

Blackwood Care - Tayside Services Housing Support Housing Support Service

Unit 2
4 Jack Martin Way
Dundee
DD4 9FF

Telephone: 01382 622875

Type of inspection: Announced (short notice)
Inspection completed on: 19 January 2017

Service provided by:
Blackwood Homes and Care

Service provider number:
SP2003000176

Care service number:
CS2004077164

About the service

This service provides a combined Housing Support and Care at Home service to people who have a wide range of needs living in the community. The service is available to adults of various ages living in Dundee, Perth and Angus. The service is provided in people's own homes, including sheltered housing developments. In their information given to new customers they say: *We are committed to providing services that are personalised to your individual needs and preferences that support you to achieve the best quality of life possible.*

What people told us

During the inspection, service users and their carers were spoken with via telephone interviews or in person in their own homes. Views were also garnered from Care Service Questionnaires which had been distributed to service users by the service. A stakeholder care manager was also spoken with. In general, views were positive in relation to staff but less so in relation to the recent management of the service. Here are some of the comments made:

- The staff who visit me are very good. They give me a hand to have a wash.
- Staff are generally on time though this can vary which I understand.
- Staff are polite and friendly: for a while there were lots of different staff but it has settled down now and I prefer this.
- I was given an information pack when I started using the service.
- Very good staff, we can have a bit of banter which is fun. I like that they will stay until they have finished supporting me even if they go over their time.
- Yes I have a support plan in my home which staff write in.
- I asked for only female staff to support me and that's what I get.
- I think there has been some sort of a crisis over November/December as we got lots of different staff and I did not like this. However we contacted the service and met with the acting manager and team leader who explained they had been having problems but now wanted to get it right. We were impressed with the way they responded and now have a more consistent group of staff supporting us (my husband).
- There were two times that no-one turned up to support my mother in December and I had to ring them but they got it sorted out and there have been no missed visits since. The staff themselves are great. They seem well-trained and really want the best for my mother.
- There have been times when ringing up to get a team leader has been frustrating and difficult as no-one answers.
- The staff are all very friendly - I get male as well as female carers and they are all good. I was asked if I minded and I said male or female was fine.
- Stakeholder Care Manager: service users have been saying to me that visits have been completely missed and when people ring up they find it hard to get through to the service. No-one answers the phone. I think the service took on too many new service users at one time and this caused the problems. In the past this has been a trusted provider and has been very good but they seem to have had a dip in quality in November/December perhaps even earlier than that.

Self assessment

The service completed a self-assessment on time.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

The service provided an adequate level of care and support for service users. This is a big change in grade since the last inspection in early 2016. Most service users were positive about the support they got from the service but a significant proportion were unhappy with some aspects. Here are some of the findings of this inspection:

- During the latter part of 2016 some service users had experienced problems in contacting the service. They would ring and not be able to get through to a team leader who was their first point of contact for troubleshooting any issues. This was frustrating for them and not good practice by the service.
- Two service users and their carers, when spoken with by the inspector, reported that during December 2016 scheduled visits by staff had been completely missed and they had been forced to contact the service to find out what had happened. Although the situation had been reported as having now been addressed by the service, this was poor practice in these instances.
- Observation of a support worker doing their visits, by the inspector, highlighted that there were issues with service user's support plans. Of three homes visited; two people had out-of-date support plans, that did not reflect the support being given, and one had no care plan in situ in the home at all. Although there were care plans held in the office for these service users, which were more up-to-date, this nevertheless constituted poor practice in this instance. The support worker was, however, aware of what the up-to-date support needs of the people she was supporting were. This might not have been the case had a new worker turned up in an emergency and used the care plans in these people's houses.
- Some service users confirmed that they had encountered problems with the schedule sent out in advance to inform people of which workers would be visiting on given dates and times. Different workers had turned up and times had not been adhered to.
- The majority of people spoken with had experienced a good service and were happy with staff and the support they received. It was only in certain geographical areas and during a certain timeframe that problems had occurred for those who had experienced a drop in the quality of support.

A discussion in relation to these findings was undertaken with the acting manager, who was also the regional manager, and she was able to give a context to this fall in quality. The service took over responsibility for planned additional hours and staffing in September 2016 however, the service undertook a further increase in customers in November 2016 which impacted on the service delivery across some areas. The restructuring of the service which meant that all four team leaders were new in post (and had limited management experience), team leaders all doing a training course which took them away from frontline support of staff, the incorporation of new IT systems for managing the service and latterly the loss of the registered manager and one team leader due to them being off work. The service had identified this combination of factors and the resulting effects it had on practice, systems and outcomes, and had already taken action to remedy the situation. The inspector was shown an action plan which included:

- Liaison with local authorities in relation to new service users and the support they were commissioned to get.
- All customers to receive schedule (a rota) of which staff will be attending them.
- Rotational shift patterns for staff.
- Timely communication in relation to changes in staffing.
- Compliance of staff with times allocated for support.
- Recruitment.
- Induction of new staff to ensure job requirements are met.
- Policies and procedures. Staff to be reminded of these.
- Staff training.
- Person centred care training for all staff 'put yourself in my shoes'.
- Team leader development.

While it was very encouraging to see that this previously trusted provider was already working hard to address all the issues raised by the combination of difficult circumstances, it was felt that the Care Inspectorate should reflect these changes in quality in the grade and apply requirements and recommendations to ensure improvements are made.

Improvements to be made by the service:

- The service should ensure that all service users have an up-to-date personal care plan in their homes. See Requirement 1.
- The service should ensure that where a person has a scheduled visit there are systems in place to ensure that this takes place and that if a visit is missed the service knows about it quickly and can take steps to ensure that person is safe and supported. See Requirement 2.

Requirements

Number of requirements: 2

1. The provider should ensure that all service users have an up-to-date personal care plan in their homes.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 5 Personal Plans.

Timescale: Within two months of receipt of this inspection report.

2. The service should ensure that where a person has a scheduled visit there are systems in place to ensure that this takes place and that if a visit is missed the service knows about it quickly and can take steps to ensure that person is safe and supported.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 4 - Welfare of Service Users.

Timescale for implementation: One month from receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service provided an adequate quality of staffing. This is a significant change in grade since the last inspection in early 2016. Most service users were positive about the support they got from the staff but a significant proportion were unhappy with some aspects and the inspector noted some areas where staff should improve. Here are some of the findings of this inspection:

- Team leaders at the service were spoken with and indicated that they had been working very long hours (often of their own volition) which whilst this showed commitment to ensuring they completed their job roles, might also have masked the level of staff required by the service at team leader level. The influx of new customers had meant they had been pulled into doing direct care work to support staff and ensure all visits were done. Discussion about this was had with the regional manager who indicated that team leader posts were linked to a set level of hours worked by support staff and that the team leaders had been managing levels of staff well over these hours. She also indicated that recruitment was currently taking place to add more team leaders in order that they could work within the hours limit and be able to do their job of supporting staff more effectively.
- Support staff spoken with gave a mixed picture of the year (since the last inspection). Whilst they reported good levels of training such as moving and handling, infection control and person centred care, they also spoke about the workload suddenly increasing and the inconsistency of who they supported going up. Instead of having a regular set of customers to support they had been sent anywhere that they were needed to cover and they felt they were not able to provide consistent care to people they knew. They stated that the service felt chaotic and cited examples of visiting people only to find they were in hospital or that families had cancelled visits which showed that communication between different parts of the service had broken down. Staff knew what good consistent care was but felt they had not been able to deliver it recently.

- Observation of staff working in the community showed them to have positive relationships with customers and to also be committed to giving them good care. Some practices were, however, not up to professional standards: though none of them were extreme examples. Proper infection control measures were not always followed, the way customers were spoken with was overly familiar and physical contact on one occasion went over the professional boundary. These practices were seen by the inspector as being a symptom of the lack of support staff had received in the last few months while team leaders had been pulled away from their posts to cover care shifts. Team leaders spoken with admitted that they had not recently had time to carry out the expected quality checks on staff such as supervision, observation of practice or team meetings.

As previously highlighted, the service took over responsibility for planned additional hours and staffing in September 2016. The service had an action plan in place to transition the new customers and staff into the service. The service took on further additional customers in November 2016. This transfer impacted on the service and as a result affected the quality of service provision.

A restructuring of the service which meant that all four team leaders were new in post (and had limited management experience), team leaders all doing a training course which took them away from frontline support of staff, the incorporation of new IT systems for managing the service and latterly the loss of the registered manager and one team leader due to them being off work. Team leaders, due to influx of customers were also drawn out into the community to cover support worker shifts. A service where support staff had been well supported, supervised, and observed suddenly lost all this and, inevitably, quality fell through no fault of coal face staff who were doing their very best in difficult circumstances.

As previously highlighted the service had recognised things had gone through a dip and had already put an action plan in place. While it was very encouraging to see that this previously trusted provider was already working hard to address all the issues raised by the combination of difficult circumstances, it was felt that the Care Inspectorate should reflect these changes in quality in the grade and apply requirements and recommendations to ensure improvements are made.

Improvements to be made by the service:

- The service should re-activate those practices which it previously undertook to support staff to ensure that they are carrying out good practice. These include team meetings, 1:1 supervision and observation of staff working in the community. This will ensure that the service is provided in a manner that promotes quality for service users. See Requirement 1.
- It is clear that support staff need to be able to communicate with, and be effectively supported by, team leaders. The provider should review the levels of team leaders working for the service and how they can best support staff and improve quality. This may even mean bringing in cover for a short-term until recruitment has been achieved and new staff inducted. See Recommendation 1.

Requirements

Number of requirements: 1

1. The service should re-activate those practices which it previously undertook to support staff to ensure that they are carrying out good practice. These include team meetings, 1:1 supervision and observation of staff working in the community. This will ensure that the service is provided in a manner that promotes quality for service users.

See SSI 2011/210 3 Principles: 3. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: Within three months of receipt of this inspection report.

Recommendations

Number of recommendations: 1

1. The provider should review the levels of team leaders working for the service and how they can best support staff and improve quality.

National Care Standards 4 Care at Home - Management and Staffing 5 You are confident that the provider monitors all aspects of the service, especially its quality.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service provided an adequate quality of management. This is a significant change in grade since the last inspection in early 2016. Most service users were positive about the support they got from the staff but a significant proportion were unhappy with some aspects and the inspector noted some areas where management should improve. Here are some of the findings of this inspection:

- Communication - Both service users and staff highlighted that during the past few months communication with the service's administrative base, where team leaders are housed, had been very difficult. This had led to frustration for customers and staff alike. Outcomes for customers were that they lost confidence in the service. Analysis of the problem highlighted a challenge with the phone system over a short period of time where calls were not routed appropriately to allow calls to be received by the team leaders. In addition to this there were occasions when team leaders were not available because they were out in the community doing frontline work because of the influx of new customers.

- Quality assurance - It was clear from speaking with customers and staff, and via observation of staff practice, that quality assurance had broken down during the last few months due to the pressures on the service. For the reasons discussed earlier in this report, team leaders had become overwhelmed by managing the basics of getting each visit covered and quality assurance had been lost. This had resulted in poor communication, inconsistency of staff at visits, missed visits and on one occasion a serious incident. This had effected outcomes for customers in a negative way.
- Provider response - It should be acknowledged that the service had, prior to inspection, recognised that a crisis had occurred and had proactively begun to address the issues. The regional manager had taken over a temporary manager and an action plan was in place to address the issues.

It was evident that a combination of factors, as discussed previously in this report, had led to a breakdown in quality and some poor outcomes for some customers. The service needs to effect immediate improvements but it also will need to examine what went wrong and adjust its practices to ensure that this type of situation does not recur.

Improvements to be made by the service:

The service should review the procedure and practice for taking on new customers and consider the impact on existing, as well as new, customers. It should look at capacity, staffing, timescales and handover procedures and be clear about what it can and cannot do when liaising with commissioning bodies. Outcomes for service users must be put first which should include a recognition that transition from one service to another is a sensitive process and needs to be handled with regard for the needs and wishes of the customers who are often quite vulnerable. (This process should include discussion with commissioners). See Requirement 1.

The service should review the telephone system which both customers and staff use to ensure that both can contact team leaders for advice, guidance or to report an issues. It is important that these sort of calls are responded to timeously so that safety and confidence in the service are maintained. See Recommendation 1.

Requirements

Number of requirements: 1

1. The service should review the procedure and practice for taking on new customers and consider the impact on existing as well as new customers.

See: SSI 2011/210 3 Principles. 3. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: Within three months of receiving this report.

Recommendations

Number of recommendations: 1

1. The service should review the telephone system which both customers and staff use to ensure that both can contact team leaders for advice, guidance or to report an issues.

National Care Standards 11 Care at Home - Expressing Your Views: You or your carer are encouraged to express your views on any aspects of the care service at any time:- 1 You can freely discuss any concerns you have with your home care worker, other staff or management of the service.

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
15 Jan 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
16 Jan 2015	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
10 Jan 2014	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
12 Mar 2013	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
7 May 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Jul 2009	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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