

Hamilton/Blantyre/Larkhall Home Care Service

Housing Support Service

Social Work Resources
Brandon Gate
1 Leechlee Road
Hamilton
ML3 0XB

Telephone: 0303 123 1008

Type of inspection:

Unannounced

Completed on:

21 May 2018

Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Service no:

CS2004073570

About the service

The provider for this registered service is South Lanarkshire Council. The home support service is available to older people, younger adults, children and families who live in the Hamilton, Blantyre and Larkhall localities of South Lanarkshire. The service is accessed via an assessment of needs.

The care and support service is organised by a team of Community Support Co-ordinators who are based at Hamilton. Home Care Support Workers are allocated to geographical areas, known as `neighbourhoods`, to provide personal care, extended personal care, meals and shopping services.

People who use this service are also supported by the Integrated Community Support Team, located at a local hospital and the providers own out of hours community alarm service, which operates twenty-four hours a day three hundred and sixty-five days per year.

The introduction to the service user's guide says:

"The Home Care Service offers personal, social, emotional and practical support to service users and their families. It aims to ensure that people are maintained and supported in their own homes for as long as possible".

What people told us

As part of this inspection we issued 250 care quality questionnaires, of which 92 were returned completed. Here are some of the views of those that use the service and their relatives or main carers -

"Cannot fault the home care staff who attend my mum. Caring, gentle, patient and friendly"

" I am very satisfied with the service, I am well catered for thank you"

"My only issues is when the carers are on holiday there are sometimes problems with the cover and a few times her service has actually been missed"

" I am perfectly satisfied with the care and service I am receiving"

"I contacted the home care team to request a formal review.....this was about 6 weeks ago but request was not acknowledged or actioned to date"

"Very hard to contact the service, took 68 attempts and 2 hours to get through (March 18)"

"I would like to have regular carers of which I have 2 regular carers but unfortunately the list I receive weekly I find that the carers I am designated are not the ones who turn up"

"Need more time for morning visit"

"Sometimes staff don't have enough time and personal care is rushed"

"Morning service at 7am not suitable, much too early. I am waiting for an 8am call"

"I am very happy with all carers who assist my mum, in all they do for her. Much appreciated"

"Mum is well looked after and has become friends with her carers"

"Carers are brilliant, feel like friends"

"Not enough time allocated and if own carer is off never know who is coming and time"

"Not enough time given to carers to do the job required, little or no notice given when carers or timings change"

"Sometimes carers are under pressure, not enough time to complete tasks, ie bath days"

"I am quite happy with the service"

"It would help if I had the same carers regularly as when I get a strange carer in it can be embarrassing and this happens regularly"

"I have no complaints everything is alright"

"In our opinion the service is excellent and the staff are to be recommended for their dedication to their work, despite the tight schedules they are working to"

"I would like to thank all the staff who deals with my friend. It's a shame they haven't got more time to spend with her, but I understand why"

"I have never received a personal support plan"

"Late coming in or not turning up"

"Excellent care given"

"Just that I am grateful to have the service"

"Some much better with care and support than others, time is important and especially the mornings can be rushed and this affects well being"on the whole care is good but could be better improved to suit the client"

"I am happy with the service provided and accept the pressure it is under"

"I am satisfied with the help I receive from all my carers"

"I am glad to have this service"

"Carers sometimes don't give enough time....especially when toileting. Consistency of care poor, but most carers really helpful and I am grateful for their support"

"The carers are excellent and efficient, however 20 minutes including travel time is not enough"

"Times of visits not ideal, usual carers good, but temporary carers not briefed"

Continuity isn't a priority with home care. They can forget to send someone out at the supposed time. Carers also don't stay for the allocated time due to workload and their care diary now being electronic and it is changed without the carer knowing".

Self assessment

The service was not asked to submit a self assessment, as part of 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 collected the views of 162 people that use the service. They shared with inspectors that they were happy with their overall, quality of care and support, when receiving the service from their regular care workers. However, they remained concerned over the level of support received, reliability of calls and timings of calls, that were delivered by peripatetic or relief care workers. Inspectors heard that reviews of services were infrequent and information regarding their service was out of date.

Inspectors visited 45 people using this service. It was evident that care plans were not in use. The service continues to use a "pen picture" which staff have access to on their phones. Where these documents were in place within some of the homes of those using the service, they were task orientated and did not clearly set out the overall goals of the service, how these would be met or safety information such as moving and handling and

some were out of date. Inspectors saw that staff were working in challenging behaviour situations, without knowledge of the risk or action required, to de-escalate the risk. Inspectors concluded that the service was determined by the person using the service or the care workers own assessment of what was required. This could lead to the needs of those using the service not being met and placing the health and well-being of those that use the service and the staff delivering it, at risk of harm.

See requirement 1, which is being repeated from the last inspection.

Inspectors looked at an overview of when individual service reviews had taken place and when they were next due. The overview showed that reviews were taking place, within the required timescales. However, information in the care quality questionnaires of the people visited by inspectors and others taking part by phone, noted their concerns over a lack of reviewing opportunity. Many of these people stated that the recorded review had not taken place. We sampled 53 reviews and found they lacked detail of the contribution made by those using the service, their main carers or family. Inspectors also sampled telephone reviews, some of these calls had been made to those using the service, that may not be able recollect the review or in deed the service they were receiving. Telephone review forms were mainly tick box responses with very little spoken evidence recorded. Inspectors concluded that reviews were not meaningful and often with those using the service not realising that a review had taken place. This could lead to the needs of those using the service not being met and where inspectors found evidence of this it was reported to the service. This places the health and well-being of those that use the service and the staff delivering it, at risk of harm.

See requirement 2 which is being repeated from the last inspection.

Inspectors noted that there was an inconsistency between the contents of pen pictures, assessments and review records, in terms of the level of medication support to be provided for each person. Additionally, due to a lack of frequent reviewing, medication needs were changing and pen pictures were not updated. Inspectors concluded that staff lack direction in the provision of medication support and this has led to medication errors. One person receiving medication services had two serious errors in a short period of time, one requiring hospital attendance and another hospital admission. Inspectors concluded that the medication services were not planned or managed in a safe way, placing those that use this service at risk of harm.

See requirement 3.

Inspectors saw an improvement in the electronic rota arrangements. The issue of handsets being out of service was resolved by a ready supply of spare handsets, available for staff use. This has led to an improvement in the communication with staff regarding service changes. A new dedicated telephone line had been provided for staff that require urgent support, which has improved the timescales for staff and people using the service, of receiving appropriate support in difficult situations. There is a handover system in place between the out of hours support and the home care team, this has improved the outcomes of out of hours communication between the service and those that use it. Inspectors noted that those using the service continued to experience difficulty in getting their telephone calls answered, during office hours. We heard from many people that use the service, that their calls were never returned by the service and that this situation could continue for weeks. Please see the leadership and management section of this report, for more information on communication.

People that use the service, their relatives and main carers, shared that they were happy with their overall quality of care and support, when receiving the service from their regular care workers however, remained concerned over the level of support received, reliability of calls and timings of calls that were delivered by peripatetic or relief care workers.

Requirements

Number of requirements: 3

1. The Provider must ensure that all people who use the service have a personal care plan at home, available for the use of staff delivering the service. The personal care plan must include the preferences of the person that is using the service, in how the service is to be delivered. The personal care plan must include relevant risk assessments, particularly moving and handling. The personal care plan must be compiled within 28 days of the commencement of service.

This is in order to comply with Health and Social Care Standard 2.17

I am fully involved in developing and reviewing my personal plan, which is always available to me.

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

Time Scale - for new service users, within 28 days of the commencement of service, for existing service users, within 6 months of the publication of this report.

2. The Provider must review all personal care plans at least once in every 6 month period and more frequently where circumstances require this, in particular;

- When requested to do so by the service user or any representative
- When there is a significant change in a service users health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly.

This is order to comply with Health and social care standard 2.17

I am fully involved in developing and reviewing my personal plan, which is always available to me.

This is in order to comply with SSI 2011/210 5 (2) (b) (i)(ii)(iii) (c) (d) Personal Plans

Time Scale - within 6 months of the publication of this report.

3. In order to ensure that safe medication practices are adopted, the provider must -

- Ensure that all staff have up to date training and on going competency assessments in the administration of medication, including but not limited to, application of drops, topical creams and medication recording.
- Provide clear direction to staff, within individual care and support plans, which level of medication support they are providing.

This is in order to comply with Health and Social Care Standard 3.14

I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This is in order to comply with SSI 2011/210 4(1)(a) 15(a) (b)

Time scale within 3 months of the publication of this report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Inspectors shadowed 23 staff during the inspection, within all neighbourhoods, covering 13 different service delivery runs. Inspectors found staff delivering the service to be kind and compassionate, they were observed to be patient and knowledgeable of the needs of the people they were delivering the service to. As in the last inspection, staff were found to be still working without the benefit of care plan information. This has led to a situation where care workers and those using the service agree what the service should be. This can lead to an erosion of independence and a build up of dependency. In the absence of risk assessments both those using the service and those delivering it can be placed at risk of harm. There was a form in place for care workers to give information on service delivery as part of the service review process however, these did not appear to be in use.

For more information about this see quality theme 1.

Inspectors met with and shadowed staff that were new and had recently attended an induction training course. New staff were observed to deliver the service with confidence and spoke highly of the induction training they had received. Inspectors saw that already these staff were determining levels of service delivery, in the absence of care plans to follow and pen pictures that lacked detail in expected outcomes and how to provide the service. This had led to one person receiving the service at a location that had been deemed unsafe by the provider.

Staff informed inspectors that they did not always have time to complete tasks and that they had to rush. We also heard about this in care quality questionnaires and during meetings with those that use the service. This has led to some people not having their shower or bath and therefore not having their assessed care needs met or achieving the expected outcomes from the service.

Staff told inspectors of their attendance at patch meetings and advised that they found these useful. Focus meetings were also in progress. An inspector attended a focus meeting and found managers and staff to be discussing issues and working in groups to identify solutions.

The service training overview showed that mandatory training was being carried out. Inspectors heard from staff that they either had not had medication training or they did not feel confident in delivering the medication aspects of care.

For more information about this see quality theme 1, requirement 3.

Inspectors found that staff supervisions were not currently in progress and the personal development review process was running behind. Staff advised inspectors that they did not have the opportunity for planned and private one to one sessions with their manager, to facilitate reflection on their practice. This has denied staff the opportunity to share best practice or gain advice on how to improve services they deliver.

See requirement 1

Requirements

Number of requirements: 1

1. The provider must provide all staff with supervision, and a personal development plan. This is to ensure that staff have the opportunity to reflect on practice, share best practice and identify training requirements, to ensure the health, welfare and safety of those using the service.

This is in order to comply with Health and Social Care Standard 3.14

I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

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

Time scale within 6 months of the publication of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Inspectors viewed the management action plan compiled after the last inspection. The service had planned to improve their compliance with reporting guidelines and to ensure that the Registered Manager was aware of all such notifications. Inspectors found that this had been achieved through a process of training, introduction of a registered manager news letter, focus meetings and a dedicated telephone line, for staff to report significant events directly in to a Home Care Manager. This has led to a heightened awareness in the service, at all levels, of significant events.

The service has identified from emergency social work call logs that there is a high volume of calls from home care outside of office hours. They have held meetings with the service manager and team leader of the emergency social work service and have increased home care staff available to work with the emergency social work team. This has provided a greater level of support to home care workers, who have informed inspectors that they receive a quicker response time.

The service had conducted a survey of those that use the service. Inspectors saw a long list of areas for improvement, many of these described the same areas for improvement that Inspectors heard during this inspection. The service should now collate these contributions and draw up an action plan. This is to comply with Health and Social Care Standards 4.6 I can be meaningfully involved in how the organisations that support and care for me work and develop, and 4.7 I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership. We will look at the progress of this at the next inspection.

Inspectors found that communication between the service and those that use it, is difficult to achieve and often ineffective in outcome. Inspectors established that this was also affecting review activity, with people not

realising that a review had taken place. This lack of communication is affecting outcomes for those that use the service and causing frustration and difficulties for their main carers or relatives, who are a valuable part of the support provided. Inspectors saw evidence of this in care quality questionnaires, during visits to those that use the service, their relatives and main carers, in complaint activity, from staff and in the services own survey. Failure to improve this particular aspect of communication will lead to the relatives and main carers working in partnership with the care workers, to the exclusion of those that manage the service. This is already evidenced in the workforce with informal agreements seen to be in place between care workers, those that use the service and their relatives and main carers. This approach will not promote independence and may create unnecessary dependencies for those that use the service and service provision may not be safe, leading to possible harm for those that use the service.

See requirement 1

Requirements

Number of requirements: 1

1. To ensure effective communication between the service and those that use it, the provider must review their communication process with regard to inbound telephone communication, from those that use the service, and where the person called is not available, closely monitor the waiting times for receiving a return call.

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

This is in order to comply with Care Standards 3.16

People have time to support and care for me and speak with me.

This is in order to comply with Health and Social Care Standards 3.17

I am confident that people respond promptly, including when I ask for help.

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 ensure that all people who use the service have a personal care plan at home, available for the use of staff delivering the service. The personal care plan must include the preferences of the person that is using the service, in how the service is to be delivered. The personal care plan must include relevant risk assessments, particularly moving and handling. The personal care plan must be compiled within 28 days of the commencement of service.

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

Time Scale - for new service users, within 28 days of the commencement of service, for existing service users, within 3 months of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

The service continues to use pen pictures, which lack detail, information on the planned outcomes of the service, information on moving and handling, challenging behaviour or other safety information. Care plans have not been introduced.

This requirement has been restated.

Not met

Requirement 2

The Provider must review all personal care plans at least once in every 6 month period and more frequently where circumstances require this, in particular;

- When requested to do so by the service user or any representative
- When there is a significant change in a service users health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly.

This is in order to comply with SSI 2011/210 5 (2) (b) (i)(ii)(iii) (c) (d) Personal Plans

Time Scale - within 3 months of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

The service produced a matrix that showed reviews to be within required time scales. Those using the service did not consider that services had been reviewed. When records were checked they were found to be either inaccurate or lacking input from those using the service, thier family or main carers. Telephone reviews were recorded as tick boxes and lacking details of any conversations.

This requirement has been restated.

Not met

Requirement 3

The Provider must use an effective system of communicating rostering arrangements to staff. This is to ensure that visits to people that use the services are on time and service provision is not missed placing people at risk.

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

Time Scale - within 1 month of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

The service has introduced spare handsets that are readily available to staff, in the event of equipment becoming unserviceable and training how to rectify common issues that can occur with the handset. This has led to an improvement in the communication of unplanned changes to service delivery.

Met - within timescales

Requirement 4

The Provider must ensure that people who use the service, their main carers and staff, are provided with an effective method of communication with the service, including outside of normal office hours. There must be an effective system of recorded handover, between the Emergency Social Work Team and the service.

This is in order to comply with SSI 2011/210 4 (1)(a) Welfare of users.
Time Scale - within 1 month of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

A dedicated telephone number has been provided for staff that require urgent support. There is a system of information handover between the out of hours service and the home care team. There are still issues around how those that use the service gain access to the service via a phone call, this will form a new requirement.

Met - within timescales

Requirement 5

The Provider must protect vulnerable people by adhering to the reporting guidelines of the Care Inspectorate, Scottish Social Services Council and Disclosure Scotland, as well as its own Policy on Adult Support and Protection.

This is in order to comply with SSI 2011/210 4 (1) (a)welfare of users and the requirements of the Public Services Reform (Scotland) Act 2010, and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 and The Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011.

Time Scale - within 24 hours of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

This has been met through a process of training and communication with managers and staff. A new phone line is available for staff to report significant incidents.

Met - within timescales

Requirement 6

The Provider must put in place a system where the Registered Manager has an overview of all notifications to the Social Care Social Work Improvement Scotland, Scottish Social Services Council, Disclosure Scotland and Adult

Support and Protection, where such notifications relate to the staff within their workforce or the people who use the service.

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

Time Scale - within 1 month of publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

At the time of inspection the registered manager had an overview of events. The registered manager was also knowledgeable of the events that had taken place.

Met - within timescales

Requirement 7

The Provider must make suitable arrangements to support the workforce outside of office hours, with suitably trained and qualified staff who are enabled to take decisions in the best interest of both those that use the service and those that deliver it.

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

Time scale - within 3 months of the publication of this report.

This requirement was made on 15 September 2017.

Action taken on previous requirement

The service has good communication with the emergency social work team via meetings and has increased the number of their own staff that are available to work with the emergency social work team.

Met - within timescales

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
11 Aug 2017	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
29 Jul 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
24 Aug 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
9 Feb 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
28 Mar 2014	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 5 - Very good Management and leadership 3 - Adequate
29 Mar 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
23 Feb 2012	Unannounced	Care and support 4 - Good Environment Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good 5 - Very good
17 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
11 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
4 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

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