care inspectorate

121 Care at Home Limited
Support Service

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Telephone: 01555 890944

Type of inspection:
Unannounced

Completed on:
9 November 2018

Service provided by:
121 Care at Home Limited

Service provider number:
SP2012011911

Service no:
CS2012311012

HAPPY TO TRANSLATE

About the service

121 Care at Home Limited was registered with the Care Inspectorate in June 2014. The service was registered to provide a support service to older people with physical/sensory impairment and/or memory impairment/dementia living in their own homes and in the wider community.

At the time of the inspection the service was being provided to twenty one individuals.

What people told us

We received five completed questionnaires from those using the service and/or their family members prior to the inspection taking place. We also visited three service users and two relatives in their homes to seek their views on the service provided.

One of the questionnaires highlighted a number of concerns regarding the support provided to their relative and had raised this with the provider and social work department for action.

From the remaining questionnaires and discussions with people all indicated that they were very happy or happy with the care and support provided by the service. People told us that staff generally arrived on time and that they received the care and support documented in their personal plans. People spoke highly of their staff teams and said that they often went above expectations in terms of what support was provided.

All said that they can contact the manager at any time to discuss any concerns and could discuss when their last care review took place.

One person commented very positively on the improvements they had seen in their relative since 121 started to provide care to them.

Self assessment

A self assessment was not requested as part of this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The majority of people using this service, who contributed to the inspection, were happy with the quality of care and support received. Inspectors were told that staff arrived on time, were knowledgeable and carried out their

role in a professional manner. Service users and relatives, spoken with, commented highly on their staff teams and support provided.

People using the service, their families and staff told us how important it was that the people providing support were consistent and we noted that there was a core team for each person. This helped to ensure some continuity in care and helped to develop relationships between all parties. The service was not always able to maintain this due to staffing issues but did try to maintain a core team to keep changes to a minimum.

In the course of our visits we saw examples of support being provided which showed respect to the person receiving care and warm compassionate relationships.

People using the service were provided with a handbook reflecting what people should expect from the service as well as informing them about how to make a complaint. People were also provided with a written agreement which highlighted what people's rights were and what to expect from the service.

Service provision was set out in personal plans which also contained risk assessment information. Service users and family members spoken with advised that they were involved in the development of their personal plans and that the care and support provided was reflected in these documents. These were signed by the person receiving care or their family members and were updated as necessary and a copy held in the person's home.

Diaries were in each house as a way for staff to communicate and detail support given at each visit.

We found that a number of personal plans had not been reviewed at least once in the past six months in-line with legal guidance. The purpose of this was to ensure information relating to care and support remained relevant and plans were updated were needed (see requirement 1).

At the previous inspection we identified the need for the service to review how people were being supported to take their medication. An issue regarding how a person was supported to manage their medication was highlighted at the inspection and reinforced the need for the service to be clear about what support and assistance staff can provide in relation to assisting people with their medication safely. This was to ensure that support provided was in keeping with the services medication policy and staff training (see recommendation 1).

Requirements

Number of requirements: 1

1. The provider must ensure that all personal plans are reviewed at least once in every six months. The provider must put in an effective review system by the 31 January 2019. This ensures care and support is consistent with the Health and Social Care Standards which state '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(b) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The service needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan. This ensures care and support is

consistent with the Health and Social Care Standards which state "if I need help with medication, I am able to have as much control as is possible" (HSCS 2.23).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the service had updated the recruitment policy in-line with current best practice (Safer Recruitment through Better Recruitment). However we noted that a number of recently recruited staff had commenced employment before criminal conviction checks had been carried out. This meant that the provider was not taking all necessary steps to keep those using the service safe at the point of new staff starting work. We discussed this with the provider/manager to highlight our concerns and have made a requirement regarding future recruitment practices (see requirement 1).

Where staff were employed from October 2017 they were aware of the need to register with the Scottish Social Services Council within six months of employment. Management were monitoring this to ensure staff complied with this and were also looking at how staff could be supported to obtain relevant care qualifications.

A new induction programme for staff was in place. This was more comprehensive than previous and covered all mandatory staff training. This would help to ensure that staff had the necessary induction to carry out their roles and responsibilities effectively. However management needed to ensure that all sections were signed off as completed within the time frame set and where not show measures taken to ensure inductions were completed within a reasonable time frame.

A number of staff had completed or were undertaking a relevant qualification in care. Other training was either face to face or on-line. We could see that the service had started to take actions where staff failed to complete training within the timeframes set. This was to ensure that staff had the necessary training to undertake their roles and responsibilities and ensure that this was regularly updated (see recommendation 1).

The provider/manager had previously advised that they planned to introduce competency assessments and spot checks to assess staff practice. The purpose of this would be to check that staff were competent in relation to the support they provided, as well as ensuring that training completed was evident in practice. This had still to start mainly due to high staff turnover which resulted in the manager/provider being on the rota to provide direct care rather than carrying out additional management duties. The manager/ provider continued to recruit for vacancies to ensure that they could focus on management tasks including assessing staff practice. We will review if they have been able to establish this at the next inspection.

Management had started to establish staff supervisions in line with the companies own policy. We noted that the content of information recorded in these could be improved particularly to allow staff the opportunity to reflect on their practice and learning opportunities.

Monthly staff meetings continued to take place bringing the whole staff team together. Staff continued to feel that these were beneficial in being able to discuss issues in relation to service operations and to improving outcomes for service users.

Requirements

Number of requirements: 1

1. To ensure that staff are safely recruited the provider must ensure that staff have all the necessary checks returned prior to commencing employment. This must include relevant criminal convictions checks. This ensures care and support is consistent with the Health and Social Care Standards which state "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.23). It also complies with Regulation 9 (fitness of employees) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The provider should ensure that all staff completes the necessary induction and training to allow them to carry out their roles and responsibilities. This ensures care and support is consistent with the Health and Social Care Standards, which state 'I have the confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes of practice'(HSCS 3.14)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

At this inspection, we considered how well the service evaluated the service provided and how it improved outcomes for people accessing the service. From the evidence looked at during this inspection we found that the service had made some improvements in this areas and were now graded as adequate in relation to quality of management and leadership.

The manager of the service was registered with the Scottish Social Services Council (SSSC) and was undertaking the necessary qualifications for a manager.

The provider/manager had continued to develop the quality assurance systems in place, however, we continued to identify a need for these to be further developed to cover all aspects of the service. This includes areas such as recruitment, care reviews, missed and/or late visits, and accident and incident activity. This would highlight areas for improvement and track if improvement had been achieved. We have therefore made a recommendation around quality assurance (see recommendation 1).

In line with previous inspections we continued to find that the provider/manager did not always report accidents and incidents to us as required (see requirement 1).

The service had developed ways to seek the views of those using the service and their families this included at reviews as well as a questionnaire that had recently been sent out for people to complete. This will help the provider to gauge peoples levels of satisfaction or not of service provision and highlight potential areas for improvement.

We had made a previous recommendation related to the service developing a plan to show how the service would develop in the future. This should take in to account any feedback from staff, those using the service and include details identified through the services quality assurance systems for improvement. We were able to see that work had started on this but it had yet to be completed we have repeated this recommendation and will review the quality and content of this at the next inspection (see recommendation 2).

The service needs to review how it responds to any concerns raised about service provision. It would be helpful for people to receive a written response highlighting concerns raised and actions taken by service to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome (see recommendation 3).

Requirements

Number of requirements: 1

1. The provider must meet their responsibility to submit relevant notifications to the Care Inspectorate by the 17 December 2018.

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). It also complies with This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 3

1. The provider should continue to develop the services quality assurance systems and be able to show that where areas for improvement are identified these are acted upon. 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)

2. The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with those using the service, their relatives and staff as well as taking into account any information obtained through the services Quality Assurance systems. This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

3. The service should develop more robust systems when responding to any concerns raised about service provision. This should include a written highlighting concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome. This ensures care and support is consistent with the Health and Social Care Standards, which state that 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21)

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 provider must ensure that all personal plans are reviewed at least once in every six months. This is in order to comply with SSI 2011/210, Regulation 5(b)- Personal plans.

Timescale for implementation: One month from receipt of this report.

This requirement was made on 8 January 2016.

Action taken on previous requirement
See quality of care and support for detail.

Not met

Requirement 2

The provider must ensure that all personal plans are kept up-to-date at all times. This is to ensure that staff are fully aware of the agreed care and support needs of people they support and to ensure that this is provided.

This is in order to comply with SSI 2011/210, Regulation 5 - Personal plans.

Timescale for implementation: 1 month from receipt of this report.

This requirement was made on 28 April 2017.

Action taken on previous requirement
See quality of care and support for detail.

Met - outwith timescales

Requirement 3

The provider must ensure that staff have the appropriate skills and training to meet the care and support needs of service users. Consideration must be given to ensuring that staffs training is regularly updated and reviewed to ensure that it remains appropriate and up-to-date.

This is in order to comply with SSI 2011/210, Regulation 9(2)(b) - Fitness of employees. The following persons are unfit to be employed in the provision of a care service - a person who does not have the qualifications, skills and experience necessary for the work that person is to perform.

Timescale for implementation: two months from receipt of this report.

This requirement was made on 28 April 2017.

Action taken on previous requirement
See Quality of staffing for detail.

Met - outwith timescales

Requirement 4

The provider must ensure that the services Quality Assurance systems are fully developed and established in the service. The provider must be able to show that where issues are identified that these are appropriately actioned in a timely manner.

This will allow the organisation to have an overview of the effectiveness of the service, identify any area for improvements and act up on these.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of service users and Regulation 15(b) - Staffing.

Timescale for implementation: three months from receipt of this report.

This requirement was made on 28 April 2017.

Action taken on previous requirement
See quality of management and leadership for detail.

Met - outwith timescales

Requirement 5

The provider must meet their responsibility to submit relevant notifications to the Care Inspectorate.

This is to comply with SS1 2011/210 Requirements for Care Services Regulations 2011

Timescale: within 24hrs of receipt of this report.

This requirement was made on 30 March 2018.

Action taken on previous requirement
See quality of management and leadership for detail.

Not met

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

Previous recommendations

Recommendation 1

The provider should ensure that staff supervision takes place in-line with the organisations policy. There should be a record of this supervision and where any actions are identified for individual staff these should be addressed.

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

This recommendation was made on 28 April 2017.

Action taken on previous recommendation
The supervision policy states that supervision should be carried out twice a year. We could see that a supervision programme had been commenced and that where actions were recorded there was some evidence that these were being followed through. This recommendation is met.

Recommendation 2

The service should develop other methods to gather, evaluate and action the views of people it supports.

National Care Standards Care at Home. Standard 11: Expressing Your Views.

This recommendation was made on 28 April 2017.

Action taken on previous recommendation
The service sought peoples views at reviews and had recently sent our questionnaires to those using the service. We will review how effective the service has been at evaluating and taking action on feedback received at the next inspection.

Recommendation 3

The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with those using the service, their relatives and staff as well as taking into account any information obtained through the services Quality Assurance systems.

National Care Standards Care at Home. Standard 4: Management and Staffing Arrangements.

This recommendation was made on 8 January 2016.

Action taken on previous recommendation
The provider/ manager had started to being together a development plan but this was still in the early stages of development. We will therefore repeat this recommendation and follow up at the next inspection.

Recommendation 4

The service should update the recruitment policy taking in to account the document 'Safer Recruitment through Better Recruitment'. This is to ensure that only suitable staff are employed in a service.

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

This recommendation was made on 30 March 2018.

Action taken on previous recommendation
The policy had been updated to reflect this document. This recommendation is therefore met.

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	
2 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 2 - Weak
17 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 2 - Weak
26 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

Date	Type	Gradings

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