care inspectorate

Cumbernauld Home Support Service
Housing Support Service

Cumbernauld Social Work Locality
Bron Chambers, Bron Way
Cumbernauld
North Carbrain Road
Glasgow
G67 1DZ

Telephone: 01236 638821

Type of inspection:
Unannounced

Completed on:
22 October 2018

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2004071296

HAPPY TO TRANSLATE

About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in Cumbernauld and the surrounding areas. The service aims to "provide a support service to older people and younger adults in their own homes". At the time of this inspection the service was being provided to seven hundred and fifty three service users and two hundred and thirty support workers.

There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes. North Lanarkshire Council recognises the changing needs of individuals in their community and the need to adapt to these changing needs, by offering a flexible needs led service, which will enable people to remain in their own homes and prevent admission to hospital or 24 hour care environments. Their provider introduced a service redesign consisting of an intensive team, reablement team and a mainstream team. The intensive team are aimed at providing flexible, intensive home support for a limited period of time, rather than as a long-term support package. The reablement team provide a rehabilitation programme which focusses on maximizing people's independence following an illness or stay in hospital. The mainstream team offer support, depending on the individual's needs. The service aims to improve health and wellbeing outcomes, experienced by service user's and their carers by providing the 'right support, right time, right place'.

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.

What people told us

We received eighty two completed questionnaires from service users and carers. We also spoke with service users and carers during the inspection. The majority of people agreed with the statements 'I am happy with the quality of care and support this service gives ' and 'staff treat me with respect'.

Some of the comments received:

'Helps when regular carers come when new carers covering holidays they are not always sure where to get pills or additional meds like inhalers can be missed'.
'I think a clearer meds list may help'.
'Very confusing on how to get help to provide meds out with blister pack'.
'They are helpful and kind and they take on interest in me. My carers a very friendly and we have a laugh together. They treat me with respect'.
'My memory is not so reliable now. I cannot remember the names of carers but I am trying to remember them. The service is receive is suitable to my needs'.
'The carers who look after me, are polite and always make me smile. I have no complaints about them. I've grown fond of them'.
'Staff are wonderful with mum - even the relief ladies. Management are very approachable and have responded very well to special requests for additional, temporary cover'.
'Carers who are a double team are often split up making it impossible to team up at further clients houses at the appropriate time. This results, in carers having to hang around waiting for their partner to arrive and is therefore a waste of valuable time'.
'I am very happy with my carers'.

'Some of the staff have limited knowledge/skills/experience of dealing with dementia patients and this reduces their confidence, causing stressful situations for them and the service user. The service providers are overall professional, helpful and caring and provide a much needed service...'
'The service appears to be stretched by demand at times and may need more resources to cope with staff leave and illness'.
'Without this service my mother would not be able to live in her own home. Staff are really good with her and she knows then quite well'.
'I am very happy with the service'.
'I would prefer to see the same carers rather than lots of different people. It takes time to get to know and trust carers'.
'Most of my carers are polite... I'm very grateful for all the help'.
'Carers should have more time between clients'.
'Most of the care team are good communicators but I have experienced one or two examples of not being communicated with in the way I'd expect. Some training for staff around this would improve the overall service'.
'Mum is confident and relaxed while being treated by them and is comfortable around them'.
'N.L.C's favourite quote is 'continuity of care' this however is not the case when they keep moving regular workers and replacing them with workers who she is not familiar with, especially as she suffers from dementia'.
'I am happy with the timing of my carers calls morning and lunch time, especially as the same two have been coming regularly and I have got to know them. Unfortunately this cannot be said regarding timings for teatime as carers can come any time between 4.45 and 6.30pm which means my body clock gets rather upset'.
'Staff do not have enough time in each house, always rushing to meet their job;
'The staff are very helpful and friendly'.
'The care delivered to my mother is excellent and delivered with care and respect'.
'[name] is extremely happy with the service provided and is always praising the workers. They are always very patient and make [name] feel at ease'.
'The home support workers are exceptional and go above and beyond to help me with my personal care and support in the home. However, the big downfall is management. If there is any change to my schedule I am not advised. Trying to contact people by phone is difficult and majority of the time calls are not returned. I don't think the admin staff appreciate the fact that some people are only physically disabled and not mentally disabled'.
'I find the service I receive is excellent. The carers are friendly and helpful and chat to me as they carry out their duties'.
'I feel the time schedules are erratic sometime I feel rushed as some carers are in a hurry to get things done and move on to next service user. This sometimes means that things can be forgotten about'.
'I would say that I am very happy with the service. This is due to the level of attention that my carers give me. They treat me with a lot of respect and if I have any problems I can speak in confidence to anyone of my carers and they will do their best to help me'.
'Staff/carers do an excellent job. Unfortunately there seems to be more work than they can cope with'.
'The service is great. The staff are the best. They were definitely chosen with care'.
'I know all my carers and they know me. Do not change them'.
'The strongest complaint the treatment we get phone... we either get no answer on the phone... don't phone back when they get in'.
'All the staff have been caring and considerate. They arrive on time and are cheery. First class service'.

Self assessment

A self-assessment was not requested prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

At this inspection, we found that the service was performing at an adequate level for this theme.

It was our view that the reablement team and intensive team support, in partnership with community health teams, are providing good support to service users and carer's. There was evidence of some good multi-disciplinary working which is resulting in improving outcomes such as, achieving greater independence, increased levels of confidence and enabling individuals, to obtain the much needed support in end of life care in their homes. Service user's and carer's testified to this and to the dignified and respectful care they received from support workers and the managers. In contrast, we also visited some individual's who had inappropriate care provision and we expressed concerns at the number of fifteen minute visits and lack of travel time.

During the inspection, we shadowed support workers and visited service users in their homes. The support workers demonstrated good knowledge of service users needs/preferences and were observed demonstrating good skills and offered support in a manner that was respectful and caring. However, during this period it became apparent that the care plans require further improvements. We found errors, contradictions and out of date information in care plans particularly in relation to assessed medication needs and supplementary documentation. In addition, the service is not complying with legislative requirements to undertake regular reviews.

Service users continue to express frustration regarding the lack of continuity and consistency in the support given. Service users and their carers/families explained that the service does not inform of changes and the schedules arrive late and are wrong. They explained that this often means they don't know who is coming into their home, which has a detrimental impact on their sense of safety and wellbeing.

The service continues to wait for an updated Medication Policy and Procedure and this is essential, to enable support workers to safely support with medication needs in line with good practice.

There are a number of outstanding requirements and recommendations which focus on improving the quality of assessment of the health, welfare and safety of service users. The Care Inspectorate has provided ample opportunity for these improvements to be realised however, the service has failed to comply with these requirements. Therefore we have advised the management that in the absence of significant improvement at the next inspection, enforcement action will be necessary.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Two Care Inspectors visited North Lanarkshire Council (NLC) Headquarters and checked NLC Recruitment and Selection Policy and Procedures as part of the Care Inspectorate Safer Recruitment exercise. We found that they had robust systems in place to ensure safe recruitment practices were followed. We suggested that they review their procedure for regular checks with Protecting Vulnerable Groups scheme (PVG's) in line with good practice of three years as outlined in 'Safer Recruitment Through Better Recruitment' (November 2016).

There continues to be a lack of training opportunities facilitated by the provider. There is an online training programme however there is little evidence of staff accessing this and progressing through courses. At the last inspection, we found the service has developed links with the Parkinson's nurse and staff were very positive about this training opportunity and the impact that it has on their role as a support worker. The service should continue to examine how best to facilitate for staff to access the Promoting Excellence Framework for Dementia. All workers, should have achieved the 'Informed' level and be working towards the 'skilled' level and beyond.

Home Support Managers should continue to develop the patch meetings, to ensure that workers are able to access and be able to contribute to these meetings, as an opportunity to discuss and reflect on service delivery and staff practice. Where service failures were caused by poor staff practice, competency assessments should be carried out within reasonable time-frames.

During the inspection we shadowed and interviewed staff and concluded that staff were motivated in their roles and were respectful and caring, whilst being mindful of infection control, promoting independence and highlighting safety issues in service users homes. We were able to offer observations of practice which highlight the need for learning and development in dementia care, visual impairment awareness, capacity and consent and effective communication.

Some comments from support workers:

'Have a very supportive manager who readily makes herself available to offer help and advice when needed. I am part of a great team and feel we provide an excellent service'.
'More training in dementia to give a better insight and understanding of said illness'.
'Home support workers allowed to have more say in the support and needs of service users'.
'Regular meetings with management and fellow workers to discuss issues which arise and try to resolve them'.
'The service provided is always person centred. I feel confident in the knowledge that I am very well supported to carry out my job'.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection, we found that the service was performing at an adequate level for this theme.

The management facilitate and attend a number of meetings designed to monitor and improve areas of service delivery. The service has adopted a number of audits as a means of analysing different aspects of service delivery and failures. Whilst these demonstrated analysis of individual cases, there is a lack of overall analysis to identify areas for improvement.

We examined complaints to the service and found that these demonstrated compliance with the organisations policy. The service has a clear log of accidents and incidents. The service needs to be able to demonstrate that duty of candour has been considered.

We are concerned about the lack of progress made in meeting requirements and recommendations, particularly statutory requirements. There are a number of outstanding requirements and recommendations which focus on improving the quality of assessment of the health, welfare and safety of service users. The Care Inspectorate has provided ample opportunity for these improvements to be realised however the service has failed to comply with these requirements. Therefore we have advised the management that in the absence of significant improvement at the next inspection, enforcement action will be necessary.

Requirements

Number of requirements: 0

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

Requirement 1

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met, in order to do this the service must ensure that the personal plans:

- Accurately reflect the current health and care needs of the service user.
- Include person-centred information outlining needs, abilities and preferences.
- Demonstrate consultation with the service user/relative.
- Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning.
- Evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 5(1) Personal plans.

Timescale within six-months upon receipt of this report and on going thereafter.

This requirement was made on 29 November 2016.

Action taken on previous requirement
We continue to find missing or inaccurate information in relation to the assessment and recording of the individual's health and care needs. Risk assessments should be up-to-date and where necessary the information from risk assessments should be reflected in the care plan. Improvements are necessary, in all areas outlined in this requirement.

Not met

Requirement 2

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

1. The provider must ensure that the approach to managing falls is improved to keep service users safe. In order to do this the provider must:

a. Ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals.
b. Demonstrate that appropriate advice is sought promptly from health professionals.
c. Ensure that managers are involved in the monitoring and audit of falls and falls prevention.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 5(1) - requirement for personal plans.

Timescale: to start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

We were able to see that management have introduced processes to enable workers to accurately record and collate information in relation to falls and falls analysis however, it was evident during the inspection that this is not be applied as intended.

Not met

Requirement 3

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this, the service must ensure that the personal plans:

a. Accurately reflect all the current needs and capabilities of individuals, include information about care and support interventions and are developed, to fully reflect the care being provided.
b. Include, information about care and support that is up to date and regularly evaluated with any changes reflected in the relevant sections of the care plans.
c. Have a full range of risk assessments in place and that the outcome of the assessments are used to their full potential, to inform the care being provided.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 5(1).

Timescale: To start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

We continue to find missing or inaccurate information in relation to the assessment and recording of the individual's health and care needs. Risk assessments should be up-to-date and where necessary the information from risk assessments should be reflected in the care plan. Improvements are necessary, in all areas outlined in this requirement.

Not met

Requirement 4

The provider must ensure that personal plans are reviewed at least once in every six month period, to ensure that the service is able to meet individual care and support needs. The support plans must be updated to reflect any changes and inform current planning of care and support.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - Personal Plans.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing every six months thereafter.

This requirement was made on 6 November 2014.

Action taken on previous requirement

We found a significant improvement in the frequency of care reviews and we would encourage the service to continue in its endeavours. The service should be able to demonstrate compliance over a prolonged period of time and not just compliance in the last 6 months. With regular reviews we would expect to see greater participation from service users and their families and in the accuracy of the content of care plans.

Not met

Requirement 5

Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this, you must ensure that a care plan is in place, which clearly states the details of the medicine, to be given and that all staff involved in supporting service users to take medicines have been trained and assessed as competent to do so.

This is to comply with: SSI 2011/210 Regulation 4 - Welfare of Users

This requirement was made on 6 November 2014.

Action taken on previous requirement

We continued to find contradictions and errors in the assessment, recording and monitoring of medication needs. The provider and management need to prioritise the improvement of this area of service provision in order to safely meet people's needs.

Not met

Requirement 6

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider must, after consultation with the person who uses the service and where it is appropriate, their representative, provide them with a copy of their personal plan.

The plan must:

- Be developed within 28 days of the date on which the person first received the service.
- Set out how the person's health, welfare and safety needs are met.
- Be reviewed at least every six months following receipt of the service with the involvement of the person who uses the service.
- Be reviewed when there is a significant change in the person's assessed needs.

This is order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(2)(a),(b)(ii) and (iii) Personal plans.

Timescale for completion: Within 28 days of receipt of this report.

This requirement was made on 17 June 2016.

Action taken on previous requirement

We examined a number of care plans and found that improvements are needed in the quality of assessment of service users health, welfare and safety needs. Reviews are not being carried out in line with legislative requirements of at least every six months, or when there is a significant change in the person's circumstances.

Not met

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

Previous recommendations

Recommendation 1

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should ensure that moving and handling care plans have sufficient details recorded, that informs carers about the use of equipment required to support service users.

National Care Standards, Care at Home, Standard 4, Management and Staffing.

This recommendation was made on 29 September 2017.

Action taken on previous recommendation

During the inspection process, we established that moving and handling assessments are being carried out and on occasions being stored in care plans. However, this was not the practice across the service and these assessments need to be reviewed along with the personal plans and supplementary documents at six monthly reviews.

NOT MET

Recommendation 2

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The management team should ensure that changes in the delivery of scheduled care are communicated to the service user and families were necessary.

National Care Standards 4 Care at Home - Management and Staffing

This recommendation was made on 8 August 2016.

Action taken on previous recommendation

We were able to determine from a variety of sources that there continues to be a systemic problem in the method adopted to provide information on the planned care provision to service users. Service users and their families spoke of their experience of this lack of information and lack of updates when there are changes in the service provision and the negative impact that this has on their sense of wellbeing and safety.

NOT MET

Recommendation 3

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should review systems in place and ensure that these enable staff to have clear up to date information available to them, about the needs of service users including:

- Essential information about service users care needs, for example, detail about any previous falls history or risk from falls.
- The opportunity to read and be up to date with any changes to the service user's care and support needs.

National Care Standards: Care at Home, Standard 3.1: Your personal plan and Standard 4.1: Management and staffing.

This recommendation was made on 25 October 2017.

Action taken on previous recommendation

Support workers rely on receiving accurate and up-to-date information, obtained from a clear assessment and review process. However, it is clear from previous outstanding requirements that the service is failing to meet the statutory requirements in relation to regular reviews and amending personal plans as required. We were able to see that management have introduced processes to enable workers to accurately record and collate information in relation to falls and falls analysis however, it was evident during the inspection that this is not being applied in people's homes as intended.

NOT MET

Recommendation 4

The service provider should fully involve the service user and/or their family in all aspects of the support being provided. Their views and preferences into how and when this support is provided should be sought and taken into account at all times. This should be clearly recorded.

This recommendation was made on 17 May 2016.

Action taken on previous recommendation

It is our conclusion that the service endeavours to include service users and/or their family in aspects of the support being provided. However, it is clear that key areas of service delivery which are aimed at improving communication between the service and service users and their carers/families are not effective. Firstly, schedules arrive late, are often wrong and changes are not always communicated to the service user or carer/family. Secondly, six monthly reviews are not in line with legislative requirements, therefore this opportunity to feedback to the service is not being captured. Service user and carer involvement and participation in all aspects of service delivery is underlined in legislation and the National Care Standards. We will continue to monitor participation in future inspections.

NOT MET

Recommendation 5

The service should ensure that they agree the times of service provision with the service user / representatives. They should ensure that they provide the service consistently to meet the needs of service users. Where the times of visits are changed, this should be agreed and recorded within the personal plan or added to the service user agreement.

National Care Standards; Care at Home; Standard 2; The Written Agreement and Standard 4 Management and Staffing.

This recommendation was made on 27 June 2016.

Action taken on previous recommendation

It is clear that information sent to service users is often received days after the service has started or the information that is contained in schedules can be incorrect therefore, we would encourage the provider to examine the processes and resources available, to comply with this recommendation.

NOT MET

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	
16 Nov 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
11 Oct 2016	Unannounced	Care and support	3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good 3 - Adequate
21 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
6 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
12 Jul 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
12 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
20 Apr 2012	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 1 - Unsatisfactory
16 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
20 Jan 2011	Announced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 4 - Good
6 Apr 2010	Re-grade	Care and support	2 - Weak

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed Not assessed 2 - Weak
25 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
18 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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