

# East Ayrshire Health and Social Care Partnership Care at Home and Housing Support Service (North Locality) Housing Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

14 June 2019

**Service provided by:**

East Ayrshire Council

**Service provider number:**

SP2003000142

**Service no:**

CS2011282263

## About the service

East Ayrshire Health and Social Care Partnership (North Locality) is registered to provide a combined Care at Home and Housing Support service to people living in their own homes throughout East Ayrshire. The service was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011.

Support is offered to individuals throughout the north locality of East Ayrshire; in town, village and rural communities.

The service states its aims as:

- Maintaining and protecting people in the community, safely and comfortably
- Encouraging service user independence
- Enabling service users to reach their full potential

## What people told us

We gained the views of those who use the service, and their relatives/friends through returned Care Standards Questionnaires, and telephone interviews.

The feedback we received was as follows:

- "Very good, they do exactly what I want them to do"
- "I find them all very good, and yes I really wouldn't manage without them"
- "Very effective at what they do"
- "I really have the most wonderful time with them... they make my life worth living"
- "I feel East Ayrshire Council does very well"
- "They've been visiting for 3 years... Always the same carers morning and night and I don't feel rushed"
- "The two staff we've got are very good"
- "About a year ago they made changes so I could get a visit in the morning too"
- "Excellent... very pleasant staff"
- "The staff are kind and considerate"
- "They came in and done a spot check yesterday, they asked for my opinion during this"

## Self assessment

We have not requested services complete a self assessment this year. We take into account the services own development plan throughout the inspection.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

During this inspection we reviewed how well the service were providing care and support and found the standards to be very good.

People who use care services should feel assured their care and support will be delivered with compassion, dignity and respect. Throughout our discussions with those who use the service we heard how care staff demonstrated the principles of the Health and Social Care Standards in their everyday practice, resulting in care that was delivered with compassion and respect. Those who use the service told us: "Very good, they do as I ask them to do"; "Very effective at what they do"; and "Don't need to ask, they just do".

To help ensure care and support is person-centred and consistent, each individual receiving care should have a detailed support plan which outlines how needs will be met, linked to choices and preferences. We saw the service had been working hard to develop the content and quality of support plans linked to the area for improvement set at the last inspection; however, required more time to ensure this was fully embedded. Assessments were generally very well completed and contained extremely detailed information about individuals past and current situation. Interventions to meet need were set; however, at times these were non-specific in quality, which can limit consistent approaches to care delivery, resulting in less enhanced outcomes for individuals. An area for improvement was made following an up-held complaint for the service to ensure that where they support individuals to manage medications, this is appropriately planned for throughout the support plan. During this inspection the service highlighted they had not yet embedded this. We therefore will continue with these areas for improvement, allowing the service more time to develop their practice (Area for Improvement 1).

Medications were generally well managed; however, to support safer administration we have suggested the service review the mechanism for topical medications through putting in place and implementing a system to indicate where these should be applied, and recording of such.

People who use care services should feel confident any intervention or treatment they receive is safe and effective. We saw the service were working well to support more enhanced outcomes for individuals who experience stress/distress through solution-focused exploration, including assessment linked to best practice.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 1

1. The service provider should develop the content and quality of support plans. This should include, but is not limited to:

- Information gained from assessments completed by the wider healthcare team
- Desired outcomes of care and support
- Specific interventions linked to choices and preferences
- Directions to monitor and manage individuals medications

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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:** 5 – very good

## Quality of staffing

### Findings from the inspection

During this inspection we reviewed the quality of staffing, and found the standards to be good.

People who use care services should feel confident their care and support will be delivered in a safe and consistent way by staff who they can build trusting and meaningful relationships with. We saw the service had a robust process for allocating staff to support people, with a stable staff group meeting the needs of individuals on a day-to-day basis. It was positive to hear from those who use the service that they were informed of any changes to staff providing their care. We were told: "They've been visiting for 3 years... Always the same carers morning and night and I don't feel rushed"; and "Occasionally get a stranger, but they are always with one of the regular staff".

To help meet the needs of those who receive care and support, it is vital staff have the correct skills and knowledge. On review of the matrix maintained by the service, we were not assured that training was up-to-date. An area for improvement was made at the last inspection for the service to develop in this regard and continues at this inspection (Area for Improvement 1).

It is well recognised that good outcome-focused care comes from staff-centred support. Where staff feel supported and have clear objectives set, better outcomes for people who experience care can be achieved. Within the appraisal process (EAGER) staff were set organisational objectives, with limited evidence of personal development expectations. An area for improvement was set at the last inspection for the service to enhance their practice in terms of individualised appraisals and objective setting and continues at this inspection (Area for Improvement 2).

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 2

1. The service provider should ensure that training delivered supports understanding of complex healthcare needs. This should include, but is not limited to, mandatory training such as: moving and assisting; adult support and protection; medications management; health and safety; and promoting excellence in dementia care – skilled. Staff competence should be assessed following any formal learning, including engagement with reflection.

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

2. The service provider should review the process and quality of staff appraisals (EAGER), ensuring that these set individualised targets and outcomes for staff to achieve, which are monitored and measured throughout the supervision process. To enhance this further, there should be evidence of staff engaging in reflective practice.

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

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

During this inspection we reviewed how effective the management and leadership of the service was and found the standards to be good.

To help individuals feel confident in the organisation providing their care and support, the service should be well led and managed. The management team of the service was stable, with each member having clear roles and responsibilities. We found the management to be very well organised, having a good oversight of the service and those who use it.

We saw that the management team foisted a positive culture throughout the staff group, setting clear expectations and responsibilities to all staff, which will support more enhanced outcomes for those who use the service.

People should feel confident that organisations who provide care and support have a culture of continuous improvement, driven by effective and robust quality assurance processes. We saw the service had been working hard to develop their 'Service Improvement Plan', however found the audits and quality assurance checks which fed into this to be input driven (was the correct document in place). The service should consider reviewing this with a more holistic and SMART approach, measuring quality linked to the experience of those who use the service and outcomes. An area for improvement was made at the last inspection for the service to enhance its quality assurance processes and continues at this inspection (Area for Improvement 1).

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. To support continuous improvement, the service provider should develop their quality assurance processes. This should include, but is not limited to, effective assessment of quality, with specific actions to address issues being developed, and effectiveness of these measured over time.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**Grade:** 4 - good

## 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 their processes of recruitment are safe and effective. This should include, but not limited to, effective suitability assessment of prospective staff through appropriate reference checking.

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

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 9(2)(b), Fitness of employees.

**This requirement was made on 12 June 2018.**

### Action taken on previous requirement

Of the recruitment files that we reviewed during this inspection we found that the service had been working hard to ensure best-practice was followed in this regard. We saw references were traceable to the individual completing them, increasing their validity and reliability. To enhance the process further, we saw that the service had developed competency based interview questions, which were completed by two interviewers each time. This allows the service to make better judgements on candidates suitability for the post through exploration of values and ethics.

This Requirement is: Met

**Met - within timescales**

**Requirement 2**

The service provider must ensure that a process for supporting staff to register appropriately with the Scottish Social Service Council is implemented and followed, and that registration for required staff is gained in a timeous manner.

This is to ensure that staffing is consistent with the Health and Social Care Standards which state: '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' (HSCS3.14).

This is in order to comply with:

- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201), Regulation 9(2)(c), Fitness of employees.

**This requirement was made on 12 June 2018.**

**Action taken on previous requirement**

During this inspection we saw the service had increased the robustness of staff registration. The process employed by the service now requires prospective staff to have gained registration prior to commencing employment, reducing the risk of breaching 6-month timeframes. Moreover, the service have developed a matrix to allow oversight of all staffs registration, ensuring that re-registration timeframes are adhered to.

This Requirement is: Met

**Met - within timescales**

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

**Previous recommendations****Recommendation 1**

The service provider should develop personal plans so as to incorporate assessments completed by the wider health and social care team, with individual outcomes captured, and underpinned by specific interventions.

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

**This recommendation was made on 12 June 2018.**

**Action taken on previous recommendation**

During this inspection we saw that the service had been working to develop the content and quality of personal plans. We saw a good quality of information within assessment documentation; however, this was not always included within the support plan, or interventions. Interventions set to meet individuals needs remained non-specific, which could limit the ability to provide care in a consistent manner.

This area for improvement is: Not Met – incorporated into Area for Improvement 1 (care and support).

## Recommendation 2

The service provider should make improvements to the quality assurance systems to ensure that information obtained is meaningful and contributes to making ongoing improvements within the service. This should include, but not limited to, set criteria for assessment and action plans which stipulates specific actions to enhance practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This recommendation was made on 12 June 2018.**

### Action taken on previous recommendation

On review of the quality assurance systems used by the service we found these continued to be input driven (was the correct document in place), and did not fully measure quality of work completed. Although the 'Service Improvement Plan' was developing, we found the actions set within this lacked specificity, meaning they could not be measured over time. In the absence of measuring over time, the service will find it difficult to know which changes/actions are eliciting the most enhanced outcomes.

This area for improvement is: Not Met – incorporated into Area for Improvement 1 (Management and Leadership).

## Recommendation 3

The service provider should ensure that training delivered supports an understanding of complex healthcare needs. This should include, but not limited to, 'Promoting Excellence in Dementia Care – skilled', Adults with Incapacity, and care planning. There should also be evidence of staff engaging with reflective practice following any formal training session.

This is to ensure that staffing is consistent with the Health and Social Care Standards which state: '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 recommendation was made on 12 June 2018.**

### Action taken on previous recommendation

On review of the training matrix, we found that this did not illustrate effective access to, and completion of, training required. Where staff had engaged with training there was limited evidence of refresher training being completed. Staff were not engaging in reflective practice following training, limiting exploration of how new learning could alter practice, how this would be achieved, and the impact this would have on outcomes for those supported.

This area for improvement is: Not Met – incorporated into Area for Improvement 1 (Staffing).



**Recommendation 4**

The service provider should review the process and quality of staff appraisals (EAGER), ensuring that these set individualised targets and outcomes for staff to achieve, which are monitored and measured throughout the supervision process. To enhance this further, there should be evidence of staff engaging in reflective practice.

This is to ensure that staffing is consistent with the Health and Social Care Standards which state: '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 recommendation was made on 12 June 2018.**

**Action taken on previous recommendation**

We found that the service continued to use a 'focus group' approach to developing objectives for staff. Representatives from each staff group (i.e support workers, senior support workers) were invited to discuss what the objectives for the coming year should be, which then became applicable to all staff within that group. This limits how each individual staff member will address any issues within their practice, and the specific actions required.

This area for improvement is: Not Met – incorporated into Area for Improvement 2 (Staffing).

**Recommendation 5**

Where it has been agreed the service will take responsibility for managing people's medication supplies, the provider should ensure the care planning process gives direction to staff on how to monitor and manage this to ensure people have sufficient medications.

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

**This recommendation was made on 30 November 2018.**

**Action taken on previous recommendation**

We reviewed the personal plans used by the service, and found these did not sufficiently detail the processes of medications management that staff should follow. This has the potential to limit a consistent approach to care delivery, and effective management of medications. We discussed strategies for the service to employ throughout the inspection.

This area for improvement is: Not Met – incorporated into Area for Improvement 1 (Care and Support).

**Recommendation 6**

Consideration to timing of visits should be given to ensure that service users have a reasonable gap between meal times to ensure the care and support meets their needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19)

**This recommendation was made on 30 April 2019.**

## Action taken on previous recommendation

We reviewed staff deployment, timings of visits and discussed with those using the service and found no evidence of visit times, and gaps between, being too short. Those who use the service informed us they were happy with the timing of visits, and felt these met their needs. Moreover, they informed us that where changes in visit times take place, this is done in consultation.

This area for improvement is: Met

## Recommendation 7

To ensure service users receive responsive care and support the service provider should ensure that all staff are aware of procedures to be followed when a service user reports missing medication.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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 recommendation was made on 30 April 2019.**

## Action taken on previous recommendation

During this inspection we reviewed the information provided to staff for the effective management of medications. We found this detailed sufficiently the process to be followed where individuals inform of missing medications.

This area for improvement is: Met.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
12 Jun 2018	Unannounced	Care and support Environment 5 - Very good Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate Not assessed
29 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 4 - Good
25 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
29 May 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
2 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
28 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 3 - Adequate
20 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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