

## Carewatch North Lanarkshire Housing Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

3 May 2018

**Service provided by:**

Annlén Limited Trading as Carewatch  
North Lanarkshire

**Service provider number:**

SP2004005753

**Service no:**

CS2004069144

## About the service

Carewatch North Lanarkshire is a combined service, providing care at home and housing support to people who use the service.

Carewatch North Lanarkshire provides services privately and is also an authorised provider of services for North Lanarkshire Council.

At the time of inspection the service employed 170 care workers and provided support to 351 people, in their own homes and within the community.

The service has recently restructured the management support, by introducing a deputy manager role and replacing the field care supervisor role with a new quality officer role.

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

## What people told us

- "Very good service, staff help keep my mum in her own home"
- "weekend staff change every 2nd week, different staff, not always on time in the morning."
- "Staff overall are kind and polite, I will be happy to continue to use Carewatch"
- "No communication With the office. They have only just started re-sending the schedule letters these had stopped for months"
- "No problem with the carers they are fine"
- "Girls are great they know me"
- "Carer has been coming for 5 years"
- "Girls are respectful and have got to know his ways"
- "Phoned and complained about one, didn't want to work, she didn't turn up one morning"
- "Some not as good as others don't want to complain"
- "I have quite a lot of pain with my condition and they make me laugh"
- "Complained a few times re times".

## Self assessment

The service were not asked to prepare an up to date self-assessment for this inspection.

The service made available an action plan and progress document resulting from the last inspection and from their own internal audit of regulatory compliance.

## From this inspection we graded this service as:

Quality of care and support	1 – Unsatisfactory
Quality of staffing	1 – Unsatisfactory
Quality of management and leadership	1 – Unsatisfactory

## Quality of care and support

### Findings from the inspection

Inspectors found the service to be operating at an unsatisfactory level for this quality theme and it has been graded as 1.

Since the last inspection the service had introduced a new style personal plan. These contained a wide range of information but did not clearly set out what the service was or how it would be delivered. Information recorded was not always relevant to the type of service being provided and therefore intrusive to the person using the service. Staff did not have the skills or knowledge to complete some elements of the plan for example, capacity assessments, leading to inaccurate information which could cause distress to the person using the service or their main carers. Most people using the service still had the old style personal plans in place which were found to be out of date and not reflecting the current needs of the people using the service.

Inspectors visited 16 people using the service and found that 11 of them did not have personal plans within their homes. There was not any evidence of an agreement being in place between people using the service and the service provider, or a signed consent to share information. Where personal plans were available they did not contain risk assessment or medication information. Where medication administration charts were in use, these contained gaps in recording. Staff supporting people with challenging behaviour did not have the relevant information to manage stress and distress events. Where these occurred they were not reported, this could lead to unsafe services being provided with unsatisfactory outcomes for those using the service.

**These concerns are now subject to an Improvement Notice issued to the service on 22 May 2018.**

Inspectors found reviews were not being completed within the required time scales. The service were unable to give an accurate position on the number of service users affected by this. Inspectors found that 15 of the 16 people visited, had not had their service reviewed within the timescales required. Of the 32 specific reviews requested as part of this inspection, only seven had been completed. Where reviews had taken place recently, these were found to be poor quality and factually inaccurate. Medication services were not being adequately reviewed and in some cases it was unclear what level of medication support was in place. Some review documentation was new and reviewed sections of care plans that were not even in place. This has led to unsatisfactory outcomes for some people using the service, as staff are left to determine the level of service delivery required, including the level of medication services and dealing with levels of risk including challenging behaviour.

**These concerns are now subject to an Improvement Notice issued to the service on 22 May 2018.**

Staff working practices were found to be impacting on the times of service delivery. Staff informed inspectors that rotas could have sizable gaps and they were expected to wait during these periods however, they were continuing on with the services rather than waiting. Staff explained that this particularly affected staff that were walking between visits, as there was nowhere to wait. This practice can lead to a poor quality of care and support. For example, differing medication times, effects on nutritional intake due to altered meal times, or negative impact on continence promotion.

**See requirement 1**

The service had commenced the use of care delivery record books. However, inspectors noted that mostly notes were still being recorded within the Local Authority support notes. As these notes are removed and stored by the Local Authority, this practice means that notes continue to be unavailable, to inform the review process and therefore could affect the quality of review and outcomes for those that use the service.

**See requirement 2**

Inspectors observed support workers demonstrating a strong value base and good skills level. Support was provided in a manner that respected dignity. Appropriate personal protection equipment was in use. Good communication skills were demonstrated. The service delivered was determined by the care workers or the person receiving the service, rather than through outcomes based assessment and care planning. Therefore it is unclear if the assessed care needs are being met or outcomes achieved.

## Requirements

### Number of requirements: 2

1. 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 meet Health and Social Care standard 4.14

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

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

Timescale: By 31 July 2018.

2. 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 meet Health and Social Care Standard 3.11

I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

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

Timescale: By 30 June 2018.

## Recommendations

### Number of recommendations: 0

**Grade:** 1 - unsatisfactory

## Quality of staffing

### Findings from the inspection

Inspectors found the service to be operating at an unsatisfactory level for this quality theme, which has been graded as 1.

Three different people had held the responsibility for staff recruitment, since the last inspection. Recognised staff selection processes had not been used to fill the post. Inspectors concluded that this had led to a lack of knowledge and skills in the recruitment process. The contents of staff recruitment files were not maintained in a logical or chronological order, making it difficult to check that all of the processes had been followed. This could lead to unsafe recruitment outcomes.

Inspectors found that personal and address identification, produced by the candidates and accepted by the service, to support the Protection Of Vulnerable Groups scheme, (PVG), were out of date, not relevant to the candidate or not included in the list of documents recognised by PVG guidance. Not all copies of documents were signed as original seen or dated. Not all candidates had two references, one candidate did not have any references and references were not always from the last employer. References, including those from unexpected private email addresses, were not being verified. According to the service records, one person commenced operational training, in the homes of people using the service, prior to receipt by the service of the PVG certificate, whilst another person did not have a PVG certificate. This had led to people using the service being placed at risk of harm. We concluded that the service was not demonstrating safer recruitment practices, or following their own recruitment policy.

**These concerns are now subject to an Improvement Notice issued to the service on 22 May 2018**

A member of staff identified as removed from the Scottish Social Services Council, (SSSC), register at the last inspection had remained unregistered at the time of this inspection. This person had continued in their supervisory role. At the time of inspection, a second supervisory person and two care workers were found to be unregistered. As a consequence, whilst this situation continues, people using this service cannot be confident that services are being provided by a trusted, skilled and confident work force.

**These concerns are now subject to an Improvement Notice issued to the service on 22 May 2018**

The service has been running care worker induction courses and moving and handling refresher courses for existing care workers. The care worker training passports were no longer being used, post induction, and meaningful records of training, other than induction, could not be made available at the time of inspection. Staff members advised that they had not been trained in the administration of medication. The overall standard of training record keeping, makes it difficult for the service to match the skills of the care worker to that of the needs of the people using the service. Those receiving administration of medication services, including drops and topical creams, are at particular risk due to a combination of poor care plans and unmet training requirements.

**These concerns are now subject to an Improvement Notice issued to the service on 22 May 2018**

Staff taking part in this inspection stated that they had not recently had the opportunity of a supervision meeting. Inspectors found that out of 170 staff, sixty had benefited from Supervision between November 2017 and the time of this inspection. Administration of medication, `practice supervision`, had not been in place but commenced during this inspection. Thirty two staff had the opportunity to meet with their manager and discuss their practice, Twenty one service spot checks had taken place. The records of staff supervision and practice observations were poor and did not detail the care workers input or give the opportunity to reflect on practice. Twenty-six staff had joined the service since November 2017, there were only nineteen practice observations as part of the care worker induction programme, which allows for two observations per person. Staff personal development plans were not in place at the time of inspection. The registered manager is now using an electronic system to plan and record supervision activity and new forms to capture the discussions and actions from supervision meetings. We will look at the outcome of these changes, at the next inspection.

**See recommendation 1**

Staff taking part in this inspection expressed concern over confidentiality within the office and the way staff were dealt with when calling the office for guidance or advice. Inspectors heard that because of this there was a reluctance from staff to contact the office and they just got on with things themselves. Staff advised that they had confidence in the new registered manager and the deputy and thought that there would be positive changes. We will look at this again at the next inspection.

The new registered Manager has commenced staff meetings. These have been well attended and staff informed inspectors that these meetings were useful and identified them as a positive step in communication. An

Inspector attended one meeting and observed staff discussing their views on training, issues with service delivery, how rotas are put together and the new staff forum meetings, with the manager. We will look at the outcomes of these meetings at our next inspection.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service should ensure that staff have the required skills and knowledge to support those that use the service, by the use of personal development plans, that are reflected upon periodically and reviewed annually through the supervision and appraisal programme.

This is to meet health and social care standard 1.4

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.

**Grade:** 1 - unsatisfactory

## Quality of management and leadership

### Findings from the inspection

Inspectors found the service to be operating at an unsatisfactory level for this quality theme, which has been graded as 1.

Over a three-month period three people had been involved in the running of the service, leading to overall instability in the quality of leadership and management. A new registered manager was appointed in April 2018.

Inspectors sampled some policies and procedures, these included recruitment and selection and the criminal record check. The criminal record check policy did not set out what documents are acceptable to the Protection of Vulnerable Groups Scheme, (PVG), for personal identification and proof of address. It did not state whose responsibility it is to ensure that acceptable documents are produced and cross referenced against the information given in the candidates employment application form and at interview. The recruitment and selection policy requests proof from candidates of registration with the SSSC or proof that an application is in process, but it does not set out who is responsible for ensuring that this check is carried out and periodically rechecked, to ensure that the workforce remains registered. This has led to the service potentially committing an offence by employing people who are not registered, without reasonable excuse.

**See quality theme 3, quality of staffing for more information and relevant requirements.**

The service has carried out it's own quality assurance audit. This audit identified many issues within the service and states the action that is required. It did not record accountability for the actions or set time scales for achieving them. This could compromise the achievement of the actions identified.

Inspectors found a lack of quality assurance activity taking place at the service. In particular

the service did not have an overview of health and safety events such as accidents and incidents, including challenging behaviour events. Inspectors are concerned that not all events are being recorded, this is based on the number of reports and what staff have told us as part of this inspection. Where events are recorded the information is poor and it is clear that staff compiling the report do not have the underpinning knowledge and skills to appropriately complete it. This has made it difficult for the service to identify preventative strategies, to minimise risk of harm to those that use the service.

The service did not have an accurate overviews of service reviews and assessments, recruitment, training, supervision, appraisal activities or staff and management meetings . This has the lead to the service being unclear of the quality of service received by those using the service and the skills and knowledge base of those delivering it. In particular, the staff recruitment records were not sufficient to enable Inspectors to determine if the service was complying with the conditions of registration relating to staff numbers, as set out in condition 1 on the certificate of registration. The service is currently updating it's operating system with accurate information which will form the basis for planning and recording these activities. We look forward to seeing the impact this has on outcomes for those using and delivering the service, at our next inspection.

**See requirement 1**

## Requirements

### Number of requirements: 1

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 to meet health and social care standard 4.23  
I use a service and organisation that are well led and managed.

This is in order to comply with SSI 2011/210 4 welfare of users 4(1)(a)  
and condition 1 of registration.  
The Care Commission requires to be notified if the numbers of staff increase or decrease by 10%.

Time scale: By 1st August 2018.

## Recommendations

### Number of recommendations: 0

**Grade:** 1 - unsatisfactory

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

This requirement was originally made 1/12/2016 and is repeated from the last inspection.

**This requirement was made on 12 January 2018.**

#### Action taken on previous requirement

The service has not made progress since the requirement was made.

**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

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

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

This requirement was originally made on 1 December 2016 and is repeated from the last inspection.

**This requirement was made on 12 January 2018.**

#### Action taken on previous requirement

At this inspection the service were not able to inform how many services were being reviewed within the required time scale or following any of the listed circumstances being triggered.

**Not met**



**Requirement 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)

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

**This requirement was made on 12 January 2018.**

**Action taken on previous requirement**

The service had increased staff compliance with their staff plan system and are now in a position of knowledge in terms of arrival and departure times. This information has not yet been used to improve service delivery times.

**Not met**

**Requirement 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)

Timescale: To commence immediately and be completed by 31 December 2018.

**This requirement was made on 12 January 2018.**

**Action taken on previous requirement**

The service have procured their own recording books. However, most people using the service did not have these at the time of inspection.

**Not met**

**Requirement 5**

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)

Timescale: By the 31 May 2018.

**This requirement was made on 12 January 2018.**

## Action taken on previous requirement

Moving and handling refresher training and Induction training were evidenced from the training records. No other training was recorded.

**Not met**

## Requirement 6

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).

Timescale: By 28 February 2018.

This requirement is repeated from the last inspection.

**This requirement was made on 12 January 2018.**

## Action taken on previous requirement

The service had designed medication supervision forms. However, these were not in use at the commencement of this inspection. Training records do not evidence that new staff have been trained in the administration of medication.

**Not met**

## Requirement 7

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)

Timescale: By 31 December 2017.

**This requirement was made on 12 January 2018.**

## Action taken on previous requirement

A number of new staff have been recruited. It is unclear from the service recruitment and leavers record if this requirement has been met.

**Not met**

**Requirement 8**

The service must ensure that all staff are registered with the Scottish Social Service Council within the appropriate timescales 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)

Timescale: By 31 December 2017

**This requirement was made on 12 January 2018.**

**Action taken on previous requirement**

No action had been taken on this requirement prior to this inspection.

**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 have a tool to identify how many reviews are due however, it is not currently up to date. This recommendation will not be restated, as it is now part of a requirement.

**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 and this recommendation will be restated.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
29 Nov 2017	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
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

Date	Type	Gradings	
11 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
25 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
10 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
3 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 5 - Very good
24 Oct 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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