

Care service inspection report

Oxgangs Pentlands Carers Project

Support Service Care at Home

Unit 4

12 Firrhill Neuk

Edinburgh

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Telephone: 0131 441 5099

Inspected by: Janet Wilson

Type of inspection: Announced (Short Notice)

Inspection completed on: 11 June 2012



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Service provided by:

Oxgangs Care

Service provider number:

SP2003003130

Care service number:

CS2005088517

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Staffing	2	Weak
Quality of Management and Leadership	2	Weak

What the service does well

The service continued to provide a valued sitter service for people within the community. Individual staff were good at identifying the likes and dislikes of people using the service and adapting what they did to compliment this.

What the service could do better

The service needs to review its care plans, staff records, supervision format, questionnaires, quality assurance, training and participation systems.

What the service has done since the last inspection

No changes since the last inspection were identified.

Conclusion

Oxgangs Pentland Carers Project identified it needed to re-evaluate how it can develop the service offered in all areas of the project.

Who did this inspection

Janet Wilson

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland (known as the Care Inspectorate) took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body the Care Inspectorate.

Oxgangs Pentland Carers Project (referred to as the service within the report) provides support and respite for carers within the Oxgangs area of Edinburgh. The service is available to people over the age of 50 with a range of physical and psychological needs. The service can be provided within the person's own home, people are also supported if they wish to do things within their community. The service provides social interaction and company for the supported person and regular breaks for the carer. The service operates between 8.00am and 12.00pm seven days a week.

Oxgangs Pentland Carers Project is managed by the Board of Directors of Oxgangs Care. The service consisted of the Oxgangs Care Manager, a Team Leader and five 'sitter' staff. The service 'sits' for 11 people.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 2 - Weak

Quality of Staffing - Grade 2 - Weak

Quality of Management and Leadership - Grade 2 - Weak

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This service had a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

The report was written after an unannounced inspection on 11th June 2012, feedback was given on 11th June 2012. The inspection was carried out by Care Inspectorate Inspector, Janet Wilson (referred to as the 'Inspector' in this report).

As requested by us, the provider sent us an annual return. The provider also sent us a self-assessment form.

In this inspection we gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents, including:

Evidence of the service's most recent self-assessment
Evidence of the service's most recent annual return
Certificate of Registration
Training information
Staff files, including supervision records
Files and care plans of people using the service
A range of documents, forms and questionnaires
Discussions with - the manager
- team leader
- staff
- carers
- People using the service
Consideration of the National Care Standards - Support Service

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be

doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider.

Taking the views of people using the care service into account

Five questionnaires were sent out before the inspection, three were returned, two had been completed by people using the service. Both were very happy with the service and their sitter, they also felt if they needed to contact the service they would be happy to do so.

Comments included:

'The person who comes to look after me one morning per week is always cheerful, kind and willing to assist me in any way she can. She has time to chat to me which I much appreciate.'

Comments from people using the service were evidenced from the services questionnaires from February/March and June 2012. These included-

'My sitter is a very agreeable person, anxious to help in any way she can. I am very grateful to all the people who run this service - a great asset to the people in the area.'

'My sitter is always helpful and cheerful and is much missed when she has her holiday or is unwell.'

Two people were contacted during the inspection, both said how happy they were with their 'sitter', they liked the variety of activities they did and just having someone to chat to. They did not identify any changes needed to the service.

Taking carers' views into account

One of the questionnaires returned to use was from a carer who stated they were very happy with the service and support their family member received. They

commented - 'This service provides me with valuable time away from my care responsibilities and enables me to enjoy leisure activities.'

Comments from carers were evidenced from the services questionnaires from February/March and June 2012. These included-

'Total reliability, it gives me peace of mind that my parents are with someone capable and understanding.'

'It can be difficult to get a response by phone from the sitter which causes delay, but not a major problem.'

'From the team leader to the sitter, I am extremely satisfied that my mother is getting a carer who helps to stimulate her.'

Three carers were contacted during the inspection. Their overall feeling was that of their family member being safe when the 'sitter' was there and having the space to do something for themselves away from their caring role.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service had some systems in place to gather information about how to improve the service from people using the service and carers.

Information included:

- Quarterly questionnaires. Evidence showed that people were very happy with the service, most rating it as 'Excellent'. Comments from these forms have been included in the 'Taking People's Views into Account' area of the report. Following on from a concern on a questionnaire the service had dealt with the issue, with the carer being happy with the outcome.
- The team leader said she found out what people thought about the service when she did their reviews or contacted them by phone. She had not identified any changes to the service from this contact. People spoken with during the inspection confirmed that team leader often asked about their thoughts when she spoke to them.

Areas for improvement

All of the services questionnaires and documents need to be dated. The service agreed to re-evaluate its questionnaire and other ways to get views of people using the service and carers.

There was limited evidence to show how people using the service and families had been asked for their comments. The service needs to look at different ways of getting views from people connected with it and show how this information had been used.

Recommendation 1

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. How the service has involved people in its on-going development needs to be reviewed, highlighting the changes made to benefit people using the service and their carers.

National Care Standards, Support Service, Standard 2 - Management and Staffing Arrangements

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

Some care plans had information regarding people's likes and dislikes, although this was found to be inconsistent throughout the five files we looked at. Information regarding a person's medical history and basic risk assessments were in the care plan. These gave an overview of the physical and psychological health of people.

The team leader was given regular feedback from staff and carers regarding people's general health, wellbeing and any issues. This information helped her to look into any changes needed to the service provided

Information included:

- Due to health concerns from a carer one person had an increase in hours of support.
- Once staff had a better awareness of what people liked to do, they had supported people in a variety of activities. These included visits to a variety of events, walking and reminisce sessions. These sessions had received positive feedback from carers.

A carer commented on the services June 2012 questionnaires that 'mum remembers clearly her (the sitter) visits, which is a positive sign that she was actively engaged.'

Areas for improvement

We found minimal evidence in the services care plans, especially regarding the health, wellbeing, social history and hobbies of each person using the service. The service agreed to review these to give a better overall view of the person.

The service agreed to reassess how it carries out its risk assessments to ensure the on-going safety of people.

The service agreed to look at the format of their review forms and the information needed. This would help it keep information up to date and of more benefit for staff.

The services care plans and risk assessments were not reviewed every six months. The content of the care plans was found to be inadequate, the risk assessments were found to have minimal information in them. The reviews did not reflect any changes from the last review and any future plans.

Requirement 1

All files relating to people using the service need to have information that is consistent.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all care plans and risk assessments are reviewed at least once in every six month period, or where there is significant change in a service users health, welfare or safety needs or when requested to do so by the service user or their representative. Care plans and risk assessments must be accurately updated as required. Service users and/or their representative should be informed of any such revision to care plans.

This is to comply with Scottish Statutory Instrument 2011/210 Regulation 5(2)(b)(ii)&(iii) , 5(2)(c) and (d) a Regulation relating to Personal Plans Account should be taken of National Care Standards, Care at Home Services, Standard 2. The Written Agreement.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 – Weak

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Staff received supervision.

Staff were found to be motivated and looked at how they could improve the work they did to benefit people using the service and carers.

Areas for improvement

There was no evidence to show what training had taken place since the last inspection. The manager and team leader agreed to look at a variety of ways to access training to ensure the on-going development of staff and the service. It was also agreed that some future training would be linked to the interests of people using the service. Requirement 1

The format for supervision was found to be very basic. The information evidenced did not identify what skills staff had, what they had achieved since the last supervision which had benefited people using the service, what goals they were working towards and what training the person needed. The team leader's supervision records could not be found.

The manager and team leader agreed to put all personal information regarding staff in one file for each staff member rather than there being two. All staff files need to have information that is consistent in each file, contracts need to be up to date. Recommendation 1

No team meetings had taken place since the last inspection. The service needs to develop a system for staff to have regular team meetings.

The manager agreed to see how he could utilise the skills and experience of the staff team more within the organisation.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must have up to date training and training records for all staff.
This is to comply with Scottish Statutory Instrument 2011/210 Regulation 15(b)(i), 5(2)(c) a Regulation relating to training appropriate to the work performed. Account should be taken of National Care Standards, Support Service, Standard 2.8. Management and staffing arrangements.

Recommendations

1. The services should ensure that the information held in staff files is consistent and accurate.
National Care Standards, Support Services, Standard 2 Management and staffing arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The manager had started to review different areas of the service.

The manager looked at all of the outcomes from the quarterly questionnaires and ensured with the team leader any issues were promptly dealt with and recorded.

Areas for improvement

The manager agreed to review all of the services policies and procedures to include the Care Inspectorate details. He also agreed to look at how these policies benefited, staff, people using the service and the delivery of the service.

The service needs to look at what sort of quality assurance systems it needs to implement to involve all parties using the service. Recommendation 1

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service needs to implement a range of quality assurance systems which involve all parties associated with the service.
National Care Standards, Support Services, Standard 2 Management and staffing arrangements

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 2 - Weak	
Statement 1	2 - Weak
Statement 3	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 3	2 - Weak
Quality of Management and Leadership - 2 - Weak	
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings	
8 Nov 2010	Announced	Care and support	6 - Excellent
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
4 Nov 2009	Announced	Care and support	6 - Excellent
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
11 Feb 2009	Unannounced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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