The Cottage
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Stirling
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Telephone: 01786 471177

Type of inspection: Announced (short notice)
Inspection completed on: 20 November 2017

Service provided by: Stirling Council
Service provider number: SP2003002689

Care service number: CS2004079690
About the service

Stirling Council Reablement and TEC Service was known as Community Services Home Support until November 2016. At that time, their registration with the Care Inspectorate was updated to reflect changes in the service they delivered and the location.

This is an integrated service providing support to people in their own homes in the Stirling and outlying rural areas. The service provides short - medium term care at home, working on the principles of reablement and rehabilitation where staff support people to regain independence and confidence. The aim is that people will be enabled to remain in their own homes safely with less dependence on traditional services.

Both the rehabilitation and reablement teams work alongside allied health professionals including occupational and physio therapists. Both services have a defined criteria which means staff roles and responsibilities vary.

The Technology Enabled Service (TEC) includes a community alarm service - where an emergency response team reacts to people activating their alarm to request help. Technology available to people includes door, falls and pressure sensors and other monitoring systems. The service is part of a national development programme supported by the Scottish Government where outcomes for individuals in their home or community settings are improved through the application of technology as an integral part of their care and support.

The initial alarm call for TEC goes to a call centre in Stirling from the service user’s alarm. The contact centre operator contacts the TEC responders who are based in central Stirling. In the more rural areas, there may be occasions when more local based support workers respond to these calls. The contact centre will also contact family members, health and emergency services when required.

The registered manager has an overview of all aspects of the service including strategic planning and development. There are coordinators and resource planners in the three office bases who have responsibility for the daily running of the service. Senior support workers, support workers and responders provide people’s daily care and support needs. For the purpose of this report, they are referred to as support workers.

The aims and objectives of the service were updated to reflect the changes within the councils organisation. They state that:

“Our vision is to deliver a person-centred approach to housing for tenants and service users and provide a personalised care service that that focuses on enablement, early intervention and prevention that provider better outcomes for the people of Stirling. The service will do this through services and supports that are designed and delivered in partnership with individuals, local communities and partner organisations, making best use of all available resources.”

What people told us

During the inspection we visited eight people in their own homes. Together, they had experience of all aspects of the service. People could tell us of the difference the service had made to them. Often this was increasing individuals’ confidence by providing support, encouragement and recognition of what they had achieved. People described a considerate, caring and supportive staff team. It was evident that people we met were confident in the service and were comfortable with the staff who visited them.
Three Care Standards Questionnaires were returned to us by people using the service. One person commented, “I much appreciate the help I am receiving. The staff are excellent, courteous and encouraging. They have certainly contributed to my ongoing recovery in a very positive way”. People told us that the staff visiting them were quite consistent and mostly, they were contacted if changes were to be made.

We gained feedback from relatives through visits and telephone calls. All spoke highly of the frontline support workers. There was praise for individual workers and ‘gold standard’ used to describe their approach and manner. Some described an excellent service with well-informed staff who were skilled and knowledgeable. The majority of relatives said they were informed of changes to timings or staff.

There was frustration and concern about communication between office based staff and support workers. Some relatives said support workers had to amend rota systems to meet people’s needs. They did not understand why changes to staff teams were happening and did not think office based staff fully understood the implications. We discussed this in detail with the service manager.

**Self assessment**

We did not request a self-assessment this year. We discussed and considered the service’s own development plan as part of this inspection.

**From this inspection we graded this service as:**

- **Quality of care and support**: 5 - Very Good
- **Quality of staffing**: 4 - Good
- **Quality of management and leadership**: not assessed

**What the service does well**

People were being supported with kindness and patience. Staff were attentive to people’s needs and understood the importance of encouraging people at their own pace without rushing. People felt secure and could look forward in life, all said that the staff built their confidence and helped them achieve their goals. People using the TEC service in an emergency situation said staff were responsive, respectful and considerate. People were informed of the vast area the service covered and told us that the service was reliable and efficient.

We found a high standard of recording of the daily visits was being maintained. Records sampled contained a good level of detail and were consistently respectful. It was evident that staff were taking their responsibility to record events and the condition of the people they provided care and support to seriously. Records provided information in an accessible way and the information was meaningful and avoided repetition.

Staff were confident that the training, learning and support available prepared them to do their jobs. Where gaps in training were identified, staff gave examples of how this was being progressed, for example, mental health training. We have commented on staff training further in the next section of the report. There were opportunities for the staff to come together to discuss the needs of people in the service and overall service developments. We saw examples of changes being made to people’s support as a result of staff feedback.
Appropriate practice was maintained in regard to staff recruitment and this ensured that new staff were properly screened and checked. The service was well placed to meet registration requirements with Scottish Social Services Council (SSSC).

Developments in the TEC service have been recognised through a quality award. Increased use of equipment such as the ‘just checking system’ means that there is more opportunity for people to remain safe and secure in their own home. A dedicated coordinator was now in place who was committed to driving forward developments and sourcing appropriate staff training and support.

The service effectively used a range of quality assurance approaches to help identify service strengths and respond to areas where the service could improve. Examples of this include meeting with independent service providers directly to better manage the transition of people between services. The service recognised areas for improvement and used a service development plan to monitor and evidence outcomes.

There was strong partnership working across all aspects of the service which reflected the value of health and social care integration.

What the service could do better

Staffing issues had affected aspects of the service. Management recognised this and had made changes to the coordinator team to stabilise staffing. We sampled some schedules to assess the consistency of staff who visited, overall this was good. Support workers did feel the impact was more noticeable for those longer term service users and relatives. Individuals’ circumstances were discussed with the service manager to enable a fuller review of people’s needs. We advised that people’s six-monthly reviews be evaluated to ensure consistent practice. See recommendation 1.

Staffing changes had affected how staff were formally supported and the quality of care monitored. For example, care audits and supervision meetings were not happening as the council’s policy stated. Practice development plans could be used more fully to recognise strengths and identify future learning. See recommendation 2.

Changes in the council’s structure had impacted upon staff’s access to moving and handling training. For many staff this training was overdue. We could see that this was being managed and have requested that the service provide quarterly updates.

The service should promote people’s awareness of their support plan as some (including relatives) were not aware that they could read and comment upon the plan. In some support plans - the identified outcomes were quite general and not everyone had their personal profiles completed in detail.

One family said that their expectations around installation of equipment and therapy visits were not met and this feedback was shared with the appropriate health team.

Staff acknowledged that there had been challenges over the past few months in the service. They told us that they could now see progress and felt positive about how things were going. For example, staff in the TEC service could see processes develop which meant that people would receive routine visits as expected. Paperwork was being developed to be meaningful and to effectively record these visits.

As the service expands the use of the electronic monitoring system, there must be regular evaluation to ensure this does not have negative impact upon service delivery for individuals.
Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Six-monthly reviews of people’s support needs should be planned and consistent. Review visits should evidence discussion of service user’s support, if it continued to meet their needs, future needs and include any points of discussion with service users or their representative.

Reference is made to:
National Care Standards Care at Home - Standard 3: Your Personal Plan and Standard 4: Management and Staffing

2. The service will ensure that supervision is a priority for all staff as a key aspect of their learning. Use of management practices such as supervision, appraisal, observed practice and care audits should be further developed to guide staff and support the services quality assurance practices.

Reference is made to:
National Care Standards Care at Home - Standard 4: Management and Staffing

Complaints

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

Inspection and grading history

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