated. However recording was not consistent in this area and not all missed visits had been correctly recorded and followed up on. Other areas identified as requiring improvement included the level of detail provided in personal plans in particular where people using the service had more complex needs. Medication recording and infection control practice also need attention. The inspection also identified the need for more consistency in the way information is provided to people using the service about who will be visiting to provide care and at what time.

Staffing

The manager was working to resolve the problem created by the lack of consistency by staff in the use of the services call monitoring system.

Management

We found that information was not being passed on appropriately by office staff resulting in care issues not be followed up on and risks being identified without action being taken to reduce them.

What the service has done since the last inspection

This is the first inspection of this service since it registered in March 2014 following a change of ownership. We looked at requirements from previous regulatory history the majority of which are repeated in this report. The service had a lengthy vacancy for a coordinator earlier in the year which had effected planning and the consistency of care.
Conclusion

The quality of care was varied and while we found some individuals were getting a positive service this was not being provided consistently. This lack of consistency was a key finding of the inspection. This is reflected in the grades awarded at this inspection. Work was being carried out to improve the planning of care and the manager expressed some optimism that this and a realignment of roles for office staff would improve care.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com.

This service was registered with the Care Inspectorate on 5 March 2014. The new registration was needed following the change in ownership of Allied Healthcare. A condition was placed on the registration certificate requiring the service provider to address any requirements from previous regulatory history. These are referred to in this report.

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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- 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.

Allied Healthcare are registered to provide at Care at Home and Housing Support Services to adults and older people. The service is provided to people living in south east and south west Edinburgh. The service is managed from an office in the Bonnington area of Edinburgh.

The aims and objectives of the service provider state, "We are able to provide care and support to anyone, people who are elderly and infirm, people who have mental heath problems, people with physical disabilities and also learning disabilities. We work on behalf of Local Authorities, the NHS, the independent and charity sector as well as individuals themselves."
Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 2 - Weak**  
**Quality of Staffing - Grade 3 - Adequate**  
**Quality of Management and Leadership - Grade 2 - Weak**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

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

What we did during the inspection
We wrote this report following an unannounced inspection. This inspection was carried out by two inspectors.

The inspection took place on 18, 19 and 25 November 2014.

The inspection involved shadowing staff and visiting service users homes on 18 November 2014. This allowed for observation of the service being provided in people’s homes at different times of the day and in different locations.

We gave feedback to the manager on 26 November 2014.

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

We spoke directly with 12 people who use this service. We also spoke with six people who were relatives or friends of people who use this service. This involved both face to face and telephone contact.

We spoke with 14 staff including the manager. This include both face to face and telephone interviews.

We issued 52 Care Standards Questionnaires to people who used the service and received 18 completed returns. We issued 20 staff questionnaires and received four returns. We followed up some questionnaires with phone calls to the respondent. Comments made in returned questionnaires are referred to in this report.

Documentation sampled included:

Personal plans, including risk assessments
Daily recording diaries.
Significant incident reports.
Staffing rotas.
Training records.
Staff meeting minutes and information provided to staff including the staff handbook.
Staff recruitment records.
Staff supervision an appraisal records.
“On call” records
Policy and procedural guidance.
Information on the timing and duration of visits held electronically on the services call monitoring system.

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

Requirement 1.
The provider must ensure all information recorded in care plans and reviews is relevant, accurate and reflects the needs and views of service users and their representatives. It should ensure that all staff are familiar with the needs of people they support.

This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users and SSI 2011/210 5 - Personal plans.

Timescale: within two weeks of receiving this report.

What the service did to meet the requirement

The need for further improvement in personal planning is referred to Quality Statement 1.3.

The requirement is: Not Met

The requirement

Requirement 2.
The provider must ensure that medication policy, procedures and practice promotes the health and well-being of service users. This must be with specific reference to:

* the proper recording of all medication administration,
* ensure that any changes to medication are recorded in such a way that all staff are clear what is to be administered,

This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users.

Timescale: within 48 hours of receiving this report.
What the service did to meet the requirement

We found changes to medication were being recorded however records sampled contained unaccounted for gaps. Part of this requirement is repeated in Quality Statement 1.3.

The requirement is: Not Met

The requirement

Requirement 3.
The provider must ensure staff are provided with the appropriate training to meet the assessed needs of the service user. This should include working with people with dementia.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, 9(2)(b) - Fitness of employees and 15(b) - staffing and should also take account of the National Care Standards, Care at home, Standard 4.

Timescale: within three months of receiving this report.

What the service did to meet the requirement

Training has been provided. The report contains a recommendation about the need for training to be evaluated.

The requirement is: Met - Within Timescales

The requirement

Requirement 4.
The provider must ensure the assessed care and support is delivered in a consistent manner to meet the assessed needs of the service user. This is with particular reference to ensuring core teams of staff are stabilised and maintained.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.

No timescale was recorded for this requirement.
What the service did to meet the requirement
This had been actioned for some but not all service users. For some individuals the lack of core staff was a problem causing anxiety and the potential for inconsistency in care. This is referred to in Quality Statement 1.3. The requirement is repeated.

The requirement is: Not Met

The requirement
Requirement 5.
The provider must ensure and monitor that all scheduled visits to service users occur as planned and at the time that is agreed with the service users and their family.

This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users.

Timescale: within one week of receiving this report.

What the service did to meet the requirement
While work has been undertaken to improve the use of the call monitoring system by staff and work at the time of the inspection work was underway to review schedules we found visit times continued to be erratic. This recommendation is repeated in Quality Statement 1.3.

The requirement is: Not Met

The requirement
Requirement 6.
The provider must ensure that care and support is provided in a way that meets that it meets the identified needs of the service user. Care and support must be provided at a time which is appropriate to meet the service users needs, and for the duration which has been assessed as necessary to meet those needs. The provider must ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to comply with Social Work Improvements Scotland (Requirements for a care service) 2011 (SSI 2011/210) requirement 4 (1) (a) Welfare of service users - A provider must make proper provision for the health, welfare and safety of service users.

Timescale: from receipt of this letter.
What the service did to meet the requirement
We continued to find examples of service users receiving visits which were significantly shorter than times specified in their assessments of need.

The requirement is: Not Met

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

Two recommendations were made following a complaint investigation.

Recommendation 1.
There should be a reliable system in place to inform service users who is coming to the house.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation is repeated in Quality Statement 1.3.

Recommendation 2.
It is recommended that the quality of the service is regularly monitored to ensure service users are receiving good quality support and staff and management are familiar with the needs of the service user.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation is repeated in Quality Statement 4.4.

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: No
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 received a fully completed self assessment document from the service provider. We were satisfied with the way that the service provider had completed this and with the relevant information that 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 that they had planned.

Taking the views of people using the care service into account

Comments made by people using this service are included in the report. Many comments in the report referred to the problems experienced by service users. However we also received a number of positive and complimentary comments by people expressing satisfaction with the service. These tended to be about staff where a positive rapport had developed.

Comments made included:

“There is always a happy face visiting me.”
“Very happy with the ladies who come daily, all top marks.”
“Very satisfied with regular carer.”
“My regular carers are fine”
“I have nothing but praise for my regular carers.”
“Regular carers are all good they ask me what I want.”

Taking carers' views into account

As with people who used the service received mixed views from their relatives. The problems they describe are recorded in the report. Here are examples of positive comments:

“All the girls do a wonderful job my relative feels very safe with them.”
“Night staff come in and we all have a good laugh together, they are a wonderful bunch.”
“Carers are usually very helpful.”
“Staff very pleasant and helpful.”
“They are a nice bunch.”
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: 2 - Weak

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 did receive positive comments from some of the people who used this service and their relatives about how staff supported them in a way which promoted participation. Comments made included "I feel the staff are very approachable," "they listen" and "they are very polite".

This was consistent to what we observed during the inspection. We observed some good examples of staff offering choices and involving service users in an appropriate and respectful way. The service and individual staff were supportive in enabling service users to be involved in the inspection process.

The manager had continued to organise forum meetings for relatives in community venues. These continued to be attended by small numbers of people. We found that the manager continued to be active in trying to promote participation through these forums. Relatives who attended were sent thank you letters and invited to submit material for future newsletters in an effort to encourage others to become involved. A relative had also been invited to speak with care staff to explain the expectations of the service from a relatives perspective.

The service had carried out a survey of what people who used the service thought about it and we saw that some issues identified had been discussed with staff through staff meetings and memos.

Personal plans sampled included a section on what people wanted to achieve from using the service. While some had only brief comment it was encouraging that the service were guiding staff to think in terms of outcomes for people receiving care.
We found evidence in review minutes sampled that relatives were being involved in reviews and the views of relatives were recorded in review minutes.

Service users were given a range of useful information by the service. This included the service providers own complaints procedure, Care Inspectorate contact details and access to independent advocacy services.

**Areas for improvement**

We found some examples of poor recording including one item of guidance to staff which appeared to direct them not to offer choices to a service user at mealtimes. We discussed this with staff and concluded that the guidance was poorly written and staff who worked regularly with the client were offering choice. This was confirmed by our observations in the service users home. We did find isolated examples of the use of the word “aggressive” in diary entries without a description of actual behaviour. Recording is important in social care and staff need to be aware of the importance of not attaching negative labels to service users. We also found examples of very basic recording which had been repeated over several visits.

(See recommendation 1)

Some of the staff we spoke with were not aware of the services participation policy and further training or communication with staff may be necessary to increase awareness of their role in promoting participation and involvement.

(See recommendation 2)

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

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. Staff should receive training in appropriate record keeping.

2. The service should ensure all staff are aware of their participation policy and what it means to them in the way they work with service users and their relatives.
**Statement 3**

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

**Service strengths**

We observed positive working relationships and a relaxed rapport between people who used the service and staff providing their care in the homes we visited. This was evident where service users were being supported by a core group of staff with whom they had time to build up a relationship. While this was not consistent across the service it was working well for some service users. Comments made by people who used the service and their relatives included: "I am very satisfied with my regular carer who cannot do enough for me", "my relative feels very safe with them" and they know my relatives routines and how to manage their anxieties.

We observed staff working in service users' homes displaying a good level of awareness on health and safety for example checking room temperatures and removing trip hazards. We observed staff reporting concerns about key safe security and problems with the delivery of medication.

We found personal plan information in all homes visited. While some short comings in personal planning is discussed later in this report we did find several examples of personal plans which gave clear guidance to staff on the preferred routines and specific tasks required to care for individuals. Personal plans referred to the health care needs of service users and referred to the health care staff involved in their care.

An implementation team was working in the office at the time of the inspection to improve scheduling and the consistency of staffing.

**Areas for improvement**

While we identified strengths in the service these were not consistent for all of the people using the care service. We found the quality of service delivery was patchy and inconsistent. This effected the experience of people who used the service. For some service users weaknesses in the way the service was provided meant that this experience was not always good. We identified several areas where the consistency and the general quality of the service needs to improve. These included:

**Lack of consistency in the timings of visits.**

This was described as a problem by several of the service users and relatives we spoke with, and by people who returned Care Standard Questionnaires. Comments made included: "My morning visit is not at a regular time, it’s not good when you are sitting in bed waiting for someone from 8 o clock till a quarter to ten," “Time keeping of some carers poor turning up at 10.30 this is too late for breakfast. “Morning times vary from 7am to 10am, sometimes carers arrive too late.”
We found examples of the times recorded in service users’ personal plans being different from the times listed in staff schedules.

When we examined the timings of visits recorded by the service’s call monitoring system we found several examples of inconsistency in the records sampled.

One service user who received four visits per day received five late visits averaging 45 minutes late and three visits over an hour early over a one week period in November 2014. For a service user who received two visits per day we found nine visits which were either over 30 minutes late or too early over a one week period in November 2014. These included two visits over one hour out and two which were two hours out from the time specified.

We found similar records for other service users. One person we spoke with explained how their relative’s personal hygiene was compromised by late visits from care staff. The lack of consistent visit times was a concern for many service users and their relatives. A requirement made following previous regulatory activity is repeated. (See requirement 1)

**Missed visits.**
Records indicated fifteen missed visits in the five month period prior the inspection. Where missed visits were correctly recorded we found evidence that the causes had been identified and remedial action to reduce the risk of errors being repeated had been taken. However we did find examples of visits being missed and not recorded as an incident on the providers recording and monitoring systems. Given that missed visits can compromise the health and safety of service users recording in this area needs to be consistent to identify problems and reduce the potential for mistakes being repeated. The way information on incidents including missed visits is recorded and shared by office based staff needs to be reviewed and any remedial action identified carried out. (See requirement 2)

**Consistency of staffing.**
Some service users did have core teams of staff providing support to them on a regular basis. Where this was in place service users and relatives commented positively on the care provided. However we also found examples of service users who received visits from a large number of different staff over a short period of time. For example we found one service user who was living with a significant degree of dementia. This individual required a high level of support from staff who needed to be conversant with the service users complex needs. However records indicate the service user was visited by twelve different staff providing care over a one week period during October 2014.
This was an area where both service users and their relatives raised concerns. One carer said that due to their relative’s condition and frailty they would be “happier with the same carers.” Specific care tasks were described as needing continuity of staffing. A relative said “New girls appear on a daily basis and this is causing distress.” Other comments included “Cover staff don’t always know my relatives needs” and “Consistency goes down the chute at weekends.”

Several people described the difference in the quality of service provided by their regular carers in comparison with cover staff who they did not know. This problem was described as being particularly prevalent at weekends. A requirement about the need for consistent staffing made following previous regulatory activity is repeated. (See requirement 3)

**Lack of detail in personal plans.**

While the quality of some of the personal plans sampled was appropriate we found examples of personal plans which did not contain the level of detail needed to ensure that staff had the full range of information needed to fully meet the needs of service users. These were service users with complex needs where more detailed care plans were required to ensure their needs were being met and the safety of both service users and staff was being protected.

These were discussed in greater detail with the manager of the service during the inspection feedback they included:

- A service user living with dementia who required consistent support re nutrition and personal hygiene.
- A service user who had referred to self harm.
- A service user with mental health problems and sensory impairment.
- A service user who posed potential risks to staff.
- A service user receiving support with financial transactions.
- We also found examples of a lack of detailed nutritional information in particular where a service user had diabetes.

A requirement made following previous regulatory activity is repeated. (See requirement 4.)

Following discussions during the inspection the manager decided to call reviews for two of the service users listed above.
Duration of visits.
The service’s call monitoring records evidenced several examples of visits being much shorter than the visit length stipulated in the assessment information provided which was based on the needs of service users. We found several examples in records sampled of staff staying significantly less than the time stipulated. We found some examples of staff staying for less than half of their allotted time. A requirement made following a complaint investigation is repeated.  
(See requirement 5)

Medication recording.
We found gaps in three of the Medication Administration Records sampled including two records where there was more than one unexplained gap in recording. Part of a requirement made following previous regulatory activity is repeated.  
(See requirement 6)

Infection control.
One relative expressed concern that staff were not using aprons when carrying out personal care tasks. The non use of personal protective clothing and the lack of consistent hand washing had been raised within the services own survey. The relative we spoke with said this continued to be a problem.  
(See requirement 7)

Consistency of information.
The lack of consistency in the way service users were provided with information was highlighted as a problem by several of the individuals who used the service who we spoke with and their relatives. This was also raised as an issue by people who returned questionnaires. This had been a widespread problem when there had been a protected Co-ordinator vacancy earlier in the year. Individuals did say that overall this was improving however some people referred to recent problems. Comments made included a comment from a carer whose relative required intimate physical care” We don’t get regular rotas which causes anxiety.” Other comments included “Lack of information from the office about who is coming and times.” “Rotas give the wrong times. ”Sometimes things are changed and you don’t always get told who is coming. ”No schedule received for this week.” A recommendation made following a complaints investigation is repeated.  
(See recommendation 1)

Grade awarded for this statement:  2 - Weak

Number of requirements:  7

Number of recommendations:  1
Requirements

1. The provider must ensure and monitor that all scheduled visits to service users occur as planned and at the time that is agreed with the service users and their family.

   This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users.

   Timescale: within one week of receiving this report.

2. The service provider must ensure that any missed visits are recorded consistently along with the cause of missed visits and actions taken to reduce the risk of errors being repeated. Where a missed visit is potentially harmful to a service user the Care Inspectorate must be notified.

   This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users.

   Timescale within 24 hours of the receipt of this report.

3. The provider must ensure the assessed care and support is delivered in a consistent manner to meet the assessed needs of the service user. This is with particular reference to ensuring core teams of staff are stabilised and maintained.

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.

   Timescale within one week of the receipt of this report.

4. The provider must ensure all information recorded in care plans and reviews is relevant, accurate and reflects the needs and views of service users and their representatives. It should ensure that all staff are familiar with the needs of people they support.

   This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users and SSI 2011/210 5 - Personal plans.

   Timescale: within four weeks of receiving this report.
5. The provider must ensure that care and support is provided in a way that meets the identified needs of the service user. Care and support must be provided at a time which is appropriate to meet the service users needs, and for the duration which has been assessed as necessary to meet those needs. The provider must ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users

Timescale: within four weeks of this report.

6. The provider must ensure that medication policy, procedures and practice promotes the health and well-being of service users. This must be with specific reference to the proper recording of all medication administration,

This is to comply with SSI 2011/210 4(1)(a) - that service providers make proper provision for the health, welfare and safety of service users.

Timescale: within 48 hours of receiving this report.

7. The provider must ensure that staff adhere to correct infection control practice at all times.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users

Timescale: within 24 hours of the receipt of this report.

Recommendations

1. There should be a reliable system in place to inform service users who is coming to the house.

Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 3 - Adequate

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grading of three “adequate” awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement
The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
A range of methods to support staff were being maintained. Staff files sampled evidenced that staff were receiving regular one to one supervision. Supervision followed a set format which included a list of agenda items; care practice, safeguarding vulnerable groups, medication practice and training. Supervision records sampled evidenced that supervision sessions were being used by staff to identify training needs. We also found examples of appraisals in all files sampled, these were also well recorded and referenced staff having the opportunity to identify training needs.

Team meetings were being arranged however these were not well attended. Team meetings did include a full agenda of issues and full minutes were distributed even when attendance was low. The manager used the agenda to ensure that staff were provided with information they needed.

We found evidence of new staff being involved in meetings at four and eight weeks to discuss how they were adapting to the job of a care worker.

The four day induction provided to staff included the roles and responsibilities of care staff, moving and handling, first aid and inspection control. The majority of staff we contacted felt that induction and the opportunity to work shadow shifts had provided a good basis introduction to the work. Staff were also provided with a handbook which contained a range of policy and procedural guidance.

Training records sampled were well maintained. The electronic records alerted senior staff to when mandatory training needed to be refreshed and we found evidence of advance planning to ensure all training needs were being addressed.

Staff were generally positive about the day to day support that they received to do their job and confirmed that office based staff did respond to any concerns they raised.

Areas for improvement
The service operated a call monitoring system which involved staff using a telephone to log in and out of service user’s homes. This produced an electronic record of actual visit times. When we sampled call monitoring records we found evidence of gaps where staff had failed to log in or out, or both. Co-ordinators were inputting the planned arrival and departure times. Given the problems with the timing and duration of visits identified in Quality Statement 1.3 call monitoring is an important tool for
achieving improvements in the service ensuring service users receive care at the right
time and for the duration they have been assessed as requiring. Poor staff compliance 
with call monitoring had been identified as a significant weakness by the manager of 
the service. The importance of staff logging in and out had been pointed out in 
numerous memos and meetings had been called during the week of the inspection 
visit to reiterate the importance of staff using the system.

While service is provided in the south of the city the services offices are located in the 
north. For many staff this meant a time consuming journey across the city centre 
which could be a factor in the low attendance at meetings.

A requirement from previous regulatory history referred to the need to provide staff 
with training on working with people with dementia. Training was being provided. 
This included classroom based learning provided during induction. Continuing training 
included classroom based training and "e learning". Staff had access to internet 
based training and this involved an assessment including multiple answer questions. 
It was not clear how this training was evaluated. 
(See recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service should develop methods to evaluate the effect of the e learning 
   undertaken by individual staff. 
   National Care Standards. Care at home. Standard 4. Management and staffing 
   arrangements.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 2 - Weak

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grading of three "adequate " awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement
The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Statement 4

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

Service strengths

We found evidence that returned "Care worker visit books" which are the dairies used by staff to record the care provided during visits were being sampled and audited. We found evidence that where errors or areas in need of improvement had been identified these had been taken forward with the individual staff involved. The manager had set up a system to respond to any problems quickly rather than wait for supervision.

When we sampled staff files we found evidence of regular spot checks carried out while staff were working in service users homes. Spot checks followed a set format and records indicated these were being followed at each visit. Spot checks sampled were well recorded. Where areas for development had been identified these had been followed up with staff.

We found that the manager was working to ensure staff used the services call monitoring system to ensure that the service to people in their homes improved.

Areas for improvement

The service provider operates a system to record any incidents electronically to ensure that records are maintained and any follow up action required is carried out. We found several examples of incidents reported to the office which had not been correctly logged on this system. In several cases the manager had not been informed by office staff taking calls of incidents. We found examples of incidents which had the potential to harm both service users and staff were not being followed up on because they were not being correctly logged and passed to the managers attention for action. We found examples of missed visits and medication errors which could have the potential to cause harm not being notified to the Care Inspectorate as required by legislation.
(See requirement 1 and recommendation 1 )

We received negative comments from both staff and the relatives of service users about the services centralised on call system. Both staff and relatives described the response from the centralised on call as being slow on occasions. Staff reported that the lack of local knowledge restricted the usefulness of on call responses.
(See recommendation 2)

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 2
**Requirements**

1. The provider must ensure that all incidents are correctly logged to ensure any remedial action required is put into place. The Care Inspectorate must be notified of any incident which causes or has the potential to cause harm to a service user.

   This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users.

   Timescale: within 24 hours of the receipt of this report.

**Recommendations**

1. It is recommended that the quality of the service is regularly monitored to ensure service users are receiving good quality support and staff and management are familiar with the needs of the service user.

2. The use of the centralised “on call” should be reviewed to ensure that service users their relatives and staff receive a prompt and appropriate response to requests for information and assistance.

4 Other information

Complaints
There has been one complaint partially upheld about this service since it registered in March 2014. You can find information on complaints which were upheld or partially upheld on our website www.careinspectorate.com

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

Additional Information
Due to the service registering in March 2014. No annual return required at the time of this inspection.

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

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6 Inspection and grading history

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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