

Perth & Kinross Council - Home Care Housing Support Service

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Type of inspection: Announced (short notice)
Inspection completed on: 7 February 2017

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Care service number:
CS2004074754

About the service

Perth and Kinross Council's Home Care service is registered to provide a combined Care at Home and Housing Support Service. The service also includes a Reablement service which aims to help people who use the service to regain skills needed to feel confident about living independently at home.

The service is provided by Perth and Kinross Council's Housing and Community Care service to people requiring support in their own home. The aim of the service is to "recognise the rights of individuals to lead independent lifestyles within their own homes with appropriate support services."

The service supports individuals with a range of needs including older people, people with learning disabilities, physical disabilities, enduring mental health conditions and drug and alcohol needs. The service can respond to crisis, intermittent needs, short and long term needs. Parts of the service were provided on a 24 hour basis, particularly through the Community Alarm and Rapid Response Teams which are also registered with the Home Care Service.

The service is currently going through significant change as part of the strategic plan of the local health and social care partnership. This has impacted on the service by changing the management structure, reducing the number of staff employed within the service and a reduction in service users who receive long term support.

What people told us

Service users had the opportunity to comment on their experience of using the service in Care Standard Questionnaires (CSQs) during inspection visits to their homes and telephone calls. During the inspection we also looked at a range of feedback from service users and relatives provided through surveys and questionnaires carried out by the service.

Fourteen CSQs were returned from service users and their relatives. Overall people were very happy with the service provided. They told us:

"The care is excellent - first class. I am grateful for the helpful, cheery people who have given me the care I have needed."

"Sometimes there is a lack of consistency with the carers in that someone my relative does not know is sent. This can happen almost weekly."

"When times and carers change from my rota, which I receive in advance, I am not always advised, therefore communication from the office could be improved."

"The service and carers the council gave my relative was just great. Could not be better, very satisfied and went beyond their remit. They made my relative feel good and helped me by their knowledge and professionalism. I thank all of your team."

"All staff are trained to a high standard and adhere to the values and principles entrenched within a local authority. Further improvement - staff need to be offered time to contact service users when carers will be late as this can cause confusion and distress for the service user."

Comments from service users we visited included:

"They (carers) are all as good as they can be."

"They always ask if there's anything they can do."

"Carers...I really couldn't complain."

"We get a letter every week - is that really necessary?"

"They (carers) are local now, used to come from wherever."

Comments from service users and relatives we telephoned included:

"100% perfect, the carers are what I need and all are brilliant at their role."

"For me, the service is perfect and I can't think of anything they could improve on. I am very grateful I have the service."

"Carers keep me informed about my service and discuss anything that comes up with me, so I have very little communication with the office and the managers."

"Timekeeping is spot on and they phone if they are going to be really late. Carers are caring, kind and attentive with support gently provided. I think my carers are lovely people, can't fault them. One thing I know, I can relax when they are here as they never rush me."

"They (carers) are pleasant, good natured, caring and kind to my relative and I."

"They are my crutch, I have every confidence in them, gives me peace of mind and this allows me to go about my daily living without worrying about my relative too much."

Self assessment

We received an appropriate self assessment from the provider which highlighted strengths and areas for improvement. During the inspection we spoke to managers about how they had developed a Care at Home / Reablement Service Improvement Plan for 2017. (see Quality Theme Management and Leadership)

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We assessed the service to be performing at a good standard in relation to the care and support offered to service users.

By speaking with service users and their relatives and reviewing the feedback gathered by the service, we found a high level of satisfaction with support provided. Service users told us they had good communication with the service and carers were appropriately skilled, respectful and flexible. There was a good participation and engagement strategy in place and the service had identified accessible ways to engage with people. Through consultation, the service had identified a service user to be involved in the future recruitment of staff.

Service users' hand held records (HHRs) were located within their home and contained good evidence of outcome focussed planning and support. Staff we spoke to knew the service users well and provided care and support based on the person's plan. We asked the service to ensure that all records were kept up to date and a clear support summary identified following six monthly reviews.

One personal care plan included the use of a GPS tracker system to manage an identified risk. To ensure best practice, we asked the service to consider and discuss the use of restraint within their service.

The service provided guidance to all staff regarding skin care and this had been discussed at team meetings. The managers told us that discussions with health colleagues were ongoing and the skin care policy would be updated in the next few months.

The service had worked hard to resolve matters relating to the administration of medication so that service users could be provided with appropriate support in relation to prescribed medication. In consultation with health colleagues, training material had been updated and 'train the trainers' sessions had taken place. Training for staff would commence over the next few months.

Speaking with managers, staff and service users, we heard that the service worked hard to support people being discharged from hospital with support in place. We were pleased to hear that the reablement team had achieved their outcome of supporting a majority of people to become independent following a period of short term support.

One service user told us that:

"If the reablement service was not in place - I would have been in hospital a lot longer."

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We assessed the service to be performing to a good standard in relation to staffing

Service users and their relatives were pleased with the support they received. They told us:

"I am grateful for the helpful, cheery staff who support me."

"Staff are very accommodating to meet the needs of my relative."

Staff we spoke with were positive about their role within the service and said they received regular training opportunities. They were confident that they could discuss concerns about service users and their workload with their line manager, although some staff told us that they had not had regular supervision with their manager. They were all aware of the importance of reporting on any concerns of potential abuse.

One carer told us that they received refresher adult protection training every year. Staff working in the reablement team understood the need to work with service users to develop their independence.

We observed staff working with service users. They demonstrated good caring skills, were courteous and respectful at all times. They respected privacy by knocking on doors and checking service users preferences for their support. Staff were obviously well liked and appreciated by the people they visited. We were confident that staff worked with service users to achieve their personal outcomes.

When we looked at staff files, we found good evidence of regular training for staff. Although all files contained a supervision contract, some staff had not received regular supervision and annual review over the past year. Supervision provided staff with the opportunity to discuss their work, to receive feedback and to clarify future training and development needs so it is important that this happened regularly. (see Quality Theme Management and Leadership

The service had developed good systems of communication with staff.. This included weekly newsletters, team meetings and an annual staff survey. The staff newsletter included information about training events, internal vacancies and updates about changes within the service.

Although the timescale for care at home staff to be registered with the Scottish Social Services Council had not yet been reached, the service had arranged for staff to be registered and kept a record of registration dates and any requirements in relation to their registration.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We assessed the service to be performing at a good level in relation to management and leadership

A new management structure had recently been implemented and further strategic changes were being considered for the service.. Managers told us that changes had impacted on the rate of progress with their improvement plan. We reminded managers about the need to notify the Care Inspectorate of changes to the service as outlined on their certificate of registration.

The service had developed a homecare and reablement improvement plan for 2017. This was based on a self assessment, requirements and areas for improvement from their last inspection. This was good practice and identified progress made on areas for improvement. It was clear that the management team had analysed feedback from consultation with service users and relatives to identify where improvement was required.

We looked at results from the most recent staff survey. Some staff said that they did not receive recognition and praise for their performance, that team spirit was low and this was due to lack of support from the management team. It was disappointing that the service had not updated the improvement plan based on this feedback. During the inspection, the management team did update the improvement plan and set out a robust action plan which identified how supervision would be provided for all staff in the near future. We will review progress with this action at the next inspection

The role of quality monitoring officer and reviewing officer had been developed recently within the service. This allowed the service to link with and monitor the quality of service provision across all care at home service providers and health professionals within the local authority. The reviewing officer role had helped to ensure six monthly reviews for all service users. Quality assurance also included an audit of hand held records. Although this had ensured that records contained necessary documentation, we spoke to managers about improving the quality of recording within service users' HHRs. (see Quality Theme Care and Support)

The service had developed a suitable complaints policy and procedure and we were pleased that any issues raised with the service were mostly resolved through a 'front line resolution' approach which was achieved through communication between service users and the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must develop and implement an effective system to ensure that all reviews are carried out at a minimum of six monthly intervals and that records are kept of these reviews.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/1013: 4 (1) (a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and staffing.

Timescale: within 8 weeks of receipt of this report.

This requirement was made on 10 October 2014.

Action taken on previous requirement

Managers have a system to ensure reviews are carried out regularly and notes of these meetings are held electronically. The hand held records which are located within the service users' homes, do not contain a copy of the review minutes. A further requirement has been made with regard to this requirement.

Met - within timescales

Requirement 2

The provider must ensure that appropriate assessment of the moving and handling needs of service users are made and reviewed, and that action is taken to ensure that these needs are met by the provision of additional staff, and suitable equipment as required. This should include assessment of the risk of falls, and how the service can support service users to reduce this risk.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/1013: 4 (1) (a).

Timescale: within 12 weeks of receipt of this report.

This requirement was made on 10 October 2014.

Action taken on previous requirement

Moving and handling assessments have been carried out, however these have not always been reviewed on a regular basis. Falls risk assessment and how the service can support service users to reduce this risk are not carried out for people who use the care at home service

A further requirement has been made. (requirement 5)

Not met

Requirement 3

The provider must develop and ensure that an effective system is in place to ensure that reviews are carried out at a minimum of six monthly and that the outcome of the review is recorded in the service users hand held record.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(1)(a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and Staffing.

Timescale - within 12 weeks of receipt of this report.

This requirement was made on 2 December 2015.

Action taken on previous requirement

new post of reviewing officer in place - reviews carried out six monthly

Met - within timescales

Requirement 4

The provider should resolve matters relating to the administration of medication so that service users are given appropriate support to take prescribed medication safely and in accordance to their preferences. (see requirement 2).

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(l)(a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and Staffing.

Timescale - within 12 weeks of receipt of this report.

This requirement was made on 2 December 2015.

Action taken on previous requirement

Following lengthy discussions with staff and unions, the service have now progressed training for trainers and have a schedule in place for all staff to undertake training in administration of medication

Met - outwith timescales

Requirement 5

The provider must ensure that staff are provided with the necessary training regarding falls prevention and that appropriate assessment of the risk of falls, including how the service can support service users to reduce the risk, are made and reviewed.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(l)(a), Make proper provision for the health, welfare and safety of service users.

This requirement was made on 2 December 2015.

Action taken on previous requirement

Staff provided with appropriate falls prevention training and evidence in HHRs that falls assessment completed as part of assessment.

Met - within timescales

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

Previous recommendations

Recommendation 1

Staff should have access to regular supervision according to the service's agreed policy and procedures This is in support of the National Care Standards, Care at Home Standard 4, Management and Staffing.

This recommendation was made on 10 October 2014.

Action taken on previous recommendation

At the inspection there was evidence that staff receive regular supervision in accordance with the service's agreed policy.

Recommendation 2

All staff should receive up to date training in adult support and protection to ensure that they are aware of local policies and procedures.

This recommendation was made on 10 October 2014.

Action taken on previous recommendation

As part of mandatory training for all social care officers, training is provided regarding local policies and procedures in relation to Adult Support and Protection. This was evident from the records we looked at during the inspection and feedback from social care staff.

Recommendation 3

It is recommended that the service develops a Participation Strategy and that an Audio and Easy Read version of the strategy is made available to service users.

National Care Standards - Care at Home - Standard 1 Informing and deciding - You have all the information you need to help you decide about using the care service in your home.

This recommendation was made on 2 December 2015.

Action taken on previous recommendation

A range of communication methods are used to consult and engage with service users. Good evidence from the provider to identify how this recommendation has been implemented.

Recommendation 4

The provider should routinely carry out skin assessments to identify service users at risk of pressure ulceration. The Preliminary Pressure Ulcers Risk Assessment (PURRA) was taken into account in making this recommendation as an example of good practice.

National Care Standards, Care at Home - Standard 7, Keeping Well-Healthcare.

This recommendation was made on 2 December 2015.

Action taken on previous recommendation

The provider has produced a guidance for all staff and discussed at team meetings. The service pressure area care policy is under review (should have been updated by October 2016). Good evidence to support that this review will be completed by managers and health colleagues - area for improvement within this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings
8 Oct 2015	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
10 Oct 2014	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
3 Mar 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
28 Nov 2012	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
4 Oct 2012	Re-grade	Care and support 2 - Weak Environment Not assessed Staffing Not assessed Management and leadership 1 - Unsatisfactory
6 Jul 2012	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
24 May 2012	Re-grade	Care and support 2 - Weak Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
20 Mar 2012	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
8 Jul 2011	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
27 Jul 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
31 May 2010	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	2 - Weak
24 Sep 2009	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Jan 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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