

Hamilton/Blantyre/Larkhall Home Care Service Housing Support Service

Social Work Resources
Brandon Gate
1 Leechlee Road
Hamilton
ML3 0XB

Telephone: 0303 123 1008

Type of inspection:

Unannounced

Completed on:

18 March 2019

Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Service no:

CS2004073570

About the service

The provider for this registered service is South Lanarkshire Council. The home support service is available to older people, younger adults, children and families who live in the Hamilton, Blantyre and Larkhall localities of South Lanarkshire. The service is accessed via an assessment of needs.

The Home Care Service is organised by a team comprising of Operations Managers and Team Leaders, who are based in Hamilton.

Home Carers are allocated to geographical areas, known as neighbourhoods, to provide personal care, extended personal care, meals and shopping service.

The Home Carers are managed by Community Support Co-ordinators who also schedule all home care visits. The service also has Community Support Co-ordinators who undertake the role of reviewer and support planner.

People who use the service may also be supported by Home Carers overnight who are based within an Integrated Community Support Team located at a local hospital.

The service also supports the out of hours Community Alarm Service, which operates 24 hours a day 365 days per year.

The introduction to the service user's guide says:

"The Home Care Service offers personal, social, emotional and practical support to service users and their families. It aims to ensure that people are maintained and supported in their own homes for as long as possible".

What people told us

We sent out 250 questionnaires and at the time of writing this report had 94 returned to us. Below are some of the comments made:

"Very helpful and caring (carers) and pass time to talk to you, this helps a lot".

"I think this is a great service and I don't know how I would manage without the carers coming in. I also enjoy having a chat and laugh with them. I think the carers are all lovely and they treat me with respect".

"The care I receive from my two carers is excellent. They are both very professional and I couldn't ask for better".

"The service by carers is excellent but if sickness and holidays involved the service is chaos".

"More carers are required to cover for this situation. Carers and users get frustrated. The mobile phone App should allow the local office to inform the next service user if their carer is running late and send another carer if the delay is going to be significant. This is not being Implemented. User not being informed of delays. N.B These observations have already been discussed with SLC".

"The provision of care can at times be erratic, especially in the mornings when dealing with catheter care and washing and dressing".

"I think it is a very good service and one that copes well with staff shortages".

"Any problems that occur are mostly due to changes in staff. The regular carers are all fine. The stand ins tend to cut corners or not follow the process's which are in place".

"Staff have only twenty minutes (including travel to next service user) this is not always enough time, although they try their best".

"Sometimes you receive a memo if a change of carer but sometimes the carer arrives much later than the appropriate times".

"It helps when the carers are regular and do not change then you know who to expect".

"I feel that the carers time is very limited and I wish they could spend at least the amount of time allocated to me even if it means more carers were employed as my generation is growing with people like myself and it needs more thought for the future".

"Carers always arrive in time. They are very respectful of me and my husband. They never fail to ask if there is anything else I need. I have been impressed by all of the carers".

"Seen a big change since last few years. I don't think the carers have enough travel time".

"Carers should get chance for disability awareness (training) - for me especially understand deaf. I sometimes help ladies to learn wee bit signs".

"We realise some carers have different personalities but please explain that a dementia patient requires to be greeted and spoken to!!!!".

Self assessment

The Care Inspectorate did not request a self assessment for this inspection year.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

During the inspection we looked at the progress the service had made in relation to five requirements and one recommendation under this quality theme. These were made following the last inspection which took place in July 2018 and also as a result of upheld complaints since that time.

People who use the service and their families spoke highly of their carers and told us how well the service provision worked when they had staff who they knew and who they could build relationships with and rely on. Service users have the right to be able to build trusting relationships with the person supporting them and caring for them and they should have confidence that their needs are met by the right number of people who have time to support and care for them. We also heard from service users, family members, office staff and management that there are on-going issues in achieving stability of staff for all service users. Many comments made from the returned questionnaires, the home visits and the complaints we have upheld have been focussed on the impact of not having consistency of carers. We heard from service users that they are not told ahead of changes of times or carers attending. The impact of this is that people feel anxious, frightened and stressed about who may come through their front door. We heard from individuals about the impact this has had on their mental health, general mood, well-being and dignity. One person spoke of the trauma of having so many strangers supporting them with personal care. The service must ensure that service users experience consistency in their staffing and where unavoidable changes are to be made then this is discussed and agreed with the service user and where appropriate their family/representative, this includes where there is to be a change of provider. **(See requirement made under quality theme "management and leadership")**

A requirement was made in September 2017 and then again in May 2018 which detailed the need for the service to ensure that a personalised care plan was in place for every service user. During this inspection we concluded that the staff in the team who have been allocated this responsibility have been working hard to ensure that each service user has a care plan in place however we found that the standard of these documents was unsatisfactory. The care plan should provide a clear assessment of needs, wishes and preferences and should act as the guidance document for care staff to be able to follow to ensure consistency of care as well as ensuring the health, safety and well-being needs of each individual are being met.

We sampled the new documentation in over half of the homes we visited and although there was some useful basic information there was also many examples where key information was missing. In the other homes we visited there was no care plan. We found examples of people living with terminal illness/conditions, cognitive declines, sensory impairments, enduring mental health issues and many physical health conditions/deteriorations who did not have a sufficient care plan in place which had led failings in the persons care. During the inspection we reported five Adult Support and Protection concerns to South Lanarkshire Council Health and Social Care Partnership with the aim of ensuring safe packages of care and support would be put in place. The management of the service took immediate action to investigate and respond to the concerns we raised.

Legislation requires that all people supported by the service have a care plan in place within 28 days of the service starting. Due to demands within the service staff have continued to find this an impossible target. We acknowledged how hard staff members had been working on introducing the new plans into peoples homes. The hospital discharge team have been taking up to six weeks in some instances to complete their first visit after the person has returned home from hospital. The mainstream service, at time of inspection, had 148 out of approximately 700 care plans to be completed however as noted above we found that the care plans which had been completed were not to an acceptable standard. Management accepted that there was now a need to review the standard of the plans which had been created and to offer support to those responsible for completing these to ensure they have enough time and the skills required to do so. **(See requirement 1 on page 9 of this report).**

As part of the aforementioned requirement the service was asked to ensure that risk assessments were in place

for service users where these were required to ensure that any identified risks were assessed and that steps were taken to reduce or mitigate these risks. The risk assessment should also clearly detail the role of the care staff in doing so. The service has not introduced a sufficient assessment tool to enable this to be recorded. In addition we found that staff undertaking the assessments had failed to identify that risks were present from the information they had gathered and recorded in the support plan which led us to conclude that those undertaking these assessments were not experienced or skilled in doing so. The impact of this on the people who use the service is that they have risks such as those related to moving and handling, falls, medication management and diabetes which have not been properly assessed and no plan was in place for staff to follow leaving people at continued risk. **(See requirement 1 on page 9 of this report).**

The service has had an outstanding requirement on the need to have reviews since September 2017. Legislation requires that all care plans be reviewed at least six monthly. Service users should have their views sought and choices respected, including when they have reduced capacity to make their own decisions. At the time of inspection the service had 210 reviews overdue with a further 86 due imminently which is around 40% of active service users. After discussion with the management it was apparent that these numbers may be higher due to issues with the monitoring tool. We found similar concerns with the reviews we sampled as we found in the support plans we sampled. The detail of the reviews was at times vague, missing and contradictory to information found in other documents relating to the person. It was not clear how outcomes and decisions from reviews were used to update the care plan. Indeed we identified many examples of where this hadn't been done. Service users and family members had their concerns noted within the review notes however there was no evidence that these were then acted upon leading to them continuing to be unhappy with aspects of their care and service provision. Staff told us that they felt pressured and rushed in their roles and did not have the time, support or training to undertake their duties effectively and safely. **(See requirement 2 on page 10 of this report).**

At the previous inspection a requirement was made in relation to the safe administration and management of medication and the competency of staff in this area. The service has continued to provide workshops which staff attend. We found that some staff had identified in writing at the end of the session that there were still things they didn't know. There was no evidence that these recordings had been checked and additional support provided to the staff member. Observations were to be completed after the training. It has taken the service up to four months to arrange for these to be completed, a length of time we consider to be unacceptable.

Each service user should have a medication assessment completed and reviewed/updated as required. We found conflicting recordings on staff phones, in homes and in review documents. It was at times difficult to work out what level of support the person required and what this assessment was based upon. We observed carers providing a different level of support than what was noted in the available assessment information. We found that medication was being given from non pharmacy dispensed packages which is unsafe. Carers told us they are feeding back changes to their supervisors in relation to the level of support service users require to manage their medication however this isn't being acted upon in all cases. We raised concerns about the competency of those responsible for completing the medication assessments. **(See requirement 3 on page 10 of this report).**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 1 – unsatisfactory

Quality of staffing

Findings from the inspection

During this inspection we looked at one requirement which was made following the previous inspection and also a second requirement made as a result of an upheld complaint since then.

We spoke with staff in various positions within the team across the duration of the inspection. We heard from each of them how stretched the resources are within the service and the impact this is having on them as staff members. We heard from the majority that they are feeling stressed and are also frustrated as they cannot carry out their roles effectively as a result. We heard repeatedly how committed the team are to moving the service forward and improving what they do however there is an overwhelming feeling of being stuck and not being able to move forward, which they were clearly telling us had been built up over the last few years.

We found that within the office base there was little opportunity for the roles to work together as individuals are focussed on what was described as "fire fighting" in their own roles every day. We found the team to be disjointed and disorganised with roles who should be working closely together not having the time or capacity to do so. New roles had been introduced which have over time created more confusion and is leading to poor outcomes for those who use the service. An example of this is the poorly co-ordinated and managed assessment, care planning and review activity which is being undertaken, further information is noted under quality theme "care and support". **(See requirement 1 under quality theme "Management and Leadership")**.

It was encouraging to hear that the service is soon to have a total of 3 new team leaders which will allow for a clearer more manageable structure, which is much needed, at that level within the team. This should also allow the registered manager to focus more on the responsibilities of that role with the support of the team leaders. Further consideration must now be given to the structure of the remaining office based roles to ensure the team is appropriately staffed by individuals who have the skills, knowledge and ability, time and support to undertake the various roles..

A requirement was made in July 2018 which stipulated that all staff must have the opportunity to participate in supervision and also have a personal development plan in line with the organisations policy. During this inspection we found that this had not been achieved. At most staff had met with their supervisor to agree their personal development plan as part of the personal development review (PDR) process in place. We found the PDR documentation to be overly standardised and corporate in its design. It does not lend itself to supporting each staff member to devise a development plan particular to them in the various roles they are undertaking to support the operation of what is a very large and complex home care service provision.

Furthermore staff had not been provided with supervision. We were told by those responsible for facilitating this that they found this difficult due to the pressures within the service. We consider the supervision and professional development to be pivotal in ensuring all staff, at all levels, are skilled and equipped to undertake their job roles and responsibilities. As social care practitioners and as a social care provider a culture of continuous learning and reflective practice should be encouraged and supported. Service users should be

confident that they will experience high quality care and support based on relevant evidence, guidance and best practice. The opportunities for staff to develop their understanding of these have been lacking and as such we see that staff in various roles have not been fully equipped to be able to undertake them.

We found that staff who were undertaking the pivotal roles of assessors and care planners had not been developed to understand how to carry out these processes effectively or in a skilled manner. This was evident in the documentation we sampled during the inspection and also in our conversations with service users, family members and staff at various levels/roles within the service. Staff spoke of feeling overwhelmed and in the roles they were undertaking. We could see that they were working incredibly hard however had been left to do so whilst being under resourced, ill informed and poorly supervised or managed. We highlighted various learning needs that need to be prioritised which included, but are not limited to, assessment and care planning, reviewing, outcomes focussed approaches, risk assessment and recording and report writing.

We heard from home carers that they were often asked to care for people without having the information, advice or learning they needed to do so safely. One spoke of relying on searching the internet to work out how best to cater for individuals health needs/conditions in the absence training from the provider, a practice which could lead to mismanagement of such situations. We highlighted various areas where training and support is required, these included but were not limited to, catheter care, dementia, mental health, sensory impairments, diabetes, multiple sclerosis, epilepsy, end of life/palliative care and pressure area/skin care.

There is a programme of mandatory training that is in place which meets various learning needs of the staff group and this continues to be available along with an induction programme for staff. Management agreed that they need to continue to look at how they can address the specific learning needs we have highlighted and that they are in agreement with. Discussions had begun with other departments, during the inspection, as to how a training plan for the service could be designed and facilitated which was encouraging to hear. We would hope to see the positive outcomes of this being evident for staff and those who use the service at the next inspection.

(See outstanding requirement 4 on page 11 of this report)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

Under this quality theme we looked at three outstanding requirements and two recommendations which were made from the last inspection and also as a result of upheld complaints.

Following the last inspection we asked the management to review the management of incoming calls including the length of time people were having to wait to have a returned call as this had been raised as a concern by people who use the service and family members. We have found that this exercise has not been undertaken and

as a result we continue to hear from various sources including staff that this is an on-going issue. We have heard from staff that although they had experienced an improvement in this previously this has again become an issue for them also, this includes out of hours support. **(See outstanding requirement 5 on page 12 of this report).**

As a result of an upheld complaint a requirement was made which stipulated that the management should ensure that complaints are managed in line with their policy, with the complainant being advised within 20 days of the action to be taken. We reviewed how the complaints were being recorded and responded to and found that this was not being done effectively. It is hoped that this will improve as a result of having additional team leaders who will support the role of the registered manager going forward. **(See outstanding requirement 9 on page 14 of this report)**

As a result of an upheld complaint a recommendation was made which asked that the provider ensure an effective management system is in place to ensure that care is at a time appropriate to meet peoples needs and is for a duration that has been assessed as required. It also asked that the timings be in line with the care plan, that they are consistent and reliable in the allocation of those times and the staff who are attending are consistent also. We have concluded through the complaints we have received, our home visits, discussions with service users, family members, care staff, office staff and management that the co-ordination of the service is chaotic and disorganised. This is resulting in some service users experiencing constant uncertainty in when their support will be offered and also in who will be providing it. We were told by many of these people that these concerns had been raised repeatedly with the service however the concerns had not been acted upon. We heard from the co-ordinators and management that they are short staffed and as such this is impacting on service user times and staff allocations. We are concerned that working constantly with such stretched resources has resulted in some becoming complacent and lacking recognition of the impact that such uncertainty and change has on individual service users and their care. We found examples of visits being too soon to provide meals and medications and also too far apart to safely support continence needs. We concluded that in addition to requiring more care staff, which the service currently has a recruitment drive, they also need to review how they are co-ordinating the staff they currently have. We have been told for a number of years that a new computer based rota system would be introduced and to date it hasn't been. Currently there are too many people in different roles moving staff allocations across all of the areas with no-one having a supervisory or management overview of this.

A further recommendation was made since the last inspection which asked that the service be managed effectively by ensuring that staff who are responsible for the management and monitoring of the service have the time and experience to do so. We have spoken about concerns relating to this in the this quality theme and under "care and support" and "staffing". We have fed back to the provider that currently we have serious concerns about the lack of management, supervision and development support for those employed within the leadership, management and supervisory team. We have also fed back our concerns in relation to how under resourced the service currently is to be able to safely operate a service of this size. We have asked the provider to look at this as a matter of urgency as without doing so we would have to continue to question the capacity of the management team to be able to address the serious concerns we have identified across all of the quality themes during this inspection. **(See requirement 1 below)**

Requirements

Number of requirements: 1

1. In order to ensure the safe and effective co-ordination, leadership, management and delivery of the service the provider must:

- (a) review the current staffing roles, levels and structure within the team to ascertain how this can be developed and strengthened, to ensure staffing levels are appropriate to the size and nature of the service.
- (b) appropriately and safely recruit for any vacancies identified.
- (c) ensure that those who are responsible for the co-ordination, supervision, leadership and management have the knowledge, skill, time and resources to be able to do so effectively.
- (d) ensure that service user remain the priority of the service and that it is a service user led, outcomes focussed provision. Support times should be recorded within care plans and should be consistent with any changes in how the service is to be delivered to be communicated and agreed where required.

This is in order to ensure care and support is consistent with the Health and Social Care Standard 4.23 which states "I use a service and organisation that are well led and managed", 4.24 which states "I am confident that people who support and care for me have been appropriately and safely recruited" and 4.27 which states "I experience high quality care and support because people have the necessary information and resources."

It is also necessary to comply with Regulations 3, 4 (1) (a), 9 (2) (b), 15 (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale 30 August 2019.

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

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

Previous requirements

Requirement 1

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

- (a) accurately reflect the current health and care needs of the service user,
 - (b) include person-centred information outlining needs, abilities and preferences,
 - (c) demonstrate consultation with the service user and/or relative/representative,
 - (d) include the use of appropriate risk assessment documentation which provide the outcomes of these and evidence that these are used to inform support planning.
- These will cover, but won't be limited to, areas such as moving and handling, physical

and mental health conditions, sensory impairments and frailties and
(e) evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

The personal care plan must be compiled and in place for use within 28 days of the commencement of service.

This is in order to ensure care and support is consistent with the Health and Social Care Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me".

It is also necessary to comply with Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale - repeated in September 2018, timescale given 17 January 2019.

This requirement is not met and is repeated - Timescale 30 August 2019.

This requirement was made on 15 September 2017.

Action taken on previous requirement

This requirement has been altered to include requirement seven noted below and also recommendation two detailed on the next page of this report.

All three will be repeated however as one requirement as detailed here. Please see quality theme "Care and Support" for more information.

Not met

Requirement 2

The Provider must review all personal care plans at least once in every 6 month period and more frequently where circumstances require this, in particular;

- (a) When requested to do so by the service user or any representative
- (b) When there is a significant change in a service users health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly.

This is order to ensure care and support is consistent with the Health and Social Care Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me".

It is also necessary to comply with Regulations 5 (2) (b) (i), (ii), (iii), (c) and (d) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Repeated in September 2018, timescale given 17 January 2019.

This requirement is not met and is repeated - Timescale 30 August 2019.

This requirement was made on 15 September 2017.

Action taken on previous requirement

This requirement will be repeated. Please see quality theme "Care and Support" for further detail.

Not met

Requirement 3

In order to ensure that safe medication practices are adopted, the provider must -

- (a) ensure that all staff have up to date training and on going competency assessments in the administration of medication, including but not limited to, application of drops, topical creams and medication recording and
- (b) provide clear direction to staff, within individual care and support plans, which level of medication support they are providing.

This is to ensure that the management of medication is consistent with the Health and Social Care Standard 3.14 which states "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"

It is necessary to comply with Regulation 4 (1) (a) and 15(a) (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale 17 October 2018.

This requirement is not met and is repeated - Timescale 30 August 2019.

This requirement was made on 17 July 2018.

Action taken on previous requirement

This requirement will be repeated. Please see quality theme "Care and Support" for further detail

Not met

Requirement 4

To ensure the workforce, including supervisors and managers, are equipped with the required skills and knowledge to undertake their varying roles the provider must;

- (a) provide all staff with supervision and agree with each a personal development plan in line with the organisations policy and procedure,
- (b) audit the current learning and development needs of the whole team and devise a robust and achievable development plan focussed on the skills and knowledge required to be effective in each role and as a team.
- (c) identify where service user /condition specific learning is required to ensure each person is being supported and cared for by staff from the team who are equipped with the required knowledge and skills to do so. This would include, but not limited to, diabetes, parkinsons disease, sensory impairments, mental health and palliative care.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standard 3.14 which states "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".

It is also necessary to comply with Regulation 4 (1) (a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale 17 February 2019.

This requirement was made on 17 July 2018.

Action taken on previous requirement

This requirement has been altered to include requirement 10 noted below. **Both are not met and will be repeated as this one requirement.**

Please see quality themes "care and support" and "staffing" for more detail.

Timescale 30 August 2019

Not met

Requirement 5

To ensure effective communication between the service office based staff and those that use the service and home carers, the provider must review their communication process with regard to inbound telephone communication, from those that use the service, and where the person called is not available, closely monitor the waiting times for receiving a return call.

The service must also ensure there is sufficient support available during office out of hours for service users, families and staff.

This is to ensure that the communication systems used by the service is managed in such a way that is consistent with the Health and Social Care Standard 3.16 which states "People have time to support and care for me and speak with me" and 3.17 which states "I am confident that people respond promptly, including when I ask for help".

It is also necessary to comply with Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

This requirement was made on 17 July 2018.

Action taken on previous requirement

See quality theme "Management and Leadership" for more detail. Staff need for support has been added as a result of the findings from this inspection.

This requirement is not met and has been repeated - Timescale 30 August 2019.

Not met

Requirement 6

The provider must ensure that staff who support service users are familiar with their needs. In achieving this, the provider should ensure that they have enough staff to ensure continuity of care together with a level of support that is described in their individual support plans.

This is to ensure that the staffing levels and consistency of staff is consistent with the Health and Social Care Standard 3.11 which states "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support", 3.15 which states "My needs are met by the right number of people" and "3.19 "My support is consistent and stable because people work well together"

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale 15 December 2018

This requirement was made on 17 July 2018.

Action taken on previous requirement

This requirement has been repeated however has been made part of the requirements under quality themes "Care and Support" and "Management and Leadership".

Not met

Requirement 7

The Provider must ensure that all people who use the service have a personal care plan at home, available for the use of staff delivering the service. The personal care plan must include the preferences of the person that is using the service, in how the service is to be delivered. The personal care plan must include relevant risk assessments, particularly moving and handling. The personal care plan must be compiled within 28 days of the commencement of service.

This is to ensure that my care and support is planned and reviewed in a manner consistent with the Health and Social Care Standard 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me".

It is also necessary to comply with Regulation 5 (1) & (2) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Timescale 15 December 2018.

This requirement was made on 15 November 2018.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It has been repeated and has been added to requirement 1 noted above.

Not met

Requirement 8

In order to ensure that the service is provided at the agreed times, the provider must put in place an effective management system. In order to achieve this, the provider must;

- (a) ensure the care and support is provided at a time which is appropriate to meet the person's needs and for the duration it has been assessed as necessary to meet those needs,
- (b) ensure the support is provided at the agreed times, and in such a ways that it meets the needs of the person as agreed in the support plan and
- (c) 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.

This is to ensure that the staffing levels and consistency of staff is consistent with the Health and Social Care Standard 3.11 which states "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support", 3.15 which states "My needs are met by the right number of people" and "3.19 "My support is consistent and stable because people work well together"

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale 1 December 2018.

This requirement was made on 23 November 2018.

Action taken on previous requirement

This requirement has been repeated however has now been added to the new requirement made under quality theme "Management and Leadership"

Not met

Requirement 9

The provider shall, within 20 days after the date on which the complaint is made , or such a shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken.

This is to ensure that complaint management is consistent with the Health and Social Care Standards 4.20 which states "I know how, and can be helped, to make a complaint or raise a concern about my care and support" and 4.21 which states "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" and 4.23 "I use a service and organisation that are well led and managed".

It is also necessary to comply with Regulation 18 (4) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale by 1 December 2018

This requirement was made on 23 November 2018.

Action taken on previous requirement

We found complaints were not being recorded, managed and monitored in the way we would expect. We were advised that the introduction of additional team leaders would assist the registered manager in doing this in the future.

This requirement is not met and is repeated - Timescale 30 August 2019.

Not met

Requirement 10

The provider shall, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

In order to achieve this there must be:

- (a) a system in place to identify training needs ,
- (b) a training plan in place to ensure training needs are met and appropriate training carried out and
- (c) a system in place to assess and reassess staff competency.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standard 3.14 which states "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".

It is also necessary to comply with Regulation 4 (1) (a) of the the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) and Regulation 13 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2002/114). check this?

Timescale 1 December 2018

This requirement was made on 23 November 2018.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It has now been included in requirement four noted above and is repeated as part of that.

Not met

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

Previous recommendations

Recommendation 1

In order to ensure the service is managed effectively the service should have staff with, experience and the time required to effectively manage and monitor the service within 1 month of publication of this report .

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 (Health and Social Care Standards (4.19)

This recommendation was made on 15 November 2018.

This recommendation was made on 15 November 2018.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. It has been repeated as part of the requirement made under quality theme "Management and Leadership".

Recommendation 2

The provider should consider how people experiencing care can be confident that their service will respond appropriately and promptly when help is required. Furthermore issues should be anticipated and a plan in place for any known vulnerability of frailty such as risk of falls.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.17 which states "I am confident that people respond promptly including when I ask for help" and 3.18 which states "I am supported and cared for sensitively by people who anticipate issues and plan for any known vulnerability of frailty".

This recommendation was made on 28 January 2019.

This recommendation was made on 28 January 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. It has now been included and repeated as part of outstanding requirement one which is has been repeated.

Recommendation 3

The provider should improve how staff and managers understand their responsibilities in involving those who receive care, in decisions about changes in how their care needs are to be met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 'If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change'. (HSCS 2.20).

This recommendation was made on 14 January 2019.

This recommendation was made on 14 January 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. It has been repeated as part of the requirement made under quality theme "Management and Leadership".

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings
21 May 2018	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
11 Aug 2017	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
29 Jul 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
24 Aug 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate

Date	Type	Gradings	
9 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 3 - Adequate
28 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 5 - Very good 3 - Adequate
29 Mar 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
23 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
17 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
11 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
4 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

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