care inspectorate

Ailsa Care Services West
Housing Support Service

1A Paisley Road
Renfrew
PA4 8JH

Telephone: 0141 886 3100

Type of inspection: Unannounced
Inspection completed on: 3 May 2017

Service provided by:
Ailsa Care Services Ltd

Service provider number:
SP2004006718

Care service number:
CS2004079443

HAPPY TO TRANSLATE

About the service

Ailsa Care Services West is registered to provide a Home Support and Care at Home Service seven days a week to people living in their own home.They have a HQ office base in Renfrew which also includes a training centre known as Optima.

At the time of the inspection there were approximately 160 people receiving a service.

Ailsa Care Services West aims to "Deliver a package of care tailored to fulfil all your needs enabling you to live an active and independent life within your own home. Or commitment to quality flexibility and partnership is the key to our service".

What people told us

We issued 100 Care Standard Questionnaires of which 16 were returned from service users.

We also carried out shadow visits with staff and were able to speak to service users and carers in their homes.

The views and responses from people were positive about the service they received. Some comments were:

"Over the years we have had some ups and downs with changes of staff but it has got better recently and it's been good."

"communication with the office has got a lot better and I have had good contact with xxxxxxx the Co Ordinator"

"I would say it's more settled than it has been

"I would say that now I trust them where before I didn't and it's generally getting better"

"The continuity has got better and that means a lot to us"

"I go to the Forum and you can talk away there and tell them how you really feel. I would rate them 9 out of ten now where before Christmas they were a 6"

"the contact I have with staff is very important to me, I've found the manager to be very helpful".

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

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

The recent quality of the service has been reflected in the required action and grading in the last two inspection reports.

We saw from the evidence presented at this inspection that the service has made considerable efforts to improve the performance of staff overall and to develop quality. We were encouraged by the quality and availability of evidence presented and the responses of staff during the inspection.

We saw that the management team have improved communication with people. Examples being the development of a Forum, more frequent communication through newsletters and regular contact both written and verbal with people. This is an area of practice where there has been noticeable improvement.

Significantly a care planning model has been introduced which we believe is person centred, enhances wellbeing and safety and is consistent.

Service users and relatives told us that they are now involved in shaping their support.

We saw examples of service users choices being identified and met, such as improving mobility and confidence, reducing social isolation and how personal care is delivered. We saw that in some cases, support planning was very detailed and placed the individual at the centre of decisions.

There was good evidence of service users and carers being involved in the completion of these plans along with consultation and involvement in the review of these plans.

We saw that a full assessment of the needs of all service users is in place. This has resulted in improved risk assessments in areas such as nutrition, falls, moving and handling, safe administration of medicines.

The service has also improved the management of medication, a revised audit and error reporting procedure have been introduced to identify and reduce any errors.

We also evidence that the service had improved it's practice in Adult Protection. We saw very good evidence of the service intervention to ensure the involvement of other agencies in protecting people who use the service.

We saw examples where the complex nature of individuals assessed needs were managed with sensitivity and the service advocating on the individuals behalf. We believe that this represents evidence of the improvement in the service ability to provide care and support.

The service has met the requirements outstanding and the evidence presented has been taken into account in the grading.

We were encouraged by the production of a development plan. We discussed with the management areas for further progress these included;

- Continuing Learning in Dementia Awareness
- Ensuring that Healthcare Practice is fully supported
- Review of the service aims and objectives regarding the range of support to be offered

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should review the results of training in dementia awareness and translate this into future support plans for people who live with dementia.

National Care Standards, Care at Home,Standard 3:Your Personal Plan; Standard 4:Management and Staffing.

2. The service should ensure that staff are provided with advice and guidance regarding the use of any equipment provided to support individuals healthcare.

National Care Standards, Care at Home, Standard 7.6 :Keeping Well Healthcare.

Grade: 4 - good

Quality of staffing

Findings from the inspection

The recent quality of the service has been reflected in the required action and grading in the last two inspection reports.

The service has taken action to meet the requirements on staffing outstanding from the last two reports.

We saw that improvements have been made to the scheduling of staff. This has meant a reduction in the number of missed visits and more consistent care offered to service users.

We were told by people during the inspection that while not perfect, they had no major concerns about this aspect of performance.

An improved staff induction programme has been introduced to support staff and to improve staff retention.

The service's Recruitment and Selection Policy stated that staff were selected through a selection process involving an interview, two references, one being from the current or most recent employer and Disclosure Scotland checks. This was confirmed by examination of recent recruitment practice.

Since the last inspection the service has introduced a wide ranging programme of training for staff both internally and through the use of external trainers. This represents a considerable improvement since the last inspection.

We recognise that the service has been able to ensure that staff are recruited in line with safe practice. Staff are no longer providing care and support without adequate induction and access to training, advice and guidance. This is an improvement in the service performance from previous inspections.

The development plan should prioritise staff retention and consistency.

The service should continue to develop methods to improve service user involvement in improving the quality of staffing.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

The recent quality of the service has been reflected in the required action and grading in the last two inspection reports.

The response of the management team to these regulatory requirements has been recognised in Quality Theme 1. However these improvements could not have been made without the acceptance of change required from the management team.

We recognise that whilst regulatory requirements provide the outside influence to make improvements, this cannot be achieved without the service willingness to improve.

This has been shown in the action taken by the service to make improvement and make any necessary changes.

The management team were open and showed a willingness to work in collaboration with all parties. This is a major and welcome change which has benefitted service users by ensuring better care and support.

A quality assurance programme is now in place which also seeks the views of service users in the future direction of the service.

Revised and effective management audits are now in place including medication audits, care plans and direct observation of practice.

The service has proposals to change the structure of the company to ensure more effective management and communication with service users. These have been shared with the Care Inspectorate.

Further consideration should be given to the range of provision offered by the service.Should the service wish to develop the types of support offered then appropriate changes to staff knowledge and policy would be required.This was discussed with the service and they will consider this in the development plan.

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 a system to ensure that personal plans fully reflect the choices of all service users and their carers/representatives. The plans must demonstrate that they have been involved in producing these plans.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans Timescale: within three months of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement

The service had introduced a Compliance Team as part of their action plan for improvement. The service used this to identify a planning model and to ensure its successful introduction . evidence from this inspection and previous monitoring visits showed that this has been achieved.

The planning model meets the service aims of being person centred and clearly show participation and involvement of people and their carers.

We will comment further in the relevant theme.

The service has put a "compliance team" into place whose responsibility is to monitor, improve and assure quality. They have produced a schedule of reviews which were being carried out.

We will continue to assess how this review programme includes service users and supports their choices.

The requirement will continue.

Not met

Requirement 2

The provider must ensure that care plans are informed by and are subject to regular review. Reviews should record the involvement of service users and their carers/representatives. They should demonstrate what changes to assessed support may have taken place, changes requested and any action to be taken.

A schedule of reviews should be compiled and actioned by the service.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 Personal Plans Timescale: within three months of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement
The service has put a "compliance team" into place whose responsibility is to monitor, improve and assure quality. As stated previously a new care planning model has been developed. An integral part of this model is a review system which is intended to assure quality and improve participation.

We saw that a full schedule of service user reviews are in place and review minutes produced.

Met - outwith timescales

Requirement 3

The provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met. In order to do this the you must:

- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Moving and handling assessments are reviewed at least every six months or when needs change.
- Provide training so that staff are aware of their responsibility in maintaining accurate records and updating personal care and support plans.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that managers are involved in audits of records.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4 - requirement for records all service must keep-keeping. And SSI 2011/210 Regulation 4(1)(a) - Requirement for the health and welfare of service users

Timescale within eight weeks from the date of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement
We saw that care plans now include relevant risk assessments to support the identified aims of care plans.

We will comment further in the relevant theme.

Met - outwith timescales

Requirement 4

The service provider must ensure that they meet the health and welfare needs of service users with regards to the administration of medication through compliance with their own Management of Medication; Home Support Policy particularly in relation to the following;

- Prescribed medication must be recorded in the care plan.
- Errors in administration/prompting are recorded and actioned.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4 (1) (a)

Timescale within four weeks from the date of this report

This requirement was made on 25 August 2016.

Action taken on previous requirement
The service has revised its monitoring procedure to ensure that errors in medication administration are properly identified and remedial action taken.

Medication audits are now in place and staff have been provided with further training.

We will make further comment in relation to this requirement in the relevant theme.

Met - outwith timescales

Requirement 5

The provider must demonstrate that the correct level of staff visit people who use the service so that the assessed level of support can be safely delivered.

- Changes to staffing must be reduced.
- Any unavoidable changes must be communicated to service users as soon as is possible.

This is in order to comply with SSI 2011/210 regulation 4(1)(a) a requirement for the health and welfare of service users.

Timescale to commence within one week of the date of this report and be completed within eight weeks of the date of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement

A programme of recruitment has been in place to ensure adequate staff resources are available.

Service users are provided with weekly rotas to maintain confidence and consistency of staffing.

Changes to the allocation of staff have been made.

The service quality assurance system shows a significant reduction in missed visits by staff.

Met - outwith timescales

Requirement 6

The provider must review the service training plan. The service must ensure that staff are trained to meet the aims of the service using best practice and the guidance available through government strategy and signposted by the Care inspectorate.

This is in order to comply with SSI 2011/210 regulation 4(1)(a) a requirement for the health and welfare of service users.

Timescale within 12 weeks from the date of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement

- A revised training plan has been produced
- New Training Manager appointed
- New Induction Training implemented
- Proposals to develop "Dementia Awareness" training.

We saw that these areas have been actioned and further proposals are in place to develop staff skills.

Met - outwith timescales

Requirement 7

The provider must demonstrate that staff who are employed to provide support to service users have;

- The necessary skills and training to allow them to carry out their task
- Meet the providers recruitment policy

This is in order to comply with SSI 2011/210 regulation 9(1)(b) a requirement for the fitness of employees.

Timescale to commence within one week of the date of this report and be completed within eight weeks of the date of this report.

This requirement was made on 25 August 2016.

Action taken on previous requirement

We examined recent recruitment records and staff induction. A more intensive induction process is now in place to support staff and to identify training and development needs.

The supervision system is more effective and in conjunction with direct observation of practice is intended to identify any areas of development.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The service must demonstrate that it has systems in place to communicate effectively with service users and their families, when they are no longer able to provide the support agreed.

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

This recommendation was made on 25 August 2016.

Action taken on previous recommendation

We saw that the service has recognised the importance of effective communication and steps have been taken to improve this;

- Revised Participation and Consultation Strategy
- Ensuring Effective communication is identified in care plans
- Service Quality Assurance System
- Evidence of written communication to service users
- Comments from Service Users.

This recommendation has been met.

Recommendation 2

The provider/service should ensure that service users or their representatives are informed about the outcome of any investigation into an incident that pertains to them.

National Care Standards: Care at Home: Standard 11 - Expressing your views

This recommendation was made on 25 August 2016.

Action taken on previous recommendation

The service has revised its Quality Assurance and participation policy to ensure that any investigation outcome will be communicated in writing. We saw examples of this practice and in both letters to service users and recording in review.

This is a significant improvement to the attitude and performance of the service.

The recommendation has been met.

Recommendation 3

The manager should implement a system to formally monitor the safe management of medicines.Errors or incidents should be recorded in a systematic way to help demonstrate effective performance.

National Care Standards: Care at Home: Standard 4.1,4.5 & 4.7:Management and Staffing and Standard 8: Keeping Well Medication.

This recommendation was made on 13 October 2016.

Action taken on previous recommendation

The progress made in this recommendation has been described in relation to requirements.

The recommendation has been met.

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	
25 Aug 2016	Unannounced	Care and support	Not assessed

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed Not assessed Not assessed
14 Oct 2016	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak
27 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 2 - Weak
28 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
6 Jun 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
10 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
8 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
23 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
5 May 2010	Announced	Care and support	4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good 3 - Adequate
27 Oct 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 3 - Adequate
2 Jul 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 2 - Weak
25 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

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