

Care service inspection report

Wishaw and Shotts Home Support Service

Housing Support Service

Kings House

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Wishaw

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Telephone: 01698 348243

Inspected by: Lorraine McIntyre

Type of inspection: Unannounced

Inspection completed on: 23 November 2012



HAPPY TO TRANSLATE

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Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

Care service number:

CS2004071348

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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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Wishaw and Shotts Home Support provides care at home and housing support services to a wide range of residents in the Wishaw and Shotts locality of North Lanarkshire.

The care and support of people who use the service is delivered in the individual's own home and enables them to remain in the community for as long as possible.

What the service could do better

The service is managed from an office in the centre of Wishaw. The service and staff are managed by a Home Support Manager who is based in this local office.

There is presently minimal opportunities for HSM to access staffs working practice and competency with both service user involvement and standard of completed documentation. The service manager informed us that this was presently under review. It was hoped that the appointment of new staff to support the HMS would allow the opportunity for this to happen.

What the service has done since the last inspection

The service has ensured all service users have individual copies of their support plans located in their homes. This provided service users and staff access to person centred information relating to the support required and delivered to individuals.

Conclusion

The service continues to provide a good level of support to a wide range of service users allowing them to continue living in their own homes as independently as possible for as long as possible.

Who did this inspection

Lorraine McIntyre

1 About the service we inspected

Wishaw & Shotts Support Services - Care at Home and Housing Support is provided by North Lanarkshire Council. The service was registered by the previous regulator in 2004 - 2005 and Social Care & Social Work Improvement Scotland in April 2011.

The service provider employs over two hundred and sixty home support workers who deliver the care service to over six hundred service users in their own home. The services' support is offered to a range of individuals for example children, families, people with physical/mental disability and older people. It also provides a drop in support service for people with addictions.

The aim of the care service is to "provide high quality care that is tailored to the needs of the individual service user and promote dignity, empowerment and choice".

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

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection visit. The inspection was carried out by Inspector Lorraine McIntyre on 20,21 and 22 November 2012. Feedback was given to the Team Leader Home Support Manager on 23 November 2012.

In the inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents including;

- Minutes of service user and staff meetings
- Support plans
- Staff recruitment files
- Complaints procedure
- Questionnaires
- Accidents and Incidents
- Staff training files
- Supervision and employee development.

During the inspection we also spoke to the following staff;

- Team Leader and support manager
- Senior Home Support Manager
- Home support managers
- Re-ablement support worker
- Support workers
- Occupational therapist
- Five service users.

We also participated in three service users reviews and a re-ablement meeting. We visited service users and carers in their homes and spoke to eight service users by telephone.

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

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

The requirement

We followed up on two requirements made following a complaint investigation in November 2011. Details are as follows;

The provider must ensure that times of support delivered are carried out as near to the agreed times of support delivery as is suitable to meet the needs of the service user.

This must include ensuring that the service users' personal plan accurately describes the care and support that the carers may be required to provide to the service user at the visit.

This is in order to comply with the Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011/210, Regulation 4 (1) Welfare of Service Users.

Timescale; within two weeks of the publication date of this report.

What the service did to meet the requirement

The support plans contained good person centred information on the support needs and preferences of each service user. The service tries to accommodate the requested times as much as possible. However sometimes due to demand and staffing this is not always achievable. If the service is unable to meet the exact requested time the manager will negotiate a time as near to it as possible. Times of visits are recorded daily in the personal plans.

The requirement is: Met

The requirement

The service provider must ensure that when concerns are raised informally by service users that suitable action is taken within an agreed timescale to remedy concerns;

This must include;

An audit system of clients records by the manager to ensure that issues being raised by service users are being monitored and are being dealt with appropriately and quickly.

Staff maintaining accurate records of contacts made with the service by service users who wish to raise concerns about their carer and support delivery.

A mechanism of encouraging service users to use providers formal complaints procedure when concerns can not be resolved locally within an agreed timescale.

This is in order to comply with the Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011/210 Regulation 18 (2) Complaints.

Timescale; within four weeks of the publication date of this report.

What the service did to meet the requirement

Any concerns raised by service users were recorded by the Home Support Managers in the individuals case notes stored at the office. The details were given to the service manager who contacted the person and recorded the issue and outcome in a complaints log. Each individual support plan provided information and contact details on how to complain to the service or the Care Inspectorate. It explained that all complaints would be acknowledged in five calendar days and responded to in 14 calendar days. It also provided a complaint, comment and compliment to assist service users to complete.

The requirement is: Met

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

The following recommendation was made at the previous inspection;

The Provider, management and home support staff should ensure the development of a suitable action plan for the locality of Wishaw and Shotts which may identify issues surrounding the sustainability and accuracy of the person centred support plan contents to enable it to be a working tool, quality assurance of care service delivery, record keeping and the review process of documents located in the individuals home.

There was evidence that some auditing of support plans and record keeping was taking place but this was not consistent. This was partly due to the workload of the Home Support Managers who were unable to fulfil this quality assurance process. However the service is currently in the process of recruiting staff to support the HSM to allow them to fulfil this role.

National Care Standards Care At Home, Standard 3 - Your Personal Plan

This recommendation has not been met. We will monitor progress at the next inspection.

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.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We issued 120 Care Standard Questionnaires of which 96 were returned. Results from these were as follows;

55 people agreed with all questions asked and overall were happy with the standard of care provided

4 people disagreed with questions asked and were unhappy with the standard of care provided

65 people were unsure of how to complain to the service or Care Inspectorate

13 people did not know they have a personal plan in place

36 disagree that they are regularly asked ways on how to improve the service.

Comments received were as follows;

"The carers provide me with the best support. I do not know where I would be without them. Thanks for a great service, everything is spot on"

"The carers are all very friendly, competent girls. I am disappointed with the office staff. If I don't need carers because my family are available I report it to the office and 9 times out of 10 a carer turns up as not been notified"

"My carers are always very friendly and helpful, I trust them to come into my house as I live alone"

"I have no comments regarding such good quality service and such reliable ladies in service".

Taking carers' views into account

Please see results above and refer to comments in quality statement 1.3

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: 4 - Good

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

We thought the service was performing at a very good level in areas covered in this quality statement.

The service was provided from an office in the centre of Wishaw. The reception area had a range of relevant information leaflets including, complaints procedure, newsletters and magazines which were available for service users and carers to read.

We saw information and contact details for accessing assisted technology for example adaptations to help maintain peoples Independence in the kitchen. There was good information from the Equals Advocacy Partnership who had provided a presentation and information on how to get help with representation from the advocacy service.

Regular Social Work Continuous Improvement meetings were taking place. These involved discussions on ways to improve the service and had representation from other localities. Some examples of these were locality manager for disabilities and the locality social work manager for community care and reception. These meetings provided a good opportunity for staff to come together and discuss the future objectives and development of the service.

Service users had attended a participation forum in June 2012 which involved representation from Care-watch, senior management from Headquarters and the Care Inspectorate. Topics discussed included the re-ablement project and peoples views on the standard of care provided. Responses recorded were positive and provided evidence that the Re-ablement programme was successful by maximising peoples

dependency skills and reducing the amount of hours of care needed in the community. The next meeting is scheduled for the beginning of next year. Re-ablement involved a thorough assessment of people's dependency and safety skills by the Home Support Manager and the Occupational Therapist. This was followed by an intense six week support programme which encouraged and promoted Independence based on the person's capabilities. People were supported by trained staff to prompt and assist them with daily living tasks for example washing/dressing and preparing meals. Their capabilities were recorded and progress discussed at weekly Re-ablement meetings attended by Home Support Managers, Occupational Therapist and support workers. Each service user's progress was discussed and extra support added if required. At the end of the six week programme some people did not require further support and were completely independent while others needed continued mainstream support.

North Lanarkshire Council issued a 'Home Support Service user survey' at the beginning of the year. This involved questionnaires being issued to 3,291 service users in the following localities;

Airdrie

Bellshill

Coatbridge

Cumbernauld

Motherwell

Wishaw.

The 1,137 responses received showed that over 83% of people were happy with the home support and Re-ablement service provided, given the size of the service we thought this showed was a high percentage of satisfaction from service users.

Home support roadshows took place across North Lanarkshire and were facilitated by home support workers across all the localities. This gave staff the opportunity to discuss the future plans and changes to the service, staff said it was 'upbeat and enjoyable' and 'worthwhile roadshow, glad to have been there'.

Areas for improvement

Another way for the service to obtain people's views might be to place a suggestion box at the reception area of the main office in Wishaw. This would provide people with another option of providing their views and comments on the service when visiting the office.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We thought the service was performing at a good level in areas covered in this statement.

Support plans contained good person centred information. These included relevant risk assessments and detailed personal preferences in relation to diet and personal support required.

Each support plan contained a welcome/information letter and a copy of the complaints procedure. Support plans sampled in the office and in individuals homes were consistent of content. Each plan contained a pen picture, this provided a life story and detailed summary of the persons' support needs.

Information regarding service users and staff were stored in both electronic and paper format.

There was a copy of an authorisation letter in each persons support plan. This explained that in the event of any changes in relation to staffing that a notification would be sent providing details of that change. It also explained that this may effect the allocated times depending on staffs availability at short notice. We thought this was a good way of reminding service users that the service would always try to accommodate personal preferences depending on staff availability at the time.

We attended review meetings of service users who had recently been discharged from hospital. The Home Support Manager and the Occupational Therapist visited the service users at home. They completed a full assessment of the persons needs and capabilities. This included an assessment of the persons safety in relation to mobility and capability to safely prepare food and drink.

The results of this assessment determined the level of support required, this was the Re-ablement programme. It provided intense rehabilitation and support for six weeks following discharge from hospital. The progress of individuals was discussed at weekly Re-ablement meetings. These were attended by Home Support Managers, workers and other health care professionals for example Occupational Therapists.

The HSM also organised regular 'patch' meetings, this provided support workers with the opportunity of discussing service users who were no longer requiring Re-ablement and were using mainstream support. This allowed staff the opportunity to discuss any concerns or issues in relation to service users health and wellbeing.

There was a medication policy and staff had received training on the administration of medication. The service had recently introduced two pharmacists to

provide training and review of all service users medications. The service had recently developed a palliative care pack which provided good information and helpline contact details for dementia, carers support groups and bereavement support. Staff had recently attended training in palliative care provide by St Andrews Hospice.

People who required extra support with safety and security were provided with a key-safe. This ensured staff could gain access in the event of an emergency. Some service users were further supported by the use of the Alert alarm system. Once activated by the service user a call is logged with the Community Alarm system who then deployed staff to deal with the situation. This gave service users the added security of knowing that staff were available 24 hours a day in the case of an emergency.

We spoke to service users in their homes and by telephone. Some of the comments received in relation to the care and support provided were as follows;

The service "provides good continuity of care, its tailored to her needs, the times accommodate me and my family everything is great I am totally satisfied and happy".

" It was usually always the same staff sometimes different to cover holidays, always on time, always nice and obliging ".

" They are usually always the same staff, sometimes its different if people are off but I know most of them now, used to not know some and it made me feel awkward but fine now as know most of them ".

"I had issues previously with different people coming in but its been fine for the past few months now. If someone is going on holiday, they write and tell me so I know whose coming in. Always on time and friendly".

" In the past didn't know who was coming, it was always changing but now its usually always the same ones, if any changes due to holidays its always on the schedule which we get every week ".

We visited service users in their homes and observed staff interaction. Staff promoted and encouraged Independence with mobility and food preparation with positive outcomes.

The support plans in the homes were reflective of the support being offered. These were updated following each visit allowing relatives/carers and staff to see the individuals daily progress.

Areas for improvement

The Home Support Managers provided a service from the local office in the centre of Wishaw and were based here most of the time.

We discussed the need for the service to provide regular auditing and assessment of staff competencies and standard of documentation being used.

We were assured that the service is currently employing staff for the purpose of providing the HSM with added support in the office. This will help to ensure regular reviewing of documentation and allow staff practice to be assessed regularly.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths

We thought the service was performing at a good level by areas covered in this statement.

North Lanarkshire Council had a robust recruitment procedure in place.

We sampled six files of recently appointed staff. The files contained a range of information signed by employees on receipt of these which included a copy of the Scottish Social Service Council (SSSC) code of conduct and a home support workers handbook. This included the relevant sections of policies and procedures including " no reply from door " and the actions to be taken in these situations.

Each file contained information on previously attended training, copies of identification documents and results of a health questionnaire.

There were two satisfactory references and information recorded on Protection of Vulnerable Group (PVG) checks.

All new employees received a five day induction programme which covered health and safety, medication, dementia, food and nutrition and adult and child protection. Moving and Handling training is provided at a local hospital. When staff commenced employment they were given the opportunity to 'shadow ' a more experienced worker until they are familiar with individual service users needs.

Areas for improvement

Staff references should be supplied on headed notepaper or have a company stamp to provide evidence of authenticity.

Handwritten references on plain paper should be clarified by the manager and information recorded for reference.

Information provided should include length of time and capacity the referee has known the person.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should clarify and record the authenticity of handwritten references that do not provide evidence of the business/company they were provided from.

NCS 4 Care at Home - Management and Staffing.

Statement 3

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

Service strengths

We thought the service was performing at a good level in areas covered in this statement.

The majority of staff training was organised through the Learning Organisational and Development Team who delivered ongoing mandatory and specialised courses. Further courses were sourced externally for example palliative care from St Andrews Hospice.

There was an recent annual Learning and Development team update which provided an overview of learning and development for the home support service. It provided staff with information on the ongoing development of Re-ablement and registration requirements for staff in relation to the Scottish Social Service Council (SSSC).

Staff had attended training in a wide range of relevant subjects including; swallowing and communication, addictions and mental health, palliative care, dementia and adult/child protection. Negotiations were underway to deliver further training in the New Year on addictions, mental health and childcare with new guidelines being developed for medication administration.

All staff had mobile phones allowing them access to the Home Support Managers and other staff members for advice and assistance. The HSM provided regular "patch" meetings with staff to discuss service users health and wellbeing in their area (patch).

There was also a weekly Local Planning Group meeting this provided access to Alzheimer's Scotland and Housing Adaptations where staff could obtain advice and support for service users.

Support workers received a staff handbook providing summarised information on sections of relevant policies and procedures and useful contact information if they required extra support and advice.

Staff we spoke to told us they felt well supported, had plenty of opportunity for training and enjoyed their job.

We issued Care Standard Questionnaires to staff and some of the comments received were as follows;

" I feel carers give very good support but 15 minutes is not enough especially with people who have dementia".

" We don't get enough meeting or supervision".

" Support workers should be present at reviews".

Areas for improvement

The service is currently in the process of employing new staff members to provide added support to the Home Support Managers. This will allow the HSM to assess staff working practice and competency levels. We will monitor the progress of this at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

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

We thought that the service was performing at a good level in areas covered by this statement.

North Lanarkshire conducted a survey in February 2012, 3,291 questionnaires were issued and 1,137 were returned.

Service users from Airdrie, Bellshill, Coatbridge, Cumbernauld, Motherwell and Wishaw participated in the survey. The results showed that 83.7% of people were satisfied with the service. 86.5% were happy with the support provided by Re-ablement, 14.7% felt that workers did not always visit at times that suited them and 12.1% did not feel involved in changes made to the service.

We felt that given the size and range of service users needs that this showed a high level of satisfaction for the care provided.

Results from previous questionnaires and comments received from service users suggested people were unhappy with times and staff allocation. This now appears to have been addressed and comments received appear much more positive now for example;

"Always on time, always nice and obliging, usually always the same staff, sometimes it different to cover holidays but all are so nice, I am very happy with the service and the girls".

"Always the same carers that come, always get a schedule to tell me who is coming".

The complaints procedure was available for reference in the local office and in individual support plans.

Complaints were logged and dealt with appropriately by the manager of the service.

Performance management meetings took place monthly. This provided an opportunity to discuss staff performance, absence management and services users changing support needs.

It also provided positive feedback to the service on care home/hospital admission and if this had been reduced due to support provided in the community.

Areas for improvement

The performance, review and development scheme (PRD) was currently under review and had not been implemented this year. We will monitor the progress of this at the next inspection.

We looked at the recording of accidents and incidents. We found good information regarding incident recording. We noted that accidents recorded were in relation to staff and did not involve service users. The service felt that people living independently do not require to complete an accident form any time something happens. Keeping a record of accidents might enable the service to highlight any recurring issues with a particular person and apply the appropriate measures to then manage this. (see requirement 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service must develop a method of recording accidents and incidents of people using the service. This will enable the service to identify areas of concern and introduce ways of managing and reducing risk to service users. The manager must review this information on a regular basis and record this information along with a suitable action plan.

This is in order to comply with;

The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (a) Welfare of users

Timescale; Immediately on receipt of this report.

4 Other information

Complaints

The service had received one complaint since the previous inspection. We were satisfied with the way in which the complaint was dealt with and the actions taken following this.

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 - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 2	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
3 Oct 2011	Unannounced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
5 Nov 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
19 Feb 2010	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
30 Jan 2009	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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