

## Wishaw and Shotts Home Support Service Housing Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

31 January 2019

**Service provided by:**

North Lanarkshire Council

**Service provider number:**

SP2003000237

**Service no:**

CS2004071348

## About the service

Wishaw and Shotts Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in the Wishaw and Shotts area. The service employs over two hundred home support workers, who deliver the care service, to over seven hundred service user's in their own home. The service aim is to improve health and wellbeing outcomes, experienced by service user's and their carers by providing the 'right support, right time, right place'.

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. There are three teams of home support consisting of an intensive team, reablement team and a mainstream team. The aim of the intensive team is to provide 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 to service users which focusses on maximizing independence following an illness or stay in hospital. Finally, the mainstream team is the largest team and they provide support for individual's who require regular and on-going support depending on the individual's needs.

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

## What people told us

Below are some of the comments received from service users and their carers/families -

'[name] knows some of the carers who attend to him but due to sickness, holidays etc... he does not know all their names as new carers have to attend to him a lot of the time'

'The service I receive is second to none'

'Care workers brighten my day and treat me with dignity and respect'

'When they send in other carers who don't know me...'

'I am happy with the service I receive'

'I have only had this service for [time] and it is all new to me. The carers who have attended to me have been professional and considerate of my needs. I am very happy with the care I have received so far'

'As far as I am aware girls are always nice to my mother in law'

'The quality of care is at the most basic level probably due to financial and time constraints. I feel that the care that I receive is more representative of a factory assembly line due to the pressures of the staff. I personally blame the local authority, the Scottish government and Westminster for the lack of high quality care'

'We do not want to go private, the carers we have are very good and we know each other by our first names and we trust them with anything they are also very helpful'

'The quality standard of treatment varies with the worker concerned. Whilst some give impeccable service others can be indifferent'

'Really good bunch of carers who take time to get to know my dad and chat about things he likes. They are so warming to us as a family'

'I'm very worried because I've heard my regular NLC carers might be getting moved and I've heard from people I know that their relatives have been moved to another service provider without them being asked'

'I feel the staff rotate often and lots of different faces coming in and out of the house'

'I have been phoning.... To find out what carer and what time I will get.... There is a general problem every week...'

'We do not always receive a schedule of what carers are coming in'

'Some carers ask if there is anything else they can do... when my carer was off ill I did not know who was coming or what time anytime between 9 - 11.30am. Sometimes we got a letter telling me who to expect and a time but never arrived until midweek'

'My mother is happy with the standard of care she is receiving currently'.

## 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	3 - Adequate
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.

The service offers support to service users with a range of housing and personal care tasks. People told us that they valued the support provided and that for a large number of people, this care enabled them to remain in their homes. Service users and their families provided a variety of responses to their experience of consistency of care. They also continue to experience a lack of information in advance of the care provision. 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. (see previous recommendations)

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. However, the mainstream homecare service offers a task orientated approach, where due to time constraints, support workers are unable to support service users in a manner, that enables people to participate in every daily living tasks or promotes their independence.

We found significant improvements in the assessment, care planning and reviewing process across the service (see outstanding requirements for further information). The managers have prioritised their care management roles and we could see improvements in the quality and quantity of personal plans, risk assessments and supplementary documentation. This was very apparent where a manager had been absent from a geographical area and we found the documentation and communication to be very poor and highlighted a number of people, to the service for urgent assessment.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 3 - adequate

## Quality of staffing

### Findings from the inspection

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

In 2016, 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).

Home support managers have understandably prioritised the need to improve the quality of assessment, care planning and reviewing care plans and we were able to observe some of these improvements. However, home support managers also manage teams of support workers and it is our conclusion that improvements are required in this area also. Improvements are necessary in the frequency of patch meetings and supervisions/ appraisals to ensure that workers have ample opportunities to discuss and reflect on service delivery and their own practice.

We were encouraged to observe that all staff are currently undergoing training from Speech and Language Therapists on dietary needs and also dementia training in line with the national dementia strategy: Promoting Excellent in Dementia Care. We will look forward to examining this further at the next inspection.

Staff presented as enthusiastic and motivated in their roles and were clearly committed to providing the best possible care and support to service users. The overall service, operates to a good standard due to the motivation, skills and commitment of staff. Service users and their families spoke positively about the support workers.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 3 - adequate

## 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.

There have been a number of changes in management in the last year in order to address the outstanding requirements and recommendations made from previous inspections. It is our conclusion, that these changes have resulted in some positive developments and we would encourage the team to continue to drive up standards, across all themes and in line with the Health and Social Care Standards.

The changes in management have resulted in a number of different methods being adopted to monitor and audit the service. These need to be streamlined and used consistently by management, in order to improve key areas of service delivery.

The service collates information in relation to service problems however, these are largely descriptive of the service failure but fail to offer sufficient analysis, learning or preventative action. The service should analyse this information to identify areas for improvement. Where action is needed or a training need is identified there should be a clear action plan showing the person responsible, agreed timescale, review of competency and sanctions of failure to rectify to ensure that areas for improvement are progressed.

### 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 where service users needs and dependencies, have been assessed and staff have been allocated support times, which take into account these needs that the service user receives this full allocated time. The direct care time allocated to a service user must not be compromised by staffs' travelling time. The service provider must demonstrate how service users have been assessed, the times allocated for each individuals direct care, which should not be inclusive of travel time.

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) Welfare of users.

**This requirement was made on 25 April 2016.**

## Action taken on previous requirement

During the inspection, we shadowed a number of workers and we found that support workers were able to provide the support required in the allocated times. Workers advised that if there were issues regarding allocated times, they would advise their manager. In addition, there was a recent complaint made to the Care Inspectorate regarding travel times and after a full investigation this complaint was not upheld. We would continue to encourage the management, to ensure that workers schedules are planned in a manner which enables workers to provide support in a manner that promotes the independence of service users.

**Met - outwith timescales**

## Requirement 2

The service provider must ensure that all service users have been assessed and have clear records in the personal plan of the intervention required by staff, in the administration of specific medications. Staff must receive further training on the recording and administration of medication. The service provider must demonstrate, how staffs competency and standard of documentation has been assessed and reviewed regularly to ensure safe practice.

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) Welfare of users.

**This requirement was made on 25 April 2016.**

## Action taken on previous requirement

During the inspection we did observe an improvement in the assessment and recording of medication needs however, we also found a number of errors. The documentation should provide consistent and accurate information in relation to level of support required and the recordings need further improvements, to ensure that workers are complying with North Lanarkshire Council's medication policy and good practice. The accuracy of assessments and care provision should be closely monitored by all staff and updated as the service users' needs change.

Home support workers have receiving medication training since the last inspection and during the inspection we found most home support workers demonstrated good knowledge of the issues around supporting with medication needs. However, further clarity is required in relation to the procedure for administering creams and ointments.

The service has started recording and analyzing the incidents of medication errors as a means to prevent reoccurrence. This needs further development in order to prove effective.

**Not met**

## Requirement 3

To enable the service to identify areas of concern, manage and reduce risk to service users the service must record accidents and incidents affecting people

using the service.

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 (a) Welfare of users.

Timescale to comply: with immediate effect.

**This requirement was made on 25 April 2016.**

## Action taken on previous requirement

The service provided an overview of recorded accidents and incidents. We gave the management advice on how this could be improved to show actions taken to minimize the risks of reoccurrence where possible.

**Met - outwith timescales**

## Requirement 4

As stated in the service user agreement the service provider must ensure that at least once in every six-month period, personal plans are reviewed. The format used to record the six-monthly care review meetings must fully reflect the discussions that take place and inform current planning of care and support.

This in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 5(2)(b)(iii) Personal plans.

Timescale for implementation; within six months upon receipt of this report and remain ongoing for all service users six monthly.

**This requirement was made on 25 April 2016.**

## Action taken on previous requirement

We found a significant improvement in the service's performance of undertaking care reviews. We were able to give the service further suggestions in order to demonstrate compliance and we would encourage the service to continue with their commitment and seek to embed this practice.

**Not met**

## Requirement 5

The service provider must ensure that service users' have personal plans, which 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;

- Accurately reflect all the current healthcare needs for individuals.
- Include information about care and support interventions and are developed to fully reflect the care being provided.
- Include information about care and support that is up to date and regularly evaluated.
- Have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning.
- Contain information on specific medical conditions and how to recognise significant changes and deterioration and how to manage these situations effectively.

- Include information regarding the use of special equipment to support the individual.
- Include reference to information relating to power of attorney, guardianship or adults with incapacity certificates supported by an appropriate treatment plan, for the residents who lack capacity to make formal decisions about their own 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) Regulations 5(1)

**This requirement was made on 25 April 2016.**

### Action taken on previous requirement

We were encouraged to observe a significant improvement in the availability, content and accuracy of care plans. We were able to offer further suggestions to the service to drive up the standards of these documents. Also, we did visit some homes and care plans were not available and service users had no knowledge of these documents. This in part would appear to have been caused by a lack of home support managers due to changes within the team. The team leader has offered her assurance that these will be identified and corrected as a matter of priority.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The manager of the service should ensure that service users are notified in advance, of any necessary changes to the timing of their care at home service and their homecare worker is (National Care Standards Care at Home Standard 4 Management and Staffing).

**This recommendation was made on 25 April 2016.**

#### Action taken on previous recommendation

The majority of people that I spoke to indicated that they do not receive notification when there is a change in their schedule. Whilst some did not see this as important others indicated that they would prefer to know before hand and impacts on their sense of safety and wellbeing.

**This recommendation was not met and is restated.**

#### Recommendation 2

The manager of the service should ensure that the service is consistent and reliable in who is giving the care and also in the way and timing of how it is given (National Care Standards Care at Home Standard 4 Management and Staffing).



**This recommendation was made on 25 April 2016.**

#### Action taken on previous recommendation

During the inspection, it became apparent that whilst some service users experience consistent of care in terms of times and support workers this is not the case for others. Some service users spoke openly about the negative impact of not having regular carers particularly where there was cognitive impairment. Others explained that at the start of the home care provision, they experienced uncertainty and numerous different support workers however, after a period of time this had settled down to a stable team with the exception of holiday relief.

Almost all service users communicated the need to know who was coming into their homes and the need to build trusting relationships with staff.

**This recommendation was not met and is restated.**

### Recommendation 3

The service should introduce ways of obtaining feedback on staffs performance, from recruitment through induction and on an ongoing basis. Any feedback obtained should be used to demonstrate how this has positively influenced staffs performance.

This is in order to comply with National Care Standards Housing and Support Services Standard 3: Management and Staffing Arrangements.

**This recommendation was made on 25 April 2016.**

#### Action taken on previous recommendation

There are a number of forums and opportunities where staff performance could be assessed and this information used to reward good practice, measure competency and also identify learning and development needs. However, this is not happening.

**This recommendation was not met and is restated.**

### Recommendation 4

The service in consultation with staff should review the frequency of times, where staff are experiencing difficulty obtaining advice and support from the out of hours service. The results of this survey should then be shared with the provider, the out of hours service and Care Inspectorate to ensure that actions are taken to resolve these issues and ensure the health and well-being of service users.

This is in order to comply with National Care Standards Housing Support Services Management and Staffing.

**This recommendation was made on 25 April 2016.**

#### Action taken on previous recommendation

Support workers rely on the support and advice from out of hours when the locality office is closed for the day therefore, it is essential that any issues are dealt with in order to maintain this relationship. Staff confirmed that they advise their managers of any issues and we were able to see that the newly appointed team leader has started meeting with the team leader from out of hours on a monthly basis, to ensure that issues are resolved timeously. This should be an item on the set agenda for all team/patch meetings.

**MET**

## Recommendation 5

The service should look at ways of improving the recording of staff supervision sessions. These meetings should include details of the previous meeting with evidence of an action plan and outcomes achieved from issues discussed. This will ensure that staff feel confident, that issues raised through this consultation process have been actioned to ensure positive outcomes for both staff and service users.

This is in order to comply with National Care Standards Housing Support Services Management and Staffing.

**This recommendation was made on 25 April 2016.**

### Action taken on previous recommendation

We once again pointed out that the North Lanarkshire Council Learning and Organisational Development Plan Social Work Services 2016-17 asserts that the service were moving towards the Scottish Social Services Council (SSSC) Framework for Continuous Learning (CFL). However, no progress has been made to address this recommendation with some staff not having regular supervision.

**This recommendation was not met and has been restated.**

## Recommendation 6

The service provider should implement a system to ensure that all staff have the opportunity, to attend training and updates on current best practice and legislation.

The information and training provided to new employees at induction should be extended, to ensure that staff who have worked in the service for a number of years have access to the same updated information.

This is in order to comply with; National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements.

**This recommendation was made on 25 April 2016.**

### Action taken on previous recommendation

We saw that staff had attended moving and handling refresher training, medication training and adult support and protection. During the inspection, the staff body were undergoing Dementia Training and also training from the speech and language therapist on meeting dietary needs. We will explore this progress made at the next inspection.

**This recommendation was not met and is restated.**

## Recommendation 7

The service should ensure that minutes of meetings provide information to demonstrate any actions to be taken, the person responsible, timescale for completion, and conclusion to demonstrate positive outcomes for people using the service.

This is in order to comply with; National Care Standards, Care Homes for Older People, Standard 11: Expressing Your Views.

**This recommendation was made on 25 April 2016.**

**Action taken on previous recommendation**

We looked at variety of methods of recordings and concluded that further efforts are required, to demonstrate a clear action plan that is SMART in order to demonstrate positive outcomes for people using the service.

**This recommendation was not met and is restated.**

**Recommendation 8**

The provider should develop a system of audits which accurately reflect how the service is performing.

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

**This recommendation was made on 25 April 2016.**

**Action taken on previous recommendation**

There have been a number of changes in management in the last year which has resulted in a number of different methods being adopted, to audit the service. These need to be streamlined and used consistently by management in order to improve key areas of service delivery.

**This recommendation was not met and is restated.**

**Recommendation 9**

Managers should clarify with service users who have concerns whether they wish to make a formal complaint; there should be agreed time scales for responding to service users concerns and a way of checking that these are met.

(National Care Standards Care at Home Standard 4 Management and Staffing.)

**This recommendation was made on 25 April 2016.**

**Action taken on previous recommendation**

The service has a process for managing and responding to queries and complaints. During the inspection we found details provided in a number of forms, such as care plan folders and newsletters, to ensure that service users and their families had clear information should they wish to raise a concern or complaint.

**MET**

**Recommendation 10**

THIS RECOMMENDATION WAS GENERATED FOLLOWING A COMPLAINT.

The service needs to improve the system of internal communication to ensure that home care staff always has the necessary information to provide support to meet service users' needs.

National Care Standards: Care at Home, Standard 4.1: Management

**This recommendation was made on 21 April 2017.**

**Action taken on previous recommendation**

We found that most support workers had very good knowledge and information that enabled them to provide the support required in a way that met the individuals needs and respected their wishes. However, we did observe situations where this was not the case and this is true also of support workers providing relief visits.

Support workers themselves indicated that they would prefer to have the care plan information in addition to the allocated tasks. This is an area for further development.

**This recommendation was not met and is restated.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
10 Jan 2018	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 2 - Weak
11 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 3 - Adequate 3 - Adequate
13 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
13 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate

Date	Type	Gradings	
4 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
23 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
3 Oct 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
5 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 3 - Adequate
19 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
30 Jan 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

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