

Shaw Community Services - Edinburgh Support Service

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Type of inspection: Unannounced
Inspection completed on: 24 October 2017

Service provided by:
Shaw Community Living (DCA) Limited

Service provider number:
SP2011011681

Care service number:
CS2011300605

About the service

Shaw Community Services was registered with the Care Inspectorate on 14 March 2012 to provide a care at home service to people living in their own homes.

The service has an office base in Pepper Place in Edinburgh. Staff provide a care at home service to people in different parts of the city but mainly in the South West area.

The service has aims and objectives that include:

- To support service users to continue to live valued and fulfilled lives in their community;
- To treat service users with dignity and respect and ensure their privacy at all times;
- To treat every service user as an individual and provide a person-centred support package specifically tailored to meet their needs.

About 160 people were using the service at the time of this inspection.

What people told us

Twenty two questionnaires were sent back to us. Everyone said that they were happy with the quality of care and support they were given. They also said they were treated with respect. Four people said the service did not check with them regularly 'that they are meeting my needs'.

Comments included:

'Everything is ok but consistency should be part of my care'

'The help varies enormously from carer to carer'

'The two main carers for my dad meet dad's needs by high standards and are lovely ladies. The management team take my dad's complex needs into account and always send carers who my dad has been introduced to beforehand. They are very thoughtful and if at all they are concerned, they call me straight away'

'I would like more continuity with carers especially in the mornings with washing.... I was having carers more constantly but this didn't last for long...overall I really am quite satisfied with the service and appreciate having my needs attended to...it is just the lack of continuity'.

We met with six people using the service and spoke with a relative. Overall, people were quite happy with the service at present. However, everyone talked about recent events that had caused problems for them, including different staff coming to visit, staff they did not get on with, rotas not being sent out and care plans not in the house. People also talked about missed visits though this did not seem to be as much of a concern just now. A few people said communication with the office staff was good while others disagreed. Everyone seemed to think staff had enough time to work with them.

Self assessment

We did not ask for a self-assessment this time. We did look at the service's development and improvement plan to see how they evaluated their work and planned for needed changes. These will be looked at in future inspections and linked to the new Health and Social Care Standards from April 2018.

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

Care staff showed they had a good knowledge of the needs, routines and preferences of people they visited regularly. We thought that good relationships had developed. This meant that people using the service were comfortable with staff and this supported the provision of personal and other care. Many full-time staff now worked longer days, from morning into the evening. This meant people saw the same staff over the course of the day and this supported better consistency.

We looked at care plans. Some of these had good information and guidance for staff, but others were of poorer quality. We again suggested that the plans needed more specific details regarding how personal care, skin and eye care were given. We also said that plans needed to be correctly dated and signed. We did see that new care plans were being introduced as reviews took place. We thought that these should help care supervisors provide the correct amount of detail to guide staff.

The manager told us that the dating system in the new care plans would ensure that the most up to date version was available. This is important as staff need to be sure that the plan they have access to in the person's home is the most current.

At the last inspection we said that reviews of care plans needed to take place at least every six months, or more often if required. Quite a few reviews had not been carried out and we have made a requirement again. Positively we saw that care plans were stating what outcomes the person wanted from the care they received. We suggested that the reviews should be used as an opportunity to evaluate the work done to help people reach their goals and plan the next steps, as appropriate (requirement 1).

We discussed communication. Most of this was good and care supervisors and co-ordinators responded well to concerns and queries. However, most people said that there had been some difficulties at times and they had not been phoned back, a rota had not come or the carer who came was not who they were expecting. The manager said that they thought most problems with communication were less and the appointment of new staff would help ensure that contact was as good as it could be. At a recent complaint we made a requirement and recommendation about carrying out visits and communication and have continued it to see how the service responds in the longer-term (requirement 2 and recommendation 1).

We also discussed peoples' rights to a choice of female or male carers. We agreed everyone should have choice but that this was not always possible, although this service always tried to ensure that peoples' wishes were respected. We also agreed that the service needed to communicate clearly (and often when necessary) with people using the service and their families that sometimes choices would be limited and that male staff also provided professional care.

We looked at medication administration records (MAR). More recent documents were completed well, though other older versions had gaps but no explanation. We also discussed the need to review whether medication could be prompted or was indeed being administered as peoples' needs changed. The service agreed they would continue to check this and follow City of Edinburgh guidelines.

Requirements

Number of requirements: 2

1. Support plans must be reviewed on a minimum six monthly basis and as needs change. Initial assessment information must be followed through with relevant health and social care agencies so that skin care and moving and handling plans reflect the individual's current health status and support needs.

This is to comply with: The Social Work and Social Care Improvement Scotland Act, SSI 2011/210, Regulation 5(2) - Personal plans.

Timescale: to plan out all reviews of care plans required and ensure that all plans are up to date within two months of issue of this report.

2. The provider must ensure that all support visits are conducted in-line with the prior agreement which is in place to ensure all assessed needs are met.

This is to comply with: The Social Work and Social Care Improvement Scotland Act, SSI 2011/210, Regulation 4(1)(a) - welfare of service users.

Timescale: from receipt of this report.

Recommendations

Number of recommendations: 1

1. The service should ensure that communication with people using the service and their families is improved and people are informed in advance there are changes in the planned home care visits.

National Care Standards, Care at Home, Standard 4(6) - Management and staffing.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We saw that there was a focus on training and development. Many staff had training plans in place and an auditing tool was used to highlight when staff were due to refresh required training, such as moving and handling and first aid. Specific training had been introduced on a range of topics including working with people with dementia and Parkinson's disease, as well as more practical support in stoma and catheter care. There was a push to get as many staff through the training as soon as possible. Overall, this helped increase staff skills and knowledge and the quality of care provided.

Staff told us that the training was good and helped them provide a better service when working with people with dementia, though some said they would like further training. We were told the service was looking at how to develop this by for example, working with staff to access the SSSC Dementia training online. The service had good contact with the training and development co-ordinator who was able to deliver bespoke training.

Recruitment appeared to have improved with the appointment of a new recruitment co-ordinator. They had a clear remit to employ staff who seemed to be suited to the work, with good values and attitudes. The manager told us that they were trying to ensure that staff understood the demands of the work and the need to be both flexible and committed. All this, with good follow on support and development, could help provide incentives for staff to stay with Shaw.

New staff were given a comprehensive, two-week induction to the work and service. This helped provide staff, many with little care experience, with some of the skills and knowledge they needed. They were then able to shadow other workers for at least twelve hours, to get to know people, the work itself and how to provide care in the ways needed. Some staff suggested that they would have benefitted from more shadowing time. The manager told us that more shadowing time would be arranged if thought necessary and staff asked for this.

Many staff had completed or were undertaking their Scottish Vocational Training (SVQ) in care. This would provide them with the qualification required to register with the SSSC. It should also help them reflect on their own work and practice and we suggested this could also help staff discuss their work in Support and Supervision meetings.

We did see that the turnover in staff and levels of sickness were causing the service problems. At feedback we talked about the need to get the recruitment process right so that staff who started with Shaw continued to work for them, improving staff retention. We suggested that new staff needed to be supported well and that good monitoring and supervision was necessary, especially where they did not have experience of care work.

We were concerned that regular 1:1 support and supervision meetings had not taken place for many staff and we also saw that a limited number of spot checks on staff had taken place. We reminded the service that the care supervisors, in particular, needed to be carrying out this work to ensure consistency and for the service to know how well staff were performing in the community. We saw that two new supervisors had been appointed and they were arranging both reviews of care plans and supervision meetings. This looked positive for the future (see recommendation 1 under the management and leadership theme).

We also discussed the need for more team meetings. We talked about having meetings in the areas where carers worked and the need for staff to attend these, both to hear about service developments, training and to discuss practice. These would also be opportunities for staff to feedback their experiences of work and what could be improved (recommendation 2, management and leadership).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We were made aware of some of the difficulties the service has experienced in past months and their desire to try to ensure that visits to people using the service took place whenever possible. We saw that staff were both flexible and accommodating in providing support, which is to be commended. However, other aspects of the work have been affected, including service development.

The service has got bigger and there have been changes to some of the management team. This has caused some disruption to staff management and supervision and care plan reviews as new staff settle into post. We did see that staff were planning how to catch up with work that had not taken place as quickly as possible. At the last inspection we said that it is important care supervisors coming into post have clear direction and supervision to ensure that the quality of support plan documents and review information is of a consistently high standard and we would re-iterate this.

The service continued to develop its quality assurance systems. For example, staff were to be given a mobile phone system that would make it easier for staff to check in and out, would highlight if visits had not happened and would allow brief information to be sent to care workers. There was also a quarterly audit completed by the manager and an external 'Quality of Life' audit. Both of these had highlighted specific issues similar to those we have mentioned elsewhere in this report.

More specific checks were also being carried out to identify where care plan reviews and care plans needed updated. We suggested that audits are carried out with more care plans and risk assessments more often, to maintain quality.

At feedback we discussed the need to ensure that care plans recorded enough detail and that all information in the case file was updated. The quality and accuracy of plans and guidance for care staff needed to be assessed to ensure consistency of practice.

Staff monitoring and spot checks need to identify where staff need more support and care supervisors need to be able to provide this kind of support (recommendation 3). The manager made it clear they were aware of these concerns and there were plans to address these already in place. It is important supervisors are given the time needed to carry out this work.

We looked at service user and staff feedback but saw there was less of this than in previous years. It is important this gathering of information continues to help the service become aware of concerns and make changes when required. Reviews of care plans and spot checks could be used to add supporting information. We again

discussed whether service user/family meetings could be introduced to allow people to meet together and feedback their views and if helpful that meetings take place in local areas.

The service is again reminded that, as it adapts and changes paperwork, these refer to Scottish legislation.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The service should ensure that 1:1 support and supervision meetings take place in-line with the organisation's policy, are recorded in enough detail and demonstrate reflection on practice.

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

2. The service should ensure that team meetings for care staff take place regularly, to provide information to staff, to allow them to discuss their work as a group and to provide feedback to managers about the service provided.

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

3. The service should ensure that regular spot checks take place with care staff and support provided were required. Where actions are needed these are recorded and followed up consistently in support and supervision meetings.

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

Grade: 3 - adequate

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

Previous requirements

Requirement 1

Support plans must be reviewed on a minimum six-monthly basis and as needs change. Initial assessment information must be followed through with relevant health and social care agencies so that skin care and moving and handling plans reflect the individual's current health status and support needs.

This is to comply with the Social Work and Social Care Improvement Scotland Act, Regulation 5(2) - Personal plans.

Timescale: within two months of receipt of this report, all reviews must be up to date to reflect each service user's current health and support needs.

This requirement was made on 2 September 2017.

Action taken on previous requirement

Some reviews were outstanding and more detail was still needed to provide guidance to care staff. We have made the requirement again.

Not met

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

Previous recommendations

Recommendation 1

The provider should review rota management, particularly at weekends, so that there is improved consistency and continuity in staffing arrangements.

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

This recommendation was made on 2 September 2016.

Action taken on previous recommendation

Rota management has been difficult due to staff sickness and retention. Although early to judge, it does appear that the move to a 4 days on, 4 off pattern for full-time staff has helped with consistency, including over weekends. Managers are also trying to ensure all staff understand their responsibilities as carers and employees. We saw that there was more consistency of staffing in returns to the local authority. Office staff worked hard to fill gaps. Progress has been made and we have not made this recommendation again but the service needs to ensure this aspect of the service continues to be well-managed and any service user concerns are addressed.

Complaints

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

A complaint made to the Care Inspectorate was upheld in part and a requirement and recommendation were made. These have been included in Theme 1 - Care and Support.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
2 Sep 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
27 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
10 Sep 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 May 2014	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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