

Family Circle Care Ltd Housing Support Service

22 Tower Street
Edinburgh
EH6 7BY

Telephone: 0131 554 9500

Type of inspection: Unannounced
Inspection completed on: 27 November 2017

Service provided by:
Family Circle Care Ltd

Service provider number:
SP2003002483

Care service number:
CS2004085806

About the service we inspected

Family Circle Care Ltd is a combined housing support and care at home service which was originally registered with the Care Commission in December 2004. This registration was transferred to the Care Inspectorate on 1 April 2011.

The service aims and objectives (taken from its website):- "Family Circle Care Ltd aims to provide and deliver the very best quality Care Service within Edinburgh and the Lothians at a cost-effective level to all its users. The Company prides itself on committed individuals who have a passion and a belief in complying with the National Care Standards."

The service is managed from its office base in Leith and has teams of staff across the areas it covers.

At the time of inspection the service was providing care and support to 54 people

How we inspected the service

We carried out an unannounced inspection visit to the service and reviewed files relating to the recommendations made earlier in the year. We met with the provider's senior manager, the registered manager and a service coordinator. We also spoke to people who used the service and a relative. We reviewed:-

A sample of service care plans.

A sample of staff files.

Service supervision policy.

The notifications received from the service since the previous inspection.

Service provision in general and areas associated with the previous recommendations.

Taking the views of people using the service into account

We spoke to one person who receives a service as part of this follow-up inspection. We were told:

"Everything's fine"

The person told us that staff were consistent, punctual and appeared to have appropriate skills to provide the care needed. It was felt there was nothing of significance the service could improve upon. This assured us the quality of care provided remained at a good level.

Taking carers' views into account

We spoke to two relatives of people who received a service who told us:

"Perfect, can't fault them"

"Excellent couldn't be better"

We were told that they were overall very happy with the quality of service. They also had a consistent staff team who provided a good quality of care to their family member. This further confirmed a continued good level of care and support was being provided by the service.

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

Recommendation 1

The service should ensure that its risk assessments are comprehensive, succinct and provide staff with information on how they are to reduce any risk identified. These should be reviewed as risk changes or at least six monthly.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

This recommendation was made in relation to ensuring people are safely supported. We found that the service had developed risk assessment documents in line with this recommendation. We saw these were in place for newly referred people to the service. According to the management team these were being introduced to others on an on-going basis. We spoke to one relative who told us, at the time of inspection, they had not yet received the new paperwork. The new risk assessments we sampled during the inspection were succinct but could benefit from more detail in the narrative boxes. This recommendation had not been fully met. To establish that the six monthly reviews are taking place this element of the recommendation and the progress with the rollout of these templates will be reviewed at the next inspection.

Recommendation 2

The service should ensure that personal plans at people's homes have the most up to date information in them. This should include but not be limited to most recent support plans, risk assessments, written agreements,

review records, medication records (as appropriate), complaints process and other relevant information required to provide for people's needs.

National Care Standards. Care at home. Standard 3 Your personal plan.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

This recommendation was made to ensure information held in people's homes was relevant, up to date and provided those who accessed it with sufficient information to give an appropriate level of care. The plans we sampled were up to date and compiled with relevant information in line with this recommendation. New paperwork had been included in these plans. However, after discussion with staff and relatives this improvement in paperwork at the time of inspection had not been updated in all homes. This recommendation had not been fully met. According to the management team this is still being established across the service. This will be reviewed at the next inspection to ensure home copies are of the same quality as those sampled in this inspection.

Recommendation 3

The service should ensure that when newly recruited staff complete their induction that a system is developed to ensure management sign off as satisfied with staff competency prior to them starting to work alone.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

We discussed this recommendation with one of the service coordinators and were assured that staff are shadowed and mentored and their competence established before they are permitted to lone work. We reviewed a new staff member's file that contained a competency checklist that had been signed off by management against each listed competency area. However, we saw only one record of this type had been completed. This process should be rolled out in the service and be in use consistently. Although progress had been made this recommendation had not been fully met. This will be reviewed at the next inspection.

Recommendation 4

The service should ensure the need for supervision is more clearly detailed in the service policy and should reflect the need for these meetings to happen regularly and ensure they do.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

Regular supervision meetings for staff with seniors allows the service to monitor performance and further improve care for the people the service supports. Staff files we sampled showed that three-monthly supervision had taken place for some but not for all. We found that a new supervision meeting template had been developed and saw two examples of these in use. On reviewing the supervision policy document we found this had not been updated in line with the recommendation. The policy document still needs to be updated to reflect the definition of a supervision meeting and its frequency. The new supervision format should be rolled out across the whole staff team. Although progress had been made this recommendation had not been fully met. This will be reviewed at the next inspection.

Recommendation 5

The service should ensure that team meetings are planned for and that all staff are invited on a regular basis to discuss practice, policy and service improvement. Where this proves difficult alternatives should be sought to ensure staff views of service improvement and development are considered as part of the service improvement plan.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

Staff team meetings promote good practice and facilitate staff influence in service improvement and development. The management assured us that they had attempted to arrange team meetings and staff had not attended. The service should ensure they maintain records of those invited to evidence that these meetings are being offered to the staff team. The service should also consider further ways of engaging staff in service improvement and development. This recommendation had not been met. We expect to see evidence of further meetings being arranged, staff being invited and overall progress with this area of the service at the next inspection.

Recommendation 6

The service audit processes and quality control should be comprehensive and evidence responses, actions and necessary follow up to issues identified. This should include regular returns of completed documentation to the office for audit purposes.

National Care Standards. Care at home. Standard 4 Management and staffing.

This recommendation was made on 18 July 2017.

Action taken on previous recommendation

Audit and review of service processes and records ensure people's needs are being met and staff are compliant with service policies. We saw records of medication administration records (MAR) audits carried out to ensure accuracy. These audits listed any errors identified and actions taken to improve practice. The service is to ensure this system of audit is fully embedded in its day to day function. After recent changes in office staffing the manager plans to ensure care plans, risk assessments and other service documentation are centrally audited and that the manager would sample these for quality and completion. Progress in this area had been made but the recommendation had not been fully met. This will be reviewed at the next 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	
22 May 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
11 May 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Feb 2016	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
19 Jun 2015	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
30 May 2014	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
13 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
1 Mar 2011	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
20 Jun 2011	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Mar 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
19 Mar 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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