

Home Care Services - Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
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Kirkintilloch
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Telephone: 0141 578 2101

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

Service provided by:
East Dunbartonshire Council

Service provider number:
SP2003003380

Care service number:
CS2004082079

About the service

Home Care Services - Mainstream Team is registered as a care at home and housing support service. The provider of the service is East Dunbartonshire Council, and the office base is in Kirkintilloch. The service has been operating since 2004 and registered with the Care Inspectorate on 1 April 2011.

The service is provided to people living in the East Dunbartonshire area including older people, people with physical and sensory impairment, people with learning disabilities and people experiencing mental health problems. Over 1,200 people use the service. Five staff teams cover the area. The service provides support for, reablement, complex care, out of hours care, telecare and non complex care. The service provides short and long-term support.

The overall aims of the service are,

- to improve the lives of customers and the people who care for them
- to ensure the welfare and safety of vulnerable people in their own home
- to provide a quality local authority home care service to vulnerable people in their own home.

What people told us

We spoke with 16 people using the service when we visited them at home, and eight relatives. We visited people in Kirkintilloch, Torrance, Lenzie, Bearsden, Milngavie, and Bishopbriggs.

Thirty six people completed our questionnaire.

Overall, the majority of people were happy with the quality of the service, and staff were held in high regard. However, some people were not happy with some aspects of the service, such as the lack of consistency with staff, the lack of time allowed for support, and the lack of being consulted and informed.

Comments included,

"I got the help I needed when I needed it from a team of caring, pleasant people."

"I am happy with the service I receive."

"All carers excellent, friendly, attentive."

"The staff are always pleasant, patient and helpful. They have a good knowledge of the practical and medical problems I have."

"I know they would do everything possible to make my life easier for example; they have willingly bought me odds and ends like cards, this makes my life much easier."

"The service is invaluable."

Other comments made,

"Happy with support but says in care plan that you are entitled to 30 mins of care, this does not happen, only 15 mins max and usually less, this is my only concern."

"It's a shame that time is against them. Carers should have back up support when required."

"Takes ages to get through on phone. Person you want is usually unavailable messages not passed on or don't get back to you. Think managers could be doing better organizing carers, carers turn up when care has been cancelled, wasted journey."

Self assessment

We did not request a self assessment this year, instead we looked at the service's development plan as part of the inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

People experienced positive outcomes from the support they received which promoted their well-being. For example, people appreciated the very positive relationships with staff. This encouraged and improved people's social interaction. One person told us "Chatting to staff is important to me. I love to chat and we can talk about anything and everything."

Staff promoted and encouraged people's independence which supported people to be in control of their lives. One person commented they had input from staff for a six week period "and this helped me back to independent living". People told us how staff encouraged their independence, so much so that the visits were reduced as their independence was gained.

Some people described the service as a "Wonderful service". One person commented "My husband is treated with respect and dignity. I am grateful for the help they provide." The service was flexible to meet people's needs. For example, people told us that their visits were changed to a later time so they could have a long lie. The level of support changed as people's needs changed for example; some people told us about their support being increased and others that the support was reduced.

Not every one had positive experiences and some told us about a poor service. For example when staff were inconsistent. Or when staff did not have enough time to meet individual needs. Comments included, "some staff more aware of (my relatives) needs more than others, should get a shower everyday - doesn't always happen. It is clear there is a shortage of staff particularly at weekends, carer under pressure as they are covering someone else." "No continuity, 36 carers in 36 months - carers don't listen" (See quality of management and leadership).

People who had short term support, had goals and outcomes identified, however, this was the exception. Our concern was the lack of detailed information in support plans, and risk assessments that were informative to staff, and were person centred and outcome focussed. For example; we found people with complex care needs had little or no information about how staff should support them or what risks there might be, such as moving and assisting. Staff told us the information they received was limited (see requirement 1).

The majority of people we spoke to were unaware of having a support plan. One person commented, "I don't know what a support plan is.", another said, "I think it would be of great value to discuss the care plan and my (relatives) needs and preferences." We were concerned that people were not involved in a review of their support plan at least every six months as required by legislation. The service must involve people in reviewing their care and support to ensure people are fully informed (see requirement 1).

Requirements

Number of requirements: 1

1. To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

People overall thought very highly of the staff and this contributed to positive outcomes for people. The contact with familiar staff was very important to people. This helped people build trust and made them feel comfortable. People commented that staff were like friends or like their family. "They go that extra mile. There's a small pool of workers and we know them well." Staff were seen as respectful and as a "tonic".

We observed that staff were dedicated and had a desire to do a good job. Staff were kind, caring and compassionate, and held good values, they had a genuine desire to help people and to improve people's lives.

Staff had appropriate qualifications or were in the process of obtaining Scottish Vocational Qualifications (SVQ) so they could register with the Scottish Social Services Council (SSSC). It is important that staff have this qualification so they can be registered as professional workers. Obtaining this qualification will help staff to identify and improve outcomes for people.

Although there was a commitment to ensure staff had an appropriate qualification we were concerned that staff that should have been registered had not done so. This meant staff could not practice. We raised the issue with the Local Authority who acted promptly and took appropriate action. Nonetheless, it was a concern that this was not monitored. We were told that a new system would be used to monitor staff registrations with the SSSC. This will ensure people are safe, and that staff are appropriately registered with the professional body.

We had concerns that staff did not have an appropriate induction to support people using the service and to support them in their role at all levels. Some staff who had an induction told us this lasted an hour. Some new staff still required training to take place as part of their induction (see requirement 1).

To ensure people receive high quality care, improvements to staff induction and training were required. The majority of staff had not had training to up date their skills for a number of years. For example, Moving and assisting in 2010, Adult support and protection training also in 2010. Staff did not receive any specialist training to support people with dementia, and people who required end of life care and palliative care. One staff member commented "we deal with a lot of palliative care but have no proper training in it. It's tough at times, dealing with the tasks and also emotional families. I think we need better training in that." (see requirement 1).

We had concerns about the level of support staff had in their role at all levels. There was a lack of supervision by the manager to home care organisers. Some staff had had no supervision since taking up a new post, one person said they had two supervision sessions in six years. Although some staff had informal support on a daily basis from home care organisers, there was a lack of formal and meaningful supervision for the majority of staff. We saw little evidence of how staff's competency was assessed on a regular basis that linked to staff appraisal and their learning and development. Supervision can help staff to improve outcomes for people. For example by supporting them to reflect on their practice and discuss their development or training needs (see recommendation 1).

We were concerned that some staff did not have the opportunity to discuss people's support and best practice, within their teams. This would support staff to have a better understanding of people's needs, and be more confident in their practice. For example, staff were unclear about their responsibilities to register with the SSSC. One member of staff commented "We don't really get team meetings. We'd like them, they're a good way to speak to your manager and colleagues, hear about what's happening and share things. That's definitely missing." To promote good practice staff should have the opportunity to discuss and reflect on practice as part of the team. There was a lack of team meetings at a senior level, with the manager and home care organisers. Good communication should be promoted amongst all staff teams (see recommendation 2).

Requirements

Number of requirements: 1

1. To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2018.

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

A training programme to evidence all mandatory staff training is up to date.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 2

1. The provider should improve the support staff receive by putting in place the following actions,

All staff should have regular supervision to discuss and reflect on their practice in line with best practice

All staff should have an appraisal to support them in and to develop in their role.

All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. The provider should improve how staff communicate through regular team meetings. This will give staff the opportunity to discuss people they support, to reflect on best practice and to be more involved.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

There were some systems in place that were effective and supported best practice, for example, good practice guidance was followed to ensure staff were appropriately and safely recruited. There were very few complaints to the service and we saw that these were handled sensitively and within reasonable time scales. People were satisfied with the outcomes.

There had been some work done to involve staff in having a say through Imatter. A staff group was recently formed as part of a quality circle to look at improving staff development.

We had a number of concerns about the management and leadership of the service. We did not see a service where the focus was on improving outcomes for people or supporting staff.

There was a lack of monitoring to ensure good quality care and support was in place. For example, there were no audits seen on support plans, medication, accidents and incidents. We saw no systems in place to monitor staff induction, training, supervision, appraisal. There was a lack of quality assurance processes to ensure continuous improvement. For example, up to date questionnaires for people using all aspects of the service, up to date improvement plan (see requirement 1).

We spoke with 27 staff and the majority of staff said morale was low. For example, some staff told us they were overstretched. One person commented "I feel stressed and under pressure due to extra customers being put on us on a daily basis and we have to cut customer times to try and fit people in." Another person said "I feel its wrong to allocate 5-10mins in such a personal service, we are having to rush customers." Staff told us they were unhappy with the rotas although this was being reviewed. There was a reliance on overtime to ensure enough staff were in place. There was a high rate of sickness. There was evidence from people using the service that the service was understaffed especially at weekends (see recommendation 1).

There was some evidence that the service asked for feedback from people who had used the reablement service. The feedback we saw was very positive. However, there was a lack of appropriate systems in place to ensure all people were involved in improving the service (see recommendation 2).

To ensure people are safe and well supported we asked the manager to ensure that the Care Inspectorate was notified of incidents and accidents as this had not been done (see recommendation 3).

Requirements

Number of requirements: 1

1. To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2018. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 3

1. The provider should ensure there are enough staff to meet the needs of people using the service. To ensure that people receive high quality care the provider should put in place the following actions,

Effective and efficient systems to ensure a consistent staff group are employed.

Improved and effective methods to monitor and manage staff sickness and absenteeism.

Monitoring of staff vacancies to ensure enough staff are recruited timeously to fill vacant posts.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15). "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.17).

2. The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

3. The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on notifications.

This ensures care and support is consistent with the Health and Social Care Standards which state "I use a service and organisation that are well led and managed" (HSCS 4.23).

Grade: 2 - weak

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

There are no outstanding recommendations.

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
12 Apr 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
29 Apr 2016	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
24 Apr 2015	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
30 Apr 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
29 Apr 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 2 - Weak
31 May 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
13 Dec 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed

Date	Type	Gradings	
16 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Aug 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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