

Caledonia Care at Home Service Support Service

170 Dickson Avenue
Dundee
DD2 4LW

Telephone: 01382 237157

Type of inspection:

Unannounced

Completed on:

7 February 2019

Service provided by:

Caledonia Housing Association Limited

Service provider number:

SP2012011850

Service no:

CS2012309875

About the service

Caledonia Care at Home Service is based within Caledonia's Housing Support Service at Dickson Avenue, Dundee. The service currently provides home care for nine people living within the complex.

People have their own tenancies and personal care is provided by an onsite staff team, operating from 8.00am until 10.00pm. People who are living in 'very sheltered' flats also have their meals provided in the communal lounge/diner.

What people told us

Prior to the inspection we sent out 11 Care Standards Questionnaires (CSQs) to tenants and staff in order to gather views about the service. Of these, six were returned, with comments including:

'I am exceptionally pleased with my care and staff are fab and food excellent. They care for all my needs.'

'Very happy with the care given to my mum. Having the carers helps to maintain my mum living in her own flat.'

During the inspection we had the opportunity to speak to a number of tenants and their family members. Comments included:

'Absolutely fabulous.'

'They'll do anything for you.'

'It's not everything that's good to eat.'

'I'd give them 100%'.
'

Self assessment

A self assessment was not required from the service at this time. We were able to discuss future plans with the support co-ordinator and deputy manager at the time of the 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

Caledonia Care at Home Service is currently being overseen by a support co-ordinator due to the recent departure of the service manager. The rest of the team consists of care staff and a deputy manager, all based within the building. We could see that the staff team were committed to the tenants living within the complex and had developed strong, supportive relationships with many of those in their care.

We would expect that people's personal plans were right for them and that any known vulnerability or frailty was anticipated and planned for. Staff within the service knew people well and were a consistent and stable team. Many aspects of care were clearly known and shared between the staff, however, we were not confident that the personal plans available were detailed enough to guide care with new or less experienced staff. Although we could see that some plans contained areas of comprehensive information we were concerned that others did not contain adequate information, especially regarding medical issues and their likely presentation. As a result there is the chance that signs and symptoms of illness may be missed and staff may not be clear as to the correct course of action.

It is important that personal plans are regularly reviewed to ensure that information is relevant and care and support meets people's needs. Regular audits of plans helps ensure that timescales for review are met and that errors and omissions are identified and rectified promptly. We were not confident that meaningful audits had been taking place and the standard of documentation had suffered as a consequence. We brought these issues to the attention of the support co-ordinator who assured us that these will be addressed. A previous recommendation has not been met. **See recommendation 1.** A requirement is made. **See requirement 1.**

Requirements

Number of requirements: 1

1. In order to ensure that personal plans contain all the necessary information to guide care and are reviewed regularly the provider must;

- Put in place a system of regular audit and overview.
- Ensure that the above system facilitates the process of identifying and addressing errors and omissions within the plans.

- Ensure that the information held within the plans is sufficient to safely guide care.
- Ensure that plans are reviewed and updated as people's needs change and/or at least every six months.

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) and in order to comply with Regulation 210 4 (1)(a) and 5 (1) (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. We felt that service user files would benefit from a formal audit. This would ensure that they hold the necessary documents and are written to the service's required standard. This audit tool should also hold an 'action completed' column to ensure any remedial action has been completed. We would also suggest that this becomes an annual practice to maintain standards.

This recommendation has not been met and has been carried forward from the previous inspection.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Staff working at Dickson Avenue have undertaken a variety of training and development opportunities and felt confident that their future training needs would be met. Where training had not been undertaken in a particular area we could see that certain staff worked within a restricted role, in order to maintain safe working practice.

It is important that people feel confident that the staff team working with them have been appropriately and safely recruited. Feeling secure enables people to develop trusting relationships which positively benefit their lives. We could see that staff had developed positive relationships with many residents and provided a consistent presence within the complex. We were concerned however to see that staff recruitment policies were not being followed correctly, which creates a potential risk to tenants. Staff should not begin working with people until all the necessary documentation and references have been received, in order to protect people from the risk of harm. A requirement is made. **See requirement 1.**

Requirements

Number of requirements: 1

1. In order to ensure that all staff are safely recruited the provider must implement their existing recruitment policy, ensuring that both Protecting Vulnerable Groups (PVG) documentation and references are received prior to the commencement of work with vulnerable people.

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), and in order to comply with Regulation 210 6 (1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Management of the Caledonia Care at Home Service is currently being overseen by a regional support co-ordinator, due to the very recent departure of the service manager. The co-ordinator is supported in this role by a deputy manager. At the moment the service is in a period of change and transition and a number of quality assurance processes appear to have been delayed or overlooked in recent months. We brought this to the attention of the support co-ordinator who reassured us that these matters would be addressed.

We would expect that people are helped to feel safe and secure and were reassured to see staff taking an interest in where people were going when they left the building and acknowledging their return. Although the staff have no obligation to record or monitor the tenants entering or leaving the building, we were made aware of a number of occasions when people had required prompting or persuading not to put themselves in danger by leaving late at night or in poor weather. Where these situations arise we would expect that clear guidance be available in a tenant's personal plan, outlining the actions to be taken and the correct procedures to be followed. These should be in accordance with the service policy and reflect the guidance given in the Mental Welfare Commission's document 'Rights, Risks and Limits to Freedom' 2013. Unfortunately neither of these processes were in place. A previous recommendation to develop a policy on restraint has not been acted upon. A requirement is made. **See requirement 1.**

Requirements

Number of requirements: 1

1. In order to ensure that tenant's human rights are central to the organisation that supports and cares for them the provider must:

- Compile and implement a policy on the use of restraint, in accordance with the Mental Welfare Commission guidance (Rights, Risks and Limits to Freedom 2013).
- Ensure that clear guidance is available in tenant's personal plans where there is need for staff to intervene to protect safety.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3), and in order to comply with Regulation 210 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

We recommend that the registered manager compile and implement a policy on the use of restraint, in accordance with the Mental Welfare guidance (Rights, Risks and Limits to Freedom 2013). To ensure staff understanding it may be worth delivering training on forms of restraint and its implications in terms of potential abuse but also how it is implemented for health, safety and wellbeing purposes.

This recommendation was made on 15 March 2018.

Action taken on previous recommendation

There was no evidence to support action having been taken towards meeting this recommendation.

Recommendation 2

We felt that user files would benefit from a formal audit. This would ensure that they hold the necessary documents and are written to the service's required standard. This audit tool should also hold an 'action completed' column to ensure any remedial action has been completed. We would also suggest that this becomes an annual practice to maintain standards.

This recommendation was made on 15 March 2018.

Action taken on previous recommendation

It was unclear whether a comprehensive audit had taken place however the contents of care files would indicate that any audit conducted was not identifying errors and omissions effectively.

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
15 Mar 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
28 Mar 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
9 Mar 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
13 Feb 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
28 Nov 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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