

Primecare Health Ltd Support Service

11 Castle Road
Winchburgh
Broxburn
EH52 6RQ

Telephone: 01506 890 970

Type of inspection:

Unannounced

Completed on:

7 February 2019

Service provided by:

Primecare Health Ltd

Service provider number:

SP2004007050

Service no:

CS2004082587

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found 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.

Primecare Health Ltd (referred to in the report as the "service") is registered with the Care Inspectorate as a support service providing care at home for the people it supports. At the time of inspection, 161 people were using this service.

The service is owned by Primecare Health Ltd (referred to in the report as "the provider") which is a private organisation. The main office is in Winchburgh, Broxburn.

The service is provided to people living in their own homes within the Edinburgh and West Lothian areas.

The service mission statement is:

"To ensure that our service users receive person centred care specific to them to assist them to be involved in the choices that are made to enable them to achieve the positive outcomes that meet their needs and support their family improving their quality of life."

What people told us

We sent 105 care standards questionnaires (CSQs) to the service to distribute to people using the service. Seventy-eight were completed and returned to us before the inspection. Forty-one family members/advocates had responded and nine care staff assisted people to complete the forms. The remainder were completed and returned by people experiencing care. We also visited and spoke by telephone with people using the service and their family members.

The majority of people who completed questionnaires were satisfied or strongly satisfied with the service. Two people were dissatisfied.

Positive responses to questions told us that people thought staff were respectful, helpful and polite. People experiencing care had confidence in staff and some expressed the view that staff made great efforts to get to know their personal needs and preferences. They were particularly pleased with their regular staff and thought it was important to have consistency of staff. It was clear they valued the service.

However, some thought aspects of the service could improve. There were common themes around this, particularly in relation to staff not having enough time to provide the correct care, or the skills to deliver the care. People using the service did not like the lack of continuity of staff and preferred their care to be delivered by regular staff who knew their care needs. They expressed the views that staff were in too much of a rush to provide a personal touch or spend time chatting.

We also saw that some people did not always know about the daily running of the service, for example the complaint procedure, did not know staff names and disagreed they were asked their views on the service or if their needs were being met.

All of these views were taken account of during the inspection and are discussed in the report.

Self assessment

We did not request that the service provide a self assessment before this inspection. However, the service had developed an improvement/development plan and this was discussed as part of the inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

People experiencing care, and their relatives', comments showed that the majority of people were satisfied with the service and valued the positive impact it made on their lives. They were particularly satisfied when their support was provided by regular staff.

However we had significant concerns around the timings of support visits and the length of visits against the time assessed as needed to provide support. For these reasons, we have evaluated that the service is performing at a weak standard.

We saw that visits were seldom provided for the duration assessed as necessary to meet care needs because staff had excessive visits to carry out. This raised concerns that people's care was not given as set out in their care plan. This does not treat people as individuals entitled to personalised care. There were instances where visits ran late putting pressure on the main carers to complete tasks before staff arrival, reducing the benefit of support. (See requirement 1)

Although care plans generally reflected people's support needs, views and preferences, these were not reflected in daily practice. Care and support was provided around routines and tasks with little regard for individual needs and wishes. Support was rushed in order that staff could quickly move on to the next visit. Staff accepted this poor practice without considering the impact on people's emotional wellbeing. This also detracted from the provider's own mission statement. (See requirement 1)

Care plans contained information about each person's preferences and routines and in general there was enough information to enable people to be supported in the way they wanted. However, when changes were requested such as preferred times of visits, the care plans were not updated. Therefore, care plans contained inaccurate information which would not guide staff in providing consistent care. (See recommendation 1)

We could not be confident that people always received their medication as prescribed which had the potential to negatively affect their health. Whilst, we were pleased that the service had implemented methods to record and audit medication support, at this stage it was too early for any improvement to have had a major impact. (See requirement 2)

We saw several positive examples where other healthcare professionals were contacted quickly and appropriately when there were concerns around people's wellbeing. In those instances, people's health benefited from early detection and intervention.

However, we also saw instances where staff were unclear about their role and responsibility to report concerns in relation to people's health and safety, for instance falls. This meant the necessary action to reduce risk to people and ensure their wellbeing could not be taken. (See requirement 3)

Our findings showed the quality of care and support did not reflect the Health and Social Care Standards (HSCS) - I experience high quality care and support that is right for me. These findings have also impacted on the quality outcomes for both the staffing and management and leadership themes in this report.

We acknowledged the impact high levels of staff absences and vacancies have had on the quality of support. Nevertheless, the provider accepted the standard of support was not acceptable and gave a commitment to work with the Care Inspectorate to improve the overall service. We welcomed the remedial action taken during the inspection to address immediate concerns.

Requirements

Number of requirements: 3

1. In order to ensure that people experiencing care are assured that care and support is provided in a planned and safe way, including if there is an emergency or unexpected event, the provider must by 30 May 2019.

a) Ensure the care and support is provided for the duration it has been assessed as necessary to meet those needs.

b) Ensure the total hours of allocated visits do not exceed the staff hours available to provide these.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - My needs, as detailed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Requirement 4(1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

2. In order to ensure that people get the medication that they require, the provider must put in place an effective medicines management system by 30 May 2019.

a) Medicine Administration Recording sheets (MARs) must be completed fully.

b) A consistent approach must be taken to ensuring people's medication is given at regular intervals, as prescribed.

c) Carer notes on the reverse of the MARs must be completed when appropriate.

d) The audit system used to assess the quality of medication support must be fully implemented.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Requirement 4(1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

3. In order to ensure that people experiencing care can be confident that the people who support them will demonstrate awareness of their duty to protect them, the provider must by 30 May 2019:

(a) Have staff present in the service that can implement in their practice, support that demonstrates competency in responding to someone who may have harmed themselves.

(b) Have appropriate systems to ensure incidents are recorded and reported with the proportionate urgency, to the management team and others when relevant, such as through adult support and protection referrals.

(c) Have directors, managers and care staff that demonstrate compassion in their practice and awareness of their duty to protect people experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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. (HSCS 3.14)

If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies. (HSCS 3.24)

I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me. (HSCS 3.9)

I use a service and organisation that are well led and managed. (HSCS 4.23)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Requirement 4(1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service users.

Recommendations

Number of recommendations: 1

1. The provider should develop care plans to ensure these are right for each person and set out how needs will be met as well as wishes and choices. The provider should ensure.

a) Care plans and risk assessment records are accurate, up-to-date and any relevant tools used to support people should be fully completed as necessary.

b) Medication care plans and risk assessments take account of the impact that fluctuating times of visits have on the intervals between prescribed medication.

c) Staff are aware of people's needs and preferences for care.

d) They monitor the quality of care plans to ensure support is provided in accordance with people's preferences and needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices. (HSCS 1.15)

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We assessed that the service was performing at a weak standard in this quality theme.

Whilst there was positive feedback about staff practice, we had serious concerns about the timings and lengths of visits to people experiencing care. We acknowledged the effect of vacant posts and staff absences and that despite this people still received support. However, we saw examples of staff completing excessive visits, sometimes as many as 30 in one day, without travel time. This is detrimental to staff, and people using the service, and limits the extent of any meaningful support under those conditions. This is not responsive care and support. (See requirement 1)

We were concerned that there was a culture in the service where staff accepted this poor practice without considering their responsibility under the Scottish Social Services Council's (SSSC) Codes of Practice to protect the rights and promote the interests of people using the service. (See requirement 2)

It was reassuring that we saw some examples where staff were eager to provide good care and raised concerns about fellow workers' poor practice. However it was difficult to consistently see how staff were supported to develop their skills and knowledge and improve practice. The manager had introduced systems to support staff development, although it was too early to measure how effective this would be. (See requirement 2)

Electronic training records were in place which showed that staff received mandatory training, for example infection control. However, these records were not always up-to-date and did not reflect additional training specific to people's care needs. (See requirement 2)

It was positive that the manager had provided staff training about values and providing quality care. Staff with supervisory responsibilities had been instructed to complete the Step into Leadership course from the SSSC. However, it was too early to measure the long-term effect this will have.

We saw that staff were being supported to register with the Scottish Social Services Council.

We could not be confident that staff were recruited as safely as they should be to make sure they were suitable to enter the workforce. While procedures were in place for applications, interview and appointment these were not completed in any consistent way and there was conflicting information. It was reassuring that fitness checks were completed before employment commenced. By the end of the inspection, the provider had completed an audit, agreed with our findings and put measures in place to rectify deficits. Recruitment completed by the end of the inspection was better. (See recommendation 1)

Requirements

Number of requirements: 2

1. The provider must ensure that the needs of people experiencing care are met by the right number of people, by the 30 May 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - My needs are met by the right number of people. (HSCS 3.15)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Requirement 15(a) Staffing - A provider must, ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

2. In order to ensure that staff are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes, the provider must, by 30 May 2019, ensure:

- a) Staff practice is evaluated and their competency assessed regularly.
- b) Staff have formal opportunities to reflect on their practice and personal development.
- c) When gaps in staff knowledge and practice are identified these must be addressed with additional training put in place if necessary. Clear records of the support staff receive must be maintained.
- d) Training records are accurate and reflect all training staff have completed.
- e) A service training and development plan is implemented.
- f) Staff are aware of their role and responsibility to provide people's assessed needs as care planned.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - 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. (HSCS 3.14)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. (SSI 2011/210) Requirement 15(b)(i)(ii) Staffing - A provider must ensure that persons employed in the provision of the service receive-

- (i) training appropriate to the work they are to perform; and

(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Recommendations

Number of recommendations: 1

1. The provider should ensure that all staff are recruited safely and in line with the best practice guidance: Safer Recruitment Through Better Recruitment, 2016.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

Grade: 2 – weak

Quality of management and leadership

Findings from the inspection

We assessed that the service was performing at an adequate level. We reached this conclusion after assessing the improvement work undertaken in a short time by the new manager.

The manager commenced in post shortly before the inspection. He had a sound awareness of the areas that needed to improve and had devised an improvement plan to develop the quality of the service. The manager's assessment of the quality of the service, reflected the findings of this inspection. The provider was supportive of the changes the manager had implemented.

The provider and manager were aware that the service was not operating to the standards expected of a care service. Under these circumstances, we have the powers to take enforcement action which may lead to the service's registration being cancelled if the required improvements are not made. In this instance, because of the provider's commitment to work with us and the positive changes made by the manager, we decided not to move to enforcement action. However, the provider is aware that if significant improvement is not made within the timescale we specify then the Care Inspectorate will consider taking enforcement action.

The manager had introduced a system of audits to measure the quality of key aspects of the service, such as medication management and care plans. We saw that this had been effective in identifying some gaps in quality, for instance that care plans had not been updated. While action had been taken to rectify identified problems, it was too early to measure the impact. An electronic call monitoring system allowed timings and consistency of visits to be monitored. This needed to be used more effectively to identify and resolve the issues around the duration and timing of visits. We were concerned that staff delegated responsibility to complete audits needed support to develop the necessary skills. (See requirement 1)

We saw that policies and procedures were being updated to reflect current legislation and best practice guidance and we will monitor progress at future inspections.

The manager understood the importance of appropriately reporting significant events to the Care Inspectorate and we will continue to routinely monitor this.

The manager was working with staff to raise awareness of the importance of recording accidents and incidents. However, we saw that staff were not always aware of their responsibility to report accidents and incidents. We have made a requirement under Quality of care and support.

A complaints policy and procedure was in place and we could see that the manager responded positively and investigated any concerns brought to his attention. It was less clear that all staff understood how to address concerns and complaint findings were not used to influence the development of the service. (See recommendation 1)

Requirements

Number of requirements: 1

1. In order to ensure that people benefit from a culture of continuous improvement with robust and transparent quality assurance processes, the provider must, by 30 May 2019, ensure:

- a) Auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- b) The outcomes as a result of any audit are clearly recorded.
- c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) Subsequent action plans are reviewed and updated on completion.
- e) Staff with the responsibility to complete audits must be assessed as competent to do so.

This is to ensure 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).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Requirement 3 - Principles - A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Recommendations

Number of recommendations: 1

1. It is recommended that the provider ensures that the service's complaint procedure is fully implemented. To do this, the provider should ensure that:

- a) All concerns or complaints are recorded and fully investigated.
- b) Accurate information about the findings and any action taken is provided to the complainant.
- c) They audit complaints and outcomes in order to inform and report on how the service is improving, or where further improvements are necessary.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I know how, and can be helped, to make a complaint or raise a concern about my care and support. (HSCS 4.20)

Grade: 3 - adequate

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

Previous requirements

Requirement 1

This requirement was made following a complaint investigation.

In order to ensure that people experiencing care are assured that care and support is provided in a planned and safe way, including if there is an emergency or unexpected event, the provider must by 1 October 2018.

- Ensure the care and support is provided for the duration it has been assessed as necessary to meet those needs.
- Accurately record the time spent providing support for people.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

My needs, as detailed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Requirement 4(1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service user.

This requirement was made on 30 August 2018.

Action taken on previous requirement

The provider had not fully met this requirement.

We have made an amended requirement to reflect the findings of this inspection under Quality of care and support in this report.

Not met

Requirement 2

This requirement was made following a complaint investigation.

In order to ensure that people get the medication that they require, the provider must put in place an effective medicines management system by 1 October 2018.

- Medicine Administration Recording charts must be completed fully and retained by the provider for audit purposes. If a Medicine Administration Recording chart is not made available by the pharmacy then the provider must create and maintain their own recording chart.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Requirement 4(1)(a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service user.

This requirement was made on 30 August 2018.

Action taken on previous requirement

The provider had not fully met this requirement.

Medication administration recording sheets (MARs) were retained by the provider for audit purposes.

When MARs were not made available by the pharmacy, the provider now created and maintain their own recording chart.

However we still saw MARs which were not fully completed making it difficult to know if people received their medication as prescribed.

We have made an amended requirement to reflect the findings of this inspection under Quality of care and support.

Not met

Requirement 3

This requirement was made following a complaint investigation.

In order to ensure that people experiencing care can be confident that the people that support them will demonstrate awareness of their duty to protect them, the provider must by 22 October 2018:

- Have staff present in the service that can implement in their practice, support that demonstrates competency in responding to someone who may have harmed themselves.
- Have appropriate systems to ensure incidents are recorded and reported with the proportionate urgency, to the management team and others when relevant, such as through adult support and protection referrals.
- Have directors, managers and care staff that demonstrate compassion in their practice and awareness of their duty to protect people experiencing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies. (HSCS 3.24)

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. (HSCS 3.14)

I use a service and organisation that are well led and managed. (HSCS 4.23)

I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me. (HSCS 3.9)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Requirement 4(1)(a) Welfare of users – A provider must make proper provision for the health, welfare and safety of service user.

This requirement was made on 5 October 2018.

Action taken on previous requirement

The provider had not fully met this requirement.

We have repeated the requirement under Quality of care and support.

Not met

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

Previous recommendations

Recommendation 1

It is recommended that the provider ensures that medication is managed in a manner that is safe and appropriate to service users' needs. In order to do so, the provider should ensure that:

- a) Staff sign the records when support with medication is given.
- b) Carer notes on the reverse of the MARs should be completed when appropriate.
- c) A consistent approach is taken to ensuring service users' medication is given at regular intervals as prescribed.
- d) The audit system used to assess the quality of medication support is fully implemented.

This is in accordance with the National Care Standards, Care at home, Standard 8 – Keeping well – medication.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made a requirement about medication management under Quality of care and support.

Recommendation 2

It is recommended that the provider ensure that all service users receive a consistent service. In order to do so, the provider should:

- a) Provide each visit at the agreed time.
- b) Ensure visit lengths are within the time duration which has been assessed as necessary to meet support needs.
- c) Develop the staff rota to accurately record the time of visits and duration.
- d) Ensure service users have confirmation of who will provide the care.

This takes into consideration the National Care Standards, Care at home, Standard 4 - Management and staffing.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made requirements under Quality of care and support.

Recommendation 3

It is recommended that the provider ensure that all care planning and risk assessment records are accurate, up-to-date and accessible to staff, any relevant tools used to support people should be fully completed as necessary. In order to do so, the provider should ensure that:

- a) Care plans take account of service users' preferred time for care. Where preferred times cannot be accommodated this should be discussed, agreements reached and recorded.
- b) Medication care plans and risk assessments take account of the impact that fluctuating times of visits have on the intervals between prescribed medication.
- c) Staff are aware of the service users' needs and preferences for care.
- d) Monitor the quality of care plans to ensure medication support is provided in accordance with preferences.

This is in accordance with the National Care Standards, Care at home, Standard 3 - Your personal plan.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

Further work is needed in this area.

We have made a recommendation under quality of care and support.

Recommendation 4

It is recommended that the provider develop and fully implement the internal auditing systems to ensure effective oversight and monitoring of all aspects of the service. In order to achieve this, the provider should ensure:

- a) The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- b) The outcomes as a result of any audit are clearly recorded.

- c) Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) Subsequent action plans are reviewed and updated on completion.

This is in accordance with the National Care Standards, Care at home, Standard 4 – Management and leadership.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made a requirement under Quality of management and leadership.

Recommendation 5

The provider should ensure that all staff are recruited safely and in line with best practice guidance: Safer Recruitment Through Better Recruitment, 2016.

This takes into consideration the National Care Standards, Care at home, Standard 4 – Management and staffing.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made a recommendation under Quality of staffing.

Recommendation 6

It is recommended that the provider ensure that all staff have the necessary skills and competency to deliver the care and support to service users. The provider should ensure:

- a) Staff practice is evaluated and their competency assessed regularly.
- b) Staff have formal opportunities to reflect on their practice and personal development.
- c) Gaps in staff knowledge and practice should be identified and addressed with additional training put in place if necessary.
- d) Training records should be accurate and reflect all training staff have completed.
- e) There should be a service training and development plan that is implemented.

This takes into consideration the National Care Standards, Care at home, Standard 4 – Management and staffing.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made a requirement under Quality of staffing.

Recommendation 7

It is recommended that the provider ensures that staff are clear about their roles and responsibilities when providing clients' support. The provider should put systems in place to ensure that staff:

- a) Arrive for client visits at the agreed time and stay the allocated time.
- b) Do not rush while providing care.
- c) Be familiar with the care to be provided.

This takes into consideration the National Care Standards, Care at home, Standard 4 - Management and staffing.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not implemented this recommendation.

We have made a requirement under Quality of staffing.

Recommendation 8

It is recommended that the provider ensures that the service complaint procedure is fully implemented. In order to do so the provider should ensure that:

- a) All concerns or complaints are recorded and fully investigated.
- b) Accurate information about the findings and any action taken is provided to the complainant.
- c) Audit complaints and outcomes in order to inform and report on how the service is improving, or where further improvements are necessary.

National Care Standards, Care at home, Standard 4 - Management and Staffing and Standard 11 - Expressing your views.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

This recommendation had not been fully implemented.

We have made a recommendation under Quality of management and leadership.

Recommendation 9

It is recommended that the provider develop the rota system used to allocate clients' visits to staff. The provider should:

- a) Ensure that the staff rota accurately records the time and length of visits.
- b) Ensure the total hours of allocated visits do not exceed the staff hours available to complete these.
- c) Implement a system to audit the content of rotas and duration of visits.
- d) The outcome of any audit should be clearly recorded and an action plan for improvement devised and implemented.

National Care Standards, Care at home, Standard 4 - Management and Staffing.

This recommendation was made on 27 November 2017.

Action taken on previous recommendation

The provider had not fully implemented this recommendation.

We have made a requirement under Quality of management and leadership.

Complaints

Please see the section of this report - What the service has done to meet any requirements we made at or since the last inspection.

You can also see our 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
18 Oct 2018	Re-grade	Care and support 2 - Weak Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak
19 Oct 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Sep 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 5 - Very good
15 Mar 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate

Date	Type	Gradings
11 Aug 2014	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 4 - Good 3 - Adequate
20 Feb 2014	Unannounced	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 3 - Adequate 2 - Weak
13 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 6 - Excellent 6 - Excellent
29 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 5 - Very good
3 Jun 2010	Announced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good 4 - Good
6 Oct 2009	Announced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
23 Sep 2008	Announced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.