care inspectorate

Leonard Cheshire Services (Scotland) - Glamis House
Housing Support Service

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Telephone: 01592 771685

Type of inspection: Unannounced
Inspection completed on: 25 January 2018

Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Care service number:
CS2004076466

HAPPY TO TRANSLATE

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Leonard Cheshire Services (Scotland) - Glamis House, is one of a number of services operated in Scotland which is owned and managed by a voluntary organisation, Leonard Cheshire Disability.

Leonard Cheshire Services (Scotland) - Glamis House provides a range of services including housing support, residential care and day care. This inspection was for the combined housing support and care at home service provided to people with a range of physical and/or learning disabilities. People who use the service live in their own homes and the support and care is provided on an outreach basis from the office based within Glamis House, Glenrothes. At the time of the inspection visits the service were supporting 15 people at various locations in the Fife area. The service operates 24 hours per day, seven days per week, with time allocated to service users according to individually agreed needs.

What people told us

Prior to the inspection we received eight completed care standards questionnaires, of these four strongly agreed that they were overall happy with the care and support they received, two agreed and two strongly disagreed.

Comments included:

'I am very unhappy with my care and support that I get here. The service is very disorganised and it isn't very well run. On a few occasions recently no support worker has turned up when I expected them to be here and I had to buzz my alarm to get assistance and on one occasion I had to go and look for someone because no one was answering my alarm. The support workers are quite often late. I don't get my full care hours quite often. I haven't any trust or confidence in the management here because they promise us things and then don't deliver them, like the core teams of support workers that we were meant to get in January and we still haven't got them.'

'Some point I agree with that some staff are qualified others are not. I'd like to have more consultations about my needs. Usually there is not enough staff on. Some staff treat me with respect and some no. The service doesn't ask for my opinions.'

We also received one completed questionnaire from a relative who strongly agreed that they were overall happy with the care and support their loved one receives.

During our visits to the service we spoke with four people who use the service and five relatives, they told us:

'Very, very nice, they take me out a lot.'

'I am quite happy just now no problems, if I did I know who to report it to, I reported a problem with my medication being left out.'

'The majority of staff are good, I have not really got any problems.'

'Up until six months ago the care had been great, there's no continuity in staff so it's gone downhill a bit.'

'My biggest concern is the lack of sharing of information, there was an investigation about a medication error and I asked to be kept up-to-date, I had to chase this up myself.'

'I feel the service is a bit stretched, use of agency staff, poor recruitment, however X is quite content, as their health is stable.'

'Care and support is fine no problem at all, the best thing we could have done, they made it really easy for us.'

'A lot more work has gone into planning X's care recently and all the paperwork is now up to date.'

'We are much more settled and happy now with the recent changes in the management, communication from the management and the carers is much better, they keep us completely up to date.'

'I would like to see more activities with X's peer group to allow them to make more friends.'

'The care is alright, it's the lack of communication, however it's definitely moving in the right direction, it is improving.'

'The previous management made a lot of promises that they did not follow through, I would just like them to be up front and honest.'

'Social activities I would like to see more of they are awful isolated in their own homes.'

'Any problems and they get the GP, she is looked after well.'

'The carers are lovely you couldn't fault them.'

Where there were concerns raised these were discussed with the management of the service. See also the main body of the report.

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 of the quality of the provision within the service.

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

We visited the service on the 14th November 2017. At the start of the visit the service manager and depute managers made us aware that they were in the process of carrying out a fundamental review of the service following an audit from the providers quality assurance department. The audit found that there were serious concerns and deficits in all areas.

Following the audit there had been a change in the management of the system and they were tasked with ensuring that there were significant improvements made in line with what was found during the quality assurance visit.

We agreed to suspend the visit to gather more information and to allow the provider to continue with the process of reviewing and improving the service. We also held a meeting with the Operational manager and Service Manager in December 2017 and received regular updates of the progress being made.

We visited the service unannounced in January 2018, this is what we found.

There was good information in the personal plans we saw. Most of these plans had been updated recently. Information was well set out and easy to read. There had not been regular reviews in consultation with people in the past year and therefore we could not be confident that people knew what was in their plan and were happy with the content **(see requirement 1).**

In some plans information about any legal orders such as guardianship and power of attorney required to be clearer. Staff should ensure that information is accurate. This highlighted a potential training need for staff and the manager should consider how they address this. We provided a copy of a helpful Adults with Incapacity (AWI) register to one of the team leaders to help them maintain an accurate overview of legal orders/ arrangements.

Previous recommendations about medication remained outstanding and will be changed to a requirement. From the sample of records viewed during this inspection, we saw multiple missing signatures, handwritten entries that were not signed, dated and referred to the prescribers instruction to help ensure an accurate audit trail. We would recommend that the manager revisits the medication training and practice of staff who are responsible for medication administration and recording to ensure that they understand their roles and responsibilities. This should include best practice in the storage, administration and recording round controlled drugs **(see requirement 2).**

It would also be good practice to encourage staff to use the carers notes on the reverse of medication administration records (MAR) to record the reason for administration of as required medication and its effect.

Further guidance is available in the Care Inspectorates publication 'Guidance about mediation personal plans, reviews, monitoring and record keeping in residential care services.

A recommendation has been made following a complaint about concerns not being followed up. During the inspection communication was still described as problematic - some people told us that they had previously been frustrated that answers to queries or concerns had not been given. The manager should ensure that people are given opportunities to express their views, actions are agreed and outcomes or conclusions are clear **(see requirement 3).**

There was a concern raised by some relatives about a lack of opportunity to take part in activities and people becoming isolated within the service. It was agreed with the service manager that the planning and provision of activities is something that could be improved and will be discussed and agreed with people using the service.

People described a difficult year - highlighting shortages of staff and practice of staff which impacted on outcomes for people. People did reflect that they had noticed improvements recently under the new management.

Requirements

Number of requirements: 3

1. The Provider must make proper provision for the Health, Welfare and Safety of people who use the service. In order to achieve this, the Provider must:

- Ensure safe and effective administration and handling of medication,
- Ensure staff have received training appropriate to the work they are to perform. With a focus on the safe administration, handling and storage of controlled drugs.
- Ensure that personal plans are up to date and reflective of the service user's needs.
- The provider should ensure that giving PRN medicines are supported with explanation regarding reasons why it was given and the effects it made to the service user's wellbeing.

This is in order to comply with:

Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011, Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale for completion: To commence immediately upon receipt of this report and to be completed 15 March 2018.

2. The provider must ensure that all complaints are managed in accordance with the Complaints Procedure. The Provider must, within 20 working days after the date on which the complaint is made, or such shorter a period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

This is in order to comply with:

Social care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 210/2011 Regulation 18 (4) Complaints.

Timescale for completion: To commence immediately upon receipt of this report and to be completed by 15 March 2018.

3. The provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support provided continues to meet the needs of each individual. The provider should keep a record of these meetings and a minute taken. Minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

This is in order to comply with:

SSI 2011/210 Regulation 5 - Support Plans.

To be completed by 30 April 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Staff meetings had been taking place in one part of the service. The minutes described clear information that was given to staff about the requirement for changes in practice to ensure improvements were made. There had not been any meetings in other parts of the service since August so this information was less apparent.

Staff supervision had taken place although we did not see that this had been a regular process over the past year.

An outstanding recommendation from the previous inspection in relation to training had not been met. We saw that staff had access to a range of training although this seemed heavily reliant in e-learning. Staff identified the need to access training for behaviour that challenges and we saw that there were other training needs such as Adult Support and Protection. We discussed the need to progress with supervision and observations of practice that would help to give assurances that staff have gained the knowledge required and that this impacts on practice and ultimately helps to improve outcomes for people who use the service. We saw examples of quality observations of staff that provided a good starting point. The plan was to use this information to inform supervision meetings **(see requirement 1).**

Staff told us that overall they were happy with the changes made recently to how the service was managed and organised. They were mostly happy with the level and quality of training, however some thought classroom based training would be better compared to what they received on-line. They were all aware of how to recognise adult support and protection issues and how to raise and escalate a concern correctly.

They also noticed a difference in the quality and frequency of the supervision and support that they received. New staff had undergone an induction which included a variety of training and shadowing opportunities. This should be extended to agency staff to ensure there is a consistency of the information passed on, this should be recorded. Staff also told us that they felt confident in the management of the service and that any concerns they raised would be acted on.

A recruitment audit confirmed that the Provider followed a safer recruitment process.

Family members spoken with gave balanced feedback about their relative's care. They described frustration with the lack of communication at times, and the high turnover of staff which could affect the consistency of the care provided, also some felt that not all staff were knowledgeable about their relative. There were also positive

comments about the quality of the care staff with people saying they were friendly and approachable. Importantly relatives had noticed improvements being made to the service, but there was still a lot to do.

Requirements

Number of requirements: 1

1. The Provider must ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner.

In order to comply the Provider must:

(a) Demonstrate that all staff receive appropriate training to carry out the work they are to perform
(c) Implement a written action plan to meet the training needs identified
(d) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary

This is to comply with:

SSI 210/2011 Regulation & 4(1)(a) Welfare of users & Regulation 15(b) Staffing, & SSI 2002/114 Regulation 19(2)(a): Records.

Timescale: To be completed by 30 April 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The managers had developed a service improvement plan to help them plan and prioritise improvements within the service. This plan should be shared across the whole service to ensure consistent improvements are made. There is an opportunity to involve other people in the on-going development of the service by including staff, people who use the service, their relatives and other stakeholders.

A range of regular audits or checks had been introduced. These did highlight areas for improvement however we discussed the need to ensure that it was clear any actions taken to address deficits and confirmation of improvements.

The provider had developed and implemented an improvement plan for the service which had been reviewed to show progress being made in the areas identified. They should include all parts of the service in this.

It is clear through discussions with people who use the service, their families and staff that the service has faced a number of challenges this year which had a negative impact on how the service was run and the quality of

care and support provided to people. This came about through lack of management oversight in the service leading to ineffective quality assurance checks and processes.

We were pleased to see that the recent change in the management of the service and the introduction of improved checks and organisation of the care meant there was evidence of how the provider was using these processes to ensure that the quality of care and support provided to people was of a good standard.

To consolidate the improvements made in the service the provider should continue to ensure that there is effective management oversight in the service including weekends and evenings, and further develop and improve their quality assurance processes **(see requirement 1).**

An important part of making improvements will be seeking the views, opinions and ideas from the people who use the service and their families and involving them, and keeping them informed in any decisions on how to improve and take the service forward **(see requirement 2).**

Requirements

Number of requirements: 2

1. The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

This is in order to comply with:

SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users.

Timescale: To be completed by 30 April 2018

2. The provider must implement methods to involve service users and relatives in the on-going assessment and improvement of the quality of the service and evidence how it has acted the views of service users and relatives about what would make a good quality service for them.

This is in order to comply with:

SSI 2011/210, Regulation 3. This is a requirement for providers to provide the service in a manner which promotes quality and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: To be completed by 15 March 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

In order to ensure that the needs of service users are effectively met, the provider and manager should consider the skill, experience and knowledge mix of staff when they are deployed on the rotas.

National Care Standards, Care at Home, Standard 4.

This recommendation was made on 8 September 2016.

Action taken on previous recommendation
The new management of the service had reviewed working patterns and rotas ensuring that there was as much as possible an appropriate across the different shift patterns. Staff spoken with said that things were now much more organised. People using the service had also noticed improvements. This recommendation was found to have been met.

Recommendation 2

In order to support staff effectively, the provider and manager should ensure that staff have access to positive behaviour, breakaway techniques, and continence training.

National Care Standards, Care at Home, Standard 4.

This recommendation was made on 8 September 2016.

Action taken on previous recommendation
During the inspection we found that staff still require to access a range of training. We found that this recommendation had not been met please see theme three in the main body of the report for more detail.

Recommendation 3

The provider should ensure that all medication records are signed or coded in accordance with best practice.

National Care Standards, Care Home for Older people, Standard 15.9, Keeping well-medication.

This recommendation was made on 10 July 2017.

Action taken on previous recommendation

This recommendation was made following a complaint.

We found that this recommendation had not been met, please see quality theme 1 in the main body of the report for more detail.

Recommendation 4

The provider should ensure that giving PRN medicines are supported with explanation regarding reasons why it was given and the effects it made to the service user's wellbeing.

National Care Standards, Care Home for Older People, Standard 15.9, Keeping well-medication.

This recommendation was made on 10 July 2017.

Action taken on previous recommendation

This recommendation was made following a complaint.

We found that this recommendation had not been met, please see quality theme 1 for more detail in the main body of the report.

Recommendation 5

People who use the service should expect planned outings to take place as arranged, as far as is reasonable practicable. People should not have to alter their values, beliefs or routines to receive a service.

National Care Standards - Care at home, Standard 5 - lifestyle.

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

This recommendation was made following a complaint.

We visited the St Andrews office and saw evidence that activities were planned for and recorded on a planner. There were also recording in daily records and diaries which give details of the support provided including activities. This recommendation was found to have been met.

Recommendation 6

It is recommended that the provider develops some guidance/criteria for staff working overnight. This should include good record keeping and accident/incident reporting.

National Care Standards - Care at home, Standard 4 - management and staffing

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

This recommendation was made following a complaint.

A protocol had been developed and set in place which gave staff clear guidance on the actions they should take if there are any accidents and incidents, records they should make and who they should report them to when they were working overnight. This recommendation was found to have been met.

Recommendation 7

People who use the service should expect any concerns they raise about staff practice to be followed up and addressed when required. The provider should be able to demonstrate the follow up actions taken when concerns about staff have been raised.

National Care Standards - Care at home, Standard 4 - management and staffing

This recommendation was made on 22 August 2017.

Action taken on previous recommendation

This recommendation was made following a complaint.

This recommendation was found not to have been met. Please see quality theme 1 for more detail.

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	
8 Sep 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
21 Sep 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
23 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
21 Aug 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
30 Oct 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
22 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
29 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
2 Jun 2008	Announced	Care and support Environment Staffing	5 - Very good Not assessed 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good

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