

Carewatch North Lanarkshire Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 29 November 2017

Service provided by:
Annlen Limited trading as Carewatch
North Lanarkshire

Service provider number:
SP2004005753

Care service number:
CS2004069144

About the service

This service was registered by the previous regulator in 2004 and 2005 and Social Care Social Work Improvement Scotland since April 2011.

Carewatch North Lanarkshire is a combined service, providing care at home and housing support to people who use the service. It provides services privately and is also an authorised provider of services for North Lanarkshire Council.

The service employs 172 Care Workers and provides support to over 550 people, in their own homes and within the community.

What people told us

We received 27 completed care standard questionnaires from people who use the service or their main carers. Here are some of the comments made:

"They seem to have stopped sending schedules informing me who is coming".

"I am a happy service user and I am happy with the care that I receive from all the girls I get in".

".....Could not possibly remember the names of all these carers as they change every day".

"Staff do not spend the time they are supposed to as they have to run to the next client. This should improve when they get phones that can be checked".

"Staff are good but often rushed. Rarely in the house for 30 minutes as they need time to travel to the next client".

"I get carers in the morning to cook breakfast.....but never clean up after themselves".

"I would prefer my dinner visit at 5pm, visits some days are at 3pm or other times. Happy with my service in the afternoons for a shower, but no housework is being done as I was told it would be an hour visit for a shower and housework".

"Carewatch took over the service which was previously split 50% with The girls that visit me are regular and good with me meeting all my needs. Carewatch have certainly improved the care given to me".

Self assessment

The service were not asked to submit a self-assessment of the service, for this inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Inspectors found the service to be operating at a weak level for this quality theme.

Support plans sampled within the office were found to be out of date and not reflecting the needs of the people using the service. Inspectors visited people using the service and found that they did not have care or support plans within their homes. Inspectors also noted that carewatch support notes were being recorded in the North Lanarkshire Council support notes. Where services were delivered by both this service and the council it was unclear which organisation was delivering the service. The manager informed inspectors that the notes are removed and stored by North Lanarkshire Council. This practice has led to the service not being able to review the service notes as part of their quality assurance process. See requirement 1 and 4.

Inspectors found that service reviews were not being completed within the required time scales, with up to half of all services affected. Some reviews sampled had failed to record significant changes that had occurred. One person was not going to bed at night, sleeping in a chair, this was not reflected in the review or the care plan. Another person had experienced a change that required administration of medication, with medication being placed in the mouth by the care worker however, the review recorded this as a prompting service. They also required to spend most of the time in bed however, although this service had been reviewed, this had not been reflected as a significant change or referred to the relevant service to review mattress provision and on going skin care. When completing the care quality questionnaire, 5 people using the service disagreed that the service check regularly that they are meeting their needs, one person strongly disagreed and another didn't know. See requirement 2

Inspectors found that daily visits were planned into a scheduling system with regular arrival times and a set durations of time. The service has very recently introduced technology for care workers to electronically log in and out of houses. Inspectors sampled three staffs arrival and departure times and found that the order of visits as planned were swapped, by the staff, on many occasions. Some visits being as much as two hours early or late. There was a connection between these visits and the care worker recording that the service was not required. For example, one visit was scheduled for 2.15pm for half an hour. The care worker arrived at 12:45 and left 10 minutes later, the purpose of the visit was to assist to the toilet and associated personal care. Another person using the service, who has a condition of Parkinson's, received their 11:15am service at 10:30am with the duration of the visit being 22 minutes, when the scheduled time was 1 hour. See requirement 3

Inspectors concluded that the welfare of those using the service was compromised as staff were working without the benefit of an up to date support plan.

Significant changes in the planned arrival time and the actual arrival time would have an effect on toileting habits, medication times, and dietary requirements as well as a knock on effect for later visits in the day. In many cases, those using the service did not have the opportunity to discuss this with the manager as the programme of service reviews was so far behind.

Requirements

Number of requirements: 4

1. The Provider must, within 28 days of the date on which the service user first received the service, prepare and make available personalised and outcomes based care plans to service users in their own homes.

This is to comply with SSI 2011/210 5 Personal Plans. (1), (2a).

Timescale: To commence immediately and be completed by 28th February 2018.

This requirement is repeated from the last inspection.

2. The provider must review individual care services in these circumstances.

- When requested to do so by the service user or any representative
- When there is significant change in the service users health, welfare or safety needs
- At least once every six month period whilst the service user is in receipt of the service

This is to comply with SSI 2022/210 5 Personal Plans, (2b), (i), (ii), (iii), (c), (d).

Time scale: To commence immediately and be completed by 28th February 2018.

This requirement is repeated from the last inspection.

3. The service must ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs.

This is to comply with SSI 2022 / 210 4 Welfare of users 4.(1)(a)

Time scale: To commence immediately and be completed 28th February 2018.

4. The service must record the delivery of their service in a way that is clear, to the person receiving the service and their main carer, who the provider is and which of their staff have delivered the service.

This is to comply with SSI 2022 / 210 4 Welfare of users 4.(1)(a)

Time scale: To commence immediately and be completed by 31st December 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Inspectors found the service to be operating at an adequate level for this quality theme.

The service now have a dedicated training room and at the time of inspection were acquiring various equipment to support practical training such as moving and handling.

The service have also commenced using a new range of training materials, such as training passports and induction and refresher training work books. Forty three staff had already completed the induction process and 50 staff the refresher training, using these new supporting materials. There was a training plan in place for induction and refresher training, which enabled the service to plan and ensure that staff were available for the training.

Medication training had taken place, including training in the administering of eye drops. Neither the training records or the supervision records recorded any post training or periodic on-going staff supervision of the administration of medication. This is required to assess the post training competency of staff in the administration of medication, to ensure that those using this service gain maximum benefit from their medications. See requirement 2.

Personal Development Plans for staff are still not in use. It is unclear how the services are matching the training of individual care workers, with any specific needs of those they are delivering the service to, in order to improve outcomes for those that use the service. Some staff have had the benefit of supervision and appraisal activity. Inspectors found that supervision activity was programmed in but often did not take place, with some meetings outstanding from the beginning of the year. See requirement 1.

When sampling recruitment files it was noted that often not all of the interview questions were being asked and the scoring system on the interview notes, to assist with determining suitability, was not always in use. Inspectors found that one staff member had been removed from the Scottish Social Services Council Register, but were still carrying out their full duties. Inspectors concluded that the recruitment process and post employments checks, were not standardised and had the potential to impact on the `safer recruitment` processes designed to protect those that use the service.

Requirements

Number of requirements: 2

1. The provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is in order to comply with SS1 2011/210 15 Staffing 15 (b)(1)

Time Scales: By the 31st May 2018.

2. All staff must have up to date training and ongoing competency assessments in administration of medication, including the use of eye drops, topical creams and medication recording.

This is to comply with SSI 2011/2104 Welfare of users 4 (i), (a).

Time scale: By 28th February 2018.

This requirement is repeated from the last inspection.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service were operating at a weak level for this quality theme.

The Registered Manager advised that she keeps up to date with industry changes by gathering information from the SSSC and attending regional management meetings each month, which provide an opportunity to share best practice. The registered manager advised that they were getting ready for the registration of care workers with the SSSC. They had arranged to attend a SSSC training event. She advised that at interview perspective employees are told about the registration requirement and the process.

The Business Development Manager advised on the process for increasing the number of people using the service, ensuring that this process was running alongside the recruitment and training processes to achieve appropriate staffing levels for all new services. Inspectors noted that a check of compliance with regard to care or support plans, service reviews, and staff supervisions were not taken into account, when increasing the service. The service was found to be in breach of a condition of registration, in relation to the growth in staff numbers. See requirement 1.

Inspectors were advised of the management changes, with supervisors changing their roles to that of quality officers, an increase in schedulers to 3, a new admin post, a recruiter with support from the regional recruiter. We will look at how this is working at the next inspection.

Inspectors viewed the overview information for service reviews and staff supervision and appraisal activity. It was clear that there was a good system in place to identify when reviews were due and when they had been completed. It was clear that this activity was behind the required timescales. The registered manager advised that there had been supervisor absences and care worker absences that had been covered by the remaining supervisors, further compounding the problem. The lack of review activity has a detrimental effect on outcomes for those that use the service and evidence of this was seen during this inspection.

The service had not directly received any complaints from those that use the service however, complaints had been coming directly to the Care Inspectorate. Inspectors concluded that this may be due to the lack of carewatch service information in the homes of those that use the service and the lack of review opportunities, to allow those that use the service and their main carers to discuss any issues directly with the service.

The service did not have an overview of Scottish Social Services Council registrations or a process of checking for continued registration. See requirement 2.

Requirements

Number of requirements: 2

1. The service must comply with the conditions of registration relating to staff numbers, as set out in condition 1 on the certificate of registration.

This is in order to comply with SSI 2011/210 4 welfare of users 4(1)(a)

Time scale: By 31st December 2017.

2. The service must ensure that all staff are registered with the Scottish Social Service Council within the appropriate time scales and that they remain registered throughout the period they are in post.

This is in order to comply with SSI 2011/210 4 welfare of users 4(1)(a)

Time scale: By 31st December 2017

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

The Provider must, within 28 days of the date on which the service user first received the service, prepare and make available personalised and outcomes based care plans to service users in their own homes.

This is to comply with SSI 2011/210 5 Personal Plans. (1), (2a).

Timescale: Within eight months of receipt of this report.

This requirement was made on 1 December 2016.

Action taken on previous requirement

Those that use the service were still found not to have support or care plans.

This requirement is restated.

Not met

Requirement 2

The provider must review individual care services in these circumstances

- When requested to do so by the service user or any representative
- When there is significant change in the service users health, welfare or safety needs
- At least once every six month period whilst the service user is in receipt of the service
- Where appropriate after any care service review.

This is to comply with SSI 2022/210 5 Personal Plans, (2b), (i), (ii), (iii), (c), (d).

Time scale: Within four months of receipt of this report.

This requirement was made on 1 December 2016.

Action taken on previous requirement

Reviews were brought up to date in April 2017. This was not maintained and the number of people using the service, affected by this has grown.

This requirement is restated.

Not met

Requirement 3

All staff must have up to date training and ongoing competency assessments in administration of medication, including the use of eye drops, topical creams and medication recording.

This is to comply with SSI 2011/2104 Welfare of users 4 (i), (a).

Time scale: Within six months of receipt of this report.

This requirement was made on 1 December 2016.

Action taken on previous requirement

Training has been completed, however there are not any ongoing competency assessments.

This requirement is restated.

Not met

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

Previous recommendations

Recommendation 1

The service should implement a capacity planning tool to ensure sufficient staff resource for review hours required.

National Care Standards Care at Home Standard 3 - Your personal plan.

This recommendation was made on 1 December 2016.

Action taken on previous recommendation

The service are using a tool to identify how many reviews are due at any given time into the future.

Recommendation 2

All staff should have a personal development plan.

National Care Standards Care at Home Standard 4 - Management and Staffing

This recommendation was made on 1 December 2016.

Action taken on previous recommendation

Staff do not currently have personal development plans.

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
1 Dec 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
11 Mar 2016	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
23 Mar 2015	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
21 Mar 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
11 Mar 2013	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
25 Nov 2011	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
10 Nov 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
3 Nov 2009	Announced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good

Date	Type	Gradings	
		Management and leadership	5 - Very good
24 Oct 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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