

Care service inspection report

Care at Home Services

Housing Support Service

Home Care Section

St. Rognvald's House

Old Scapa Road

Kirkwall

KW15 1BB

Telephone: 01856 888390

Type of inspection: Announced (Short Notice)

Inspection completed on: 9 March 2015



HAPPY TO TRANSLATE

Contents

| | Page No |
|----------------------------------|---------|
| Summary | 3 |
| 1 About the service we inspected | 6 |
| 2 How we inspected this service | 8 |
| 3 The inspection | 13 |
| 4 Other information | 31 |
| 5 Summary of grades | 32 |
| 6 Inspection and grading history | 32 |

Service provided by:

Orkney Islands Council

Service provider number:

SP2003001951

Care service number:

CS2004077124

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

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 | 2 | Weak |
| Quality of Staffing | 3 | Adequate |
| Quality of Management and Leadership | 2 | Weak |

What the service does well

The service provides a range of vital supports to vulnerable people living in the community including personal care, help with meals, medication and some essential cleaning.

Management audit staff performance electronically, through observed practice and through supervision. There are big demands on the service and the manager and his staff strive to ensure that, wherever possible, those needs are met.

Staff told us they felt well supported by their manager. There was a good ethos of care within the service. The service's care coordinators were under a lot of pressure but remained very focussed in deploying home care staff to ensure service users needs were met.

What the service could do better

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

The provider should survey the views of all of its stakeholders about ways in which the quality of care and support could be improved. An action plan should be devised and implemented.

The provider must ensure that service agreements reflected the individual needs of

service users.

The service's internal complaints processes needed to better evidence how complaints had been followed-up and what the outcomes were for service users.

More staff needed to be appointed to relieve the potential for future staffing crises within the service.

More robust quality assurance arrangements needed to be adopted. For example the constraints of the IT systems needed to be addressed. The service's quality assurance arrangements needed to better evidence the overall performance of the service.

The provider needed to consider whether the premises within which the service operates are fit for purpose.

What the service has done since the last inspection

The service had worked hard to further develop its care planning arrangements. We noted that risk assessments and care reviews were being kept up to date. Schedules had been developed so that ongoing reviews were planned in advance.

The provider continued to deliver training appropriate to the needs of the staff group and the support needs of service users.

Conclusion

The care at home service provides vital care and support to vulnerable individuals in the community. Staff within the service are held in high regard by those who they support.

We carried out telephone interviews of service users and received, in the main, favourable feedbacks.

However we were also told the service is "really stretched" and had experienced an episode when it had to deploy agency staff to overcome a staffing crisis. We were given examples of occasions when the service failed to provide care and also examples when there was a lack of continuity and different carers were deployed. Service users told us they found this frustrating and unsettling.

There are big demands on the service and ongoing capacity issues which impact on its performance.

The manager and his staff remain focused on delivering home care throughout the community. The provider, Orkney Health and Care (an integration of Orkney Islands

Council and NHS Orkney) needed to consider re-locating the service to premises more suitable to the function and scale of the task it is expected to perform.

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

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

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

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

The Care at Home Service is provided by Orkney Islands Council. The service provides support to vulnerable adults in their own homes. Staff help with personal care and meal provision. The service provides care on Orkney mainland and across the islands from 7.00am until 10.00pm and there is a night support team on the mainland.

Within the aims and objectives are the statements:

That people should:

- Have their lives enhanced by the provision of Orkney Islands Council Care at Homes Services
- Feel safe and comfortable within their own homes
- Have their personal and non personal care needs met in such a manner that respects the choice, dignity, values, cultural and standards of the individual
- Be encouraged to think and act for themselves and be supported in carrying out both personal and non personal care tasks to promote independence whenever possible

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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following a short notice announced inspection.

We carried out the inspection on 26 and 27 February 2015 and on 9 March 2015. We provided feedback to the registered manager at the end of the visit. The feedback included a requirement, recommendations and areas of improvement made as a result of our inspection.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent 50 Care Standards Questionnaires (CSQs) to the service, to be distributed to people who use the service and 35 were returned completed.

We also carried out telephone interviews and spoke with 14 service users and two relatives of service users. During the inspection process we gathered evidence from various sources, including the following:

We met and spoke with:

- Four people who used the service
- Three relatives of people who use the service
- Registered manager
- Four home carers
- Three social care coordinators
- One administrator

We looked at:

- Evidence from the service's most recent self assessment
- Personal plans of people who use the service
- Formal care reviews and records
- Participation information, including Care Standards Questionnaires
- Accident and incident records

- Staff training records
- Risk assessments
- Notice boards
- Newsletter
- Health and safety records
- Carer's handbook
- Electronic records
- Policies & procedures

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

In order to comply with Regulation 4, Welfare of service users, management need to review all medicine procedures and protocols to comply with best practice. Account should be taken of service users who are unable to self medicate and who need staff to take responsibility for their medicines. Suitable records should be kept. Assessments and records should be reviewed regularly. Staff should be given appropriate training which should be updated at regular intervals.

SSI 2011/210 Regulation 4(1) (a) Welfare of users.

Timescale: 4 months from receipt of report.

What the service did to meet the requirement

The provider had devised a draft medication policy but it had yet to be formally adopted. A further requirement has been raised. See Quality Statement 1.3 of this inspection report.

The requirement is: Not Met

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 the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

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

Taking the views of people using the care service into account

We found that, in the main, there was favourable feedback from service users.

It was clear that they held members of staff in good regard and rated their standards of care they provided.

Most of those contributing to our Care Standards Questionnaires (CSQs) told us that, overall, they were happy with the care and supported the service gave them.

Comments included:

"Very good care. No complaints."

"Staff are rushed and sometimes have to be somewhere else at a given time. Stressful for helpers. As far as service goes, absolutely perfect care. We all have a happy time together which is how it should be. What would I do without you all! And was there a need for outside helpers [a reference to agency staff]?"

"Office staff fail to inform us of delays of carer coming to help."

"The only comment I have is that carers don't always have time to complete their tasks."

"I have not been allocated a shower day - I have not had a shower/hair wash for two months."

"It's a problem when the staff spend half their time filling in the record sheet and looking at their watch. Also the management will not leave the carers alone and are always checking up to see where they are."

Taking carers' views into account

Most of those contributing to our Care Standards Questionnaires (CSQs) told us that, overall, they were happy with the care and supported the service gave them.

Comments included:

"Carers are excellent but their time is limited."

"The carers do a wonderful job looking after my mother I do not know what I would do without them."

Those we met in the privacy of their own homes expressed high levels of satisfaction with the carers.

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

The service is performing to an adequate standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

The service promoted participation in a number of ways. Each service user had a care plan which identified their support needs. This plan was usually reviewed at least on a six monthly basis with the service user and close family when appropriate. Reviews provided an opportunity to raise concerns or make suggestions for changes to the care provided.

The review format included an outcome rating where customer satisfaction - or

otherwise - could be noted. Service users could complete a questionnaire at the end of a review to give feedback and to grade the quality of the service received.

Management periodically organised meetings of service users in local day centres across Orkney to ascertain service users' views and to promote discussion about the service. Minutes were kept of these meetings.

The service had developed a draft participation strategy (however it had not been formally adopted). It aimed to issue regular surveys so that all of its stakeholders could contribute their views and suggestions about ways in which the quality of care and support could be further improved.

The care coordinators had each developed their own audit tools to ensure that they were fulfilling their obligations, maintaining standards and ensuring schedules were in place to convene care reviews. We saw examples of these audit tools and could see that outstanding work tasks in relation to updating support plans, reviews and risk assessments had been identified.

Key Performance Indicators (KPIs) are used to monitor performance across all aspects of service delivery. These, for example, ensured service users were (i) provided with information about the service and its charges, (ii) ensured that outcome focussed support plans were in place and (iii) that month-on-month the service aimed to reduce the number of complaints reported.

During our telephone interviews we asked those taking part if the service asks them for their opinions about ways in which their support could be improved. We received the following comments:

"When they come to do the review we are asked this question."

"We are asked this at every review."

"I can't think of anything they can improve on for me personally."

87% of those contributing to our Care Standards Questionnaires (CSQs) told us that the service asked them for their opinions about how it could improve. It was also clear that many service users felt empowered to talk with staff on a day-to-day basis.

However the process of surveying service users had not been maintained and there remained much scope to further develop service user engagement across the service.

Taking all of the above into account we concluded that the service was performing to an adequate standard.

Areas for improvement

We noted from our examination of some of the service's audit tools and key performance indicators (KPIs) that not all of the care reviews had been undertaken within identified timescales. This applied to the initial six week review and to subsequent minimum six monthly care reviews (this is based on stats from analysis of each quarter of the year KPIs). We concluded, therefore, that not all of the service users had opportunities to provide timeous feedback about their experiences of the service.

Only 62% of those contributing to our own Care Standards Questionnaires (CSQs) told us that they knew that they could make complaints to the Care Inspectorate (as well as the service itself).

Although the service had developed a draft participation strategy it had not been formally adopted. This is a missed opportunity to inform the service's various stakeholders about the methods, processes and timescales within which they will be routinely consulted and from which their feedbacks would be used to devise a service improvement plan.

We noted that a staff survey had taken place in 2014 but none of the service's other stakeholders including service users, their families and allied professionals associated with the service had had an opportunity to contribute their views and suggestions. Some of the feedback from our telephone interviews did include comments such as:

"I never get sent a tick-the-box sort of thing from the office [about customer satisfaction]."

One recurring theme was the number of different carers - "new faces" - some service users experienced. Quite apart from issues of continuity of care we considered this was impacting on the relationship between some of the service users and the provider and the ability of vulnerable service users to readily comment on their experiences. We concluded that had service users been surveyed to ascertain their views some (but by no means all), as they told us themselves, would indicate levels of dissatisfaction which the provider would be obliged to address. **(See**

Recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider must develop and share with its stakeholders a participation strategy which outlines how it intends to consult with them to ascertain their views and

opinions about ways in which the quality of care and support could be further improved.

An improvement plan should be devised and implemented. The service's stakeholders should be kept informed about the progress being made to address the issues raised by them and how these are being actioned.

National Care Standards, Care at Home: Standard 11 - Expressing Your Views.

Statement 3

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

Service strengths

The service is performing to a weak standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Speaking with service users
- Care Standards Questionnaires (CSQs) analysis
- Examining Key Performance Indicators (KPIs)
- Complaints Log
- Discussions with the service manager, care coordinators and home care staff
- Examination of relevant documentation

The weak grade recognises that although there may be some strengths, there are important weaknesses which cause concern. This grade implies the need for structured and planned action by the service.

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

There are big demands on the service and the manager and his staff strive to ensure that, wherever possible, those needs are met. Management audit staff performance electronically, through observed practice and through supervision.

There was a good ethos of care within the service. The service's care coordinators were under a lot of pressure but remained very focussed in deploying home care staff to ensure service users' needs were met.

The service had worked hard to further develop its care planning arrangements. We noted that the risk assessments and care reviews that we examined were being kept up to date. Schedules had been developed so that ongoing reviews were planned in

advance.

We carried out a series of 16 telephone interviews. The feedback in the main was favourable and included comments like:

"They are all lovely and willing to help in whichever way they can."

"They do respect me and all are very nice people."

"They know their job well."

"They help maintain my independence in my own home and I appreciate that."

We asked those taking part to rate the service and the following views were offered:

"Gold star."

"Please convey my thanks to the team for providing such a brilliant service."

"Top marks as it is a really good service where the hands on team are just brilliant and I have heard this said by so many others too."

We took all of the views expressed into account when determining our assessment of the service. These also included feedback from the manager of the service, its care coordinators and home care staff.

Taking all of the various contributory factors into account we concluded, given the shortcomings that we also identified, that the service was performing to a weak standard.

Areas for improvement

The previous inspection report of November 2013, had raised a requirement for the provider to review its medication procedures and protocols, taking account of best practice guidance. 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 during the current inspection that draft 'medicines management guidelines for care at home' had been developed in March 2014. However the provider had yet to adopt these. It is understood that there are wider implications in relation to roles and responsibilities - for example, in relation to the assessment of the capacity of service users to self-medicate or not.

We recognise the home care staff do receive some training in medication and are subject to having their practice observed by their line manager at least annually.

However the continued absence of formal medication management guidelines with

appropriate safeguards is very concerning. During the inspection we discussed one example of the mal-administration of medication to the wrong individual in a household supported by the service.

The provider, we were told, had reviewed this serious incident as part of its quality improvement practices. We were also told that this incident had been investigated by external agencies, including the Health and Safety Executive. The provider had yet to receive a copy of the report of the investigation outcomes. During the inspection we requested that the Care Inspectorate be given a copy of this report when it becomes available.

The failure to put in place procedures that follow best practice guidance and that informs staff practice is unacceptable. We are raising a requirement about the medication administration arrangements within the services, the need for appropriate assessments and the delivery of a staff training programme to ensure that those staff with this responsibility are appropriately trained. **(See Requirement 1)**

An examination of the service's internal complaints records noted a breakdown of the complaints that had been submitted to the service and the reason for these concerns or dissatisfaction. We noted, too, in one of the service's KPI audits its intention to reduce month-by-month the number of complaints received. But could see, for example, that five had been submitted for the April-June 2014 quarter period whilst 19 were made over July-September 2014 period.

When we examined the complaints log we noted a series of complaints related to missed calls of deferred visits - when the carers turned up later than scheduled.

Those contributing to our telephone interviews told us that they held the staff in high regard but we were also told about frustrations with different carers - "new faces" - turning up and how this was impacting on the continuity of care. We were told:

"I have lost count of the different faces that have come here."

"Staff are pleasant towards us but I do find it difficult to get to know them owing to the different faces we have at present visiting us." **(See Recommendation 1)**

We noted that during 2014 the service experienced a crisis period when it was short-staffed and had to deploy agency staff from the Scottish mainland. We will report and raise recommendations within the Staffing and Management & Leadership sections of this report how the provider needs to address these issues from a staff recruitment and quality assurance perspective.

The Care at Homes Services needs to review its support arrangements to ensure better delivery of continuity of care and, most importantly, to ensure that service users receive the care and support set out in their individual service agreements and

that no calls are missed. **(See Requirement 2)**

The service agreements currently in place are generic in format and do not sufficiently detail what individual supports are to be delivered to each service user. Service agreements should more clearly specify what individual care and supports will be delivered to each service user. **(See Recommendation 2)**

Not all of the support plans specified that date the service was started. Each support plan needed, as an area of development, to specify the date on which the service commenced. This would more clearly inform timescales for ongoing reviews.

Some of the support plans referred to DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) protocols. Not all members of home care staff were aware of these. The provider needed to review its roles and responsibilities in relation to DNACPR and raise awareness of this issue within the staff group.

<http://www.gov.scot/Publications/2010/05/24095633/22> and
<http://www.nisg.scot.nhs.uk/currently-supporting/emergency-care-summary>

During the inspection we discussed the personal care needs of one service user who had indicated she would prefer her support to be delivered much earlier in the day than the provider could currently offer. This would have ensured that she could manage her personal circumstances better and optimise her experience of living with a disabling condition. We have asked the manager of the service to closely monitor this situation given the limited capacity within the service to respond to this request. We also asked the manager of the service to explore other ways in which the service user's care needs could be supported. Future inspection visits will continue to look at the capacity of the service to respond within sufficient timescales to requests for support at service users' preferred times.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The provider must devise and implement appropriate medication management and administration guidelines to inform staff practice and to safeguard service users. Reference should be made to current best practice guidance.

This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Timescale: 3 months from receipt of this report.

2. The provider must review its support arrangements to ensure it better delivers a standard of continuity of care and support to service users as set out in the individual service agreements.

This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Timescale: 3 months from receipt of this report.

Recommendations

1. The provider must review its complaint reporting arrangements to ensure that they better evidenced how each complaint had been followed up and what the outcome was for those raising concerns, dissatisfaction or actual complaints.

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

2. The provider should review the service agreements - currently generic in format - to ensure that they more clearly specify what individual care and supports will be delivered, and at what time, to each service user.

National Care Standards, Care at Home: Standard 2 - The Written Agreement.

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

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to an adequate standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

Areas for improvement

We have raised a recommendation in Quality Statement 1.1 of this report for the provider to develop and share with its stakeholders a participation strategy which outlines how it intends to consult with them to ascertain their views and opinions about ways in which the quality of care and support could be further improved.

We have recommended that an improvement plan should be devised and implemented. The service's stakeholders should be kept informed about the progress being made to address the issues raised by them and how these are being actioned.

The provider's action will need to evidence the ways in which the service intends to further improve the quality of its staffing within the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service was performing to a good standard in the areas covered by this statement.

We came to this conclusion after we:

- Spoke with the manager and members of staff
- Examined examples of the minutes of meetings, completed surveys and care documentation
- Staffing-related documentation
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

We have noted in the 'care and support' section of this report how service users told us that they held members of staff within the service in high regard.

Over the course of the inspection we could see how committed the service's care coordinators were to delivering good standards of care and support. They are under a lot of pressure but remain focussed. They told us these "were challenging times and expectations [of the service] are very high".

From our discussions with the care coordinators we were reassured that they considered the service had "some really committed workers".

We asked staff we met how they rated the service. They told us:

"We offer a superb quality of care."

"The care is really good. There are demands on our time but this is improving."

"The service is better managed now than it was."

"Overall a good, care-focused service."

"Very good care, it is the care I would like to have."

"We are slowly starting to get more time with clients."

"The service is a lot better than when I started. Used to be a big turnover of staff. It is more settled now. And a lot more personal care."

The service was committed to ensuring its staff were appropriately trained.

Formal induction processes were in place and delivered. A range of mandatory training had been identified as well as other preferred and optional staff developments. There was a system in place to flag up when any training was going out of date and the service needed to run re-fresher updates.

We saw some very good examples of PowerPoint presentation formats which were being delivered by care coordinators. These covered topics such as 'Re-ablement', 'Telecare' and 'Continence management'.

Staff practice was observed in situation by care coordinators and supervision arrangements were in place.

A 'staff handbook' had been created which would usefully inform and guide staff in their day-to-day practices.

A training diary had been devised for the coming year. Courses included: elementary food hygiene; handling & risk assessment; basic first aid; managing challenging behaviour and 'achieving a better life for older people' amongst other topics.

The service had devised a range of key performance indicator (KPI) targets to drive up standards within the service. Some of these related to staff performance. They were monitored on a quarterly basis throughout the year.

The service's administrator demonstrated how the electronic data gathering processes fed into the KPI arrangements of the service and provided the manager and senior staff with the necessary data to better manage and plan how the service was being delivered.

The manager was registered with the Scottish Social Services Council (SSSC). Some staff already had qualifications that would be suitable for them to register with the SSSC when it became obligatory.

Taking all of the above into account we concluded the service was performing to a good standard in relation to this quality statement.

Areas for improvement

We asked staff how they felt the service could be improved. They told us:

"The service is really stretched. The premises [that we are located in] are not fit for purpose."

"I don't always get to see the care plan before [I go in]. Sometimes I do cold visits in unfamiliar circumstances."

"The service is under resourced. There has been slippage in supervision".

"They should give more time to staff in unfamiliar settings."

"The office is cramped. No reception desk. The work environment is horrendous."

"The IT systems are difficult to navigate. We can't get hold of them at the weekend."

"We need more contracted carers time contracts. We need decent mobile phones. We get "number withheld" so don't know what staff member has been phoning. We can send texts [which would be quick and easy]. We have ongoing IT glitches."

"When it comes to staff recruitment we are fire fighting."

"There is poor communication with hospital discharges."

"New starts need a little longer time to do shadowing."

We noted that in 2014 the service had carried out a staff survey. Some feedback discussions with the staff group had been convened but no action plan had been devised. We consider this a missed opportunity. The service is a large employer and the views of its staff group could usefully be used to inform a plan of action to improve the quality of care and support across the service.

The provider needed to take account of the views expressed in this report, as well as the results of its staff survey and use these as a basis to drive up standards of care and support across the service. We will be reporting on the service's quality assurance arrangements in Quality Statement 4.4 of this report in which we will be recommending the need for more robust quality assurance practices within the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to an adequate standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The adequate grade applies to performance characterised by strengths which have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

Areas for improvement

We have raised a recommendation in Quality Statement 1.1 of this report for the provider to develop and share with its stakeholders a participation strategy which outlines how it intends to consult with them to ascertain their views and opinions about ways in which the quality of care and support could be further improved.

We have recommended that an improvement plan should be devised and implemented. The service's stakeholders should be kept informed about the progress being made to address the issues raised by them and how these are being actioned.

The provider's action will need to evidence the ways in which the service intends to further improve the quality of the management and leadership of the service.

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

The service is performing to a weak standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Speaking with service users
- Care Standards Questionnaires (CSQs) analysis
- Examining Key Performance Indicators (KPIs)
- Complaints Log
- Discussions with the service manager, care coordinators and home care staff
- Examination of relevant documentation

The weak grade recognises that although there may be some strengths, there are important weaknesses which cause concern. This grade implies the need for structured and planned action by the service.

Among the strengths we identified included:

- A positive ethos of care within the service.
- The manager was held in good regard with staff reporting that the service was "better managed than it used to be". We were told that the manager was "very fair and approachable" and that staff felt "very well supported".
- Staff described good access to ongoing training. Senior carers had devised training presentations relevant to the work of the service which they delivered amongst the staff group.
- The service had identified what it wanted to achieve, in terms of its growth and

development, and had put in place key performance indicators to monitor its progress.

- Audit tools gathered data and regular reports were produced to measure outcomes.
- Care coordinators had devised their own audit tools to monitor their respective team's performance and devise schedules to ensure key tasks were being undertaken.

We considered the service was putting in place useful quality assurance systems to inform how it was meeting its obligations. Some aspects of this were working well. We would advise that the service should continue to maintain its work with these audits.

However, as we have reported, there are several shortcomings and these reflect our concerns about the overall performance of the service.

Areas for improvement

In awarding a weak grade we took account of the following contributory factors which influenced the outcome of our assessment:

Our examination of some of the service's audit tools and key performance indicators (KPIs) highlighted that not all of the care reviews had been undertaken within identified timescales. We concluded, therefore, that not all of the service users had opportunities to provide timely feedback about their experiences of the service.

Only 62% of those contributing to our own Care Standards Questionnaires (CSQs) told us that they knew that they could make complaints to the Care Inspectorate.

The service had developed a draft participation strategy but it had not been formally adopted. Although we noted that a staff survey had taken place in 2014 none of the service's other stakeholders including service users, their families and allied professionals associated with the service had had an opportunity to contribute their views and suggestions.

Our previous inspection report of November 2013 had raised a requirement for the provider to review its medication procedures and protocols, taking account of best practice guidance. We noted during the current inspection that draft 'medicines management guidelines for care at home' had been developed in March 2014. However these had yet to be formally adopted. The continued absence of procedures to provide guidance and appropriate safeguards is very concerning.

During the inspection we discussed one example of the mal-administration of medication to the wrong individual in a household supported by the service. We were told that the provider had reviewed this serious incident as part of its quality

improvement practices but the manager of the service is yet to receive a copy of the outcome of this review. This is unacceptable. During the inspection we requested that the Care Inspectorate be given a copy of this report.

An examination of the service's internal complaints records noted a breakdown of the complaints that had been submitted to the service and the reason for these concerns or dissatisfaction. We noted, too, in one of the service's KPI audits its intention to reduce month-by-month the number of complaints received. But could see, for example, that five had been submitted for the April-June 2014 quarter period whilst 19 were made over July-September 2014 period. When we examined the complaints log we noted a series of complaints related to missed calls of deferred visits - when, in the latter instances, the carers turned up later than scheduled.

Those contributing to our telephone interviews told us that they held the staff in high regard but we were also told about frustrations with different carers - "new faces" - turning up and how this was impacting on the continuity of care.

We noted that during 2014 the service experienced a crisis period when it was short-staffed and had to deploy agency staff from the Scottish mainland. We were told that whilst the service continued to recruit new personnel they remained "really stretched" and continued to find themselves in a "fire fighting" dilemma in relation to the appointment of new staff members.

During the inspection we discussed the personal care needs of one service user who had indicated she would prefer her support to be delivered much earlier in the day than the provider could currently offer. This would have ensured that she could manage her personal circumstances better and optimise her experience of living with a disabling condition. We were told that the service did not have capacity to respond to this request and that any future response was contingent on a death within the service which would free up resources.

Discussions with those contributing to the inspection process also identified ongoing frustrations with the service's IT facilities - a situation which was being compounded by operating in premises that some considered was not fit for purpose.

We have raised in this report regulatory requirements arising from the The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 and recommendations referencing the national care standards to address the issues raised within this inspection report.

We did note that the service was striving to put in place effective quality assurance arrangements through its key performance indicator arrangements. However taking all of the above into account we felt that there was scope for further improvement.

(See Recommendation 1)

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider, in order to deliver an effective improvement agenda for the service and to put in place satisfactory safeguards, must ensure its quality assurance arrangements are robust and effective.

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

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

| | |
|--|--------------|
| Quality of Care and Support - 2 - Weak | |
| Statement 1 | 3 - Adequate |
| Statement 3 | 2 - Weak |
| Quality of Staffing - 3 - Adequate | |
| Statement 1 | 3 - Adequate |
| Statement 3 | 4 - Good |
| Quality of Management and Leadership - 2 - Weak | |
| Statement 1 | 3 - Adequate |
| Statement 4 | 2 - Weak |

6 Inspection and grading history

| Date | Type | Gradings |
|-------------|--------------------------|--|
| 21 Nov 2013 | Announced (Short Notice) | Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good |
| 22 Nov 2012 | Announced (Short Notice) | Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good |
| 14 Mar 2012 | Announced (Short Notice) | Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good |
| 1 Oct 2010 | Announced | Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good |
| 2 Dec 2009 | Announced | Care and support 3 - Adequate Staffing 4 - Good |

Inspection report continued

| | | |
|-------------|-------------|--|
| | | Management and Leadership 4 - Good |
| 31 Jul 2008 | Unannounced | Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate |

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

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0345 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0345 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تاقي سن تب بل طلا دن ع رفاو تم روشن مل اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com