

## Care service inspection report

# Care UK Homecare Ltd - Edinburgh and Midlothian

## Support Service Care at Home

29 Elmfield Court  
Dalkeith  
EH22 1DY

Inspected by: Michelle Deans

Type of inspection: Announced (Short Notice)

Inspection completed on: 10 October 2013



HAPPY TO TRANSLATE

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## Service provided by:

Care UK Homecare Limited

## Service provider number:

SP2013012018

## Care service number:

CS2013317625

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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	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

### What the service does well

We found that the service had systems in place to support the involvement of service users and their family to give feedback about the service. This included observed practice of staff, quality assurance visits, reviews of support and questionnaires and phone calls from field care supervisors.

Service users and their families we spoke with said that in general the direct care and support from the homecare workers was good and that they were happy with the service provided.

### What the service could do better

Whilst quality systems were in place we found that these did not always evidence improvements with regard to medication administration, timings of visits and the content of personal plans. We could not see how the audits completed linked into an improvement plan as no targets were in place to achieve with regard to reviews of personal plans, staff supervision, spot checks and completion of personal plans.

We were told by service users and family that consistency in timings of visits could be an issue when the regular carer was off and we could see from looking at homecare staff rotas that there were instances of no travel time allocated between service users.

We could see that the manager and staff team were aware of the areas needed to

improve upon and were actively trying to improve the service. We could see there was an improvement plan in place but this had been delayed because of I.T system changes being more problematic than expected.

Improvements must also be made in overseeing and monitoring staff practice with regard to administration of medication. We saw that staff were not following the medication policy, with several examples of poor record keeping and a lack of observed practices to ensure staff competency.

### **What the service has done since the last inspection**

Care UK became majority shareholders of Housecall Care and Support Ltd in 2012. In 2013 Care UK Homecare Ltd applied for new registrations to the Care Inspectorate to become the registered provider of this service. This resulted in Housecall Care and Support Ltd being split into two new separately registered services, Care UK Homecare Ltd East Lothian and Care UK Homecare Ltd Edinburgh and Midlothian. As such this is the first inspection of the newly registered service Care UK Homecare Ltd Edinburgh and Midlothian.

### **Conclusion**

The general feedback was that the direct care and support from homecare workers was good however improvements must be made to ensure that the overall service is evidenced as being effectively monitored to ensure it consistently provides the quality of support expected.

### **Who did this inspection**

Michelle Deans

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Care UK Homecare Ltd Edinburgh and Midlothian provided a Homecare service which operated from office bases in Edinburgh and Dalkeith, Midlothian. It is registered as a care at home service.

Care UK Homecare Ltd Edinburgh and Midlothian provides generic support to a wide range of people with varying needs. At the time of inspection the service supported approximately 300 people throughout Edinburgh and Midlothian. The service is generally available 24 hours per day seven days per week to provide flexible packages of care appropriate to service users' needs.

The service has a manager responsible for the management of the service; this is supported by a care manager, who can deputise for the manager. There are three field care supervisor posts and five co-ordinator posts. Field care supervisors are responsible for the day to day supervision and management of the homecare workers.

Co-ordinators are responsible for the allocation of support and work closely with the field care supervisors. There was also a part time quality assurance manager.

The aim of the service is to 'provide high quality care and support services to assist in the tasks of daily living to allow freedom of choice to continue to live independently and safely at home in dignity and in familiar comforting surroundings and thus enhance the quality of life.'

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

**Quality of Care and Support - Grade 3 - Adequate**

**Quality of Staffing - Grade 3 - Adequate**

**Quality of Management and Leadership - Grade 3 - Adequate**

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](http://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 high 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**

Inspector Michelle Deans visited the office base of the service in Musselburgh and carried out the inspection on 02/10/13 between the hours of 9am and 5pm.

As part of the inspection we also sent out 120 questionnaires to relatives and service users and collated the outcomes. Fifty seven questionnaires were returned prior to the inspection.

Prior to the inspection we met ten service users and spoke with a further four by phone. We also met three relatives and spoke with a further six by phone. We also spoke with the care manager and one field care supervisors.

As part of the inspection we sampled the following:

Medication policy/ medication training and a sample of completed medication record sheets

35 service user's personal plans, 25 in the office and ten in service users' homes.

Records of missed visits/complaints and accidents and incidents

15 Staff supervision records

Staff training records including induction

Minutes of staff meetings

Quality assurance documentation

Evidence from returned questionnaires sent out to service users

15 staff recruitment files

A sample of 15 staff rotas with allocated visits

### **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](http://www.firelawscotland.org)



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

This was the first inspection of this service.

### **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:** No

### **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 did not request the provider to submit a self-assessment document prior to the inspection. This was because of the short notice of the inspection after registration with the Care Inspectorate.

### **Taking the views of people using the care service into account**

One hundred and twenty questionnaires were sent out to Midlothian. Fifty seven were returned, forty two of which were completed by service users. Twenty three of these were anonymous.

As part of the inspection we met with ten service users and spoke with a further six by phone.

Comments from service users included:

"When my regular carers are on holiday I can have 4/5 carers in one week  
When my carers are off there are so many different people  
Cares are friendly and I have never had any problems  
Carers arrive late, rotas are not right and often different carers turn up  
I object to carers being phoned when I am being attended to  
I have been very satisfied with the service

In general the service is good until carers get moved around

List of carers is not accurate

No names of carers who are coming, turning up without ID badges, times changed with no notice"

From speaking to service users the same issues were discussed about changes to times, homecare workers and a lack of consistency in the service, however this was varied and in some cases service users had very regular carers and thought the service provided was good.

### **Taking carers' views into account**

One hundred and twenty questionnaires were sent out to Midlothian. Fifteen were completed by relatives. Six of these were anonymous.

As part of the inspection we met with three relatives and spoke with a further six by phone.

Comments from relatives included:

"First class service

Would be better if we had regular carers

Overall a very supportive and professional service"

From speaking with relatives the comments made mirrored those of the service users, issues with timings and consistency of visits when the regular home carers were off. However on the whole relatives said they were happy with the support provided by Care UK.

## 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: 3 - Adequate

#### 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 provided good opportunities for service users and families to participate in assessing and improving the quality of care and support.

There were quality assurance systems in place which would support the process of gaining views from service users and their representatives about the care and support they received. This included six monthly reviews of support, annual quality assurance questionnaires, phone calls from the field care supervisors and a system in place to observe staff practice and gain feedback as part of this about the support given from the homecare workers.

From looking at service users files we could see that six monthly reviews of personal plans were being completed. The reviews format included tick boxes and sections for comments. Questions asked included if the support was flexible, provided at times expected and if the support was reliable.

The service also had a full time quality assurance manager who also completed regular phone calls to service users who had raised concerns in the past. This was done to ensure any improvements were monitored and were evidenced as being sustained.

At the point of inspection the annual quality assurance questionnaires for Edinburgh and Midlothian had yet to be sent out by Care UK Homecare Ltd. However ones were available from April 2013 for the Dalkeith area of Midlothian. This showed that on average most service users felt the service met their needs however there were improvements to be made which the service was actively working on in terms of communication, timings of visits and involvement of service users and relatives in

giving opinions about the service provided. Care UK Ltd would ask all service users/ relatives if they wanted a copy of the survey results and if they requested these, they would be sent to them.

We saw that service users forums had taken place in each geographical area where staff support service users. Minutes of these were sent to all service users and support was given to help them attend the forums should they wish to do so. The forums included guest speakers such as the NHS Falls Nurse which gave valuable information to those who attended.

We saw from minutes that all service users and relatives were invited to these and any issues could be discussed or put onto the agenda.

The manager showed us letters sent out to service users to explain the disruption to their service because of the implementation of the new I.T system.

All service users were given information on how to make a complaint or raise a concern through the information pack given as part of the personal plans.

Care UK Homecare Ltd had a service user and care involvement strategy. In East Lothian there was a part time quality assurance manager who was responsible for the overview of quality in the service.

In Midlothian an independent quality assurance officer, who was employed by Midlothian Council, had undertaken regular visits to service users as part of the overall quality strategy. Where any issues were identified these were actioned and the action taken was fed back to the manager. The quality assurance officer for Midlothian Council gave feedback weekly and the manager and staff team worked closely and effectively with the local authority to sustain improvements to the service users support.

Feedback can also be given through Care UK's website. The website also gives relevant information to any prospective service user and their family about the services provided.

### **Areas for improvement**

We found it difficult to get an overview of the numbers of personal plan reviews completed and the number outstanding. Whilst we could see these were being done at the point of inspection we could not tell to what degree these had met any targets for completion. We could see that field care supervisors completed weekly audit sheets which included the level of reviews completed but there was no overview of this as to what the targets were for each week and if these had been achieved. This links into a requirement made about audits under theme 4, statement 4.4.

From looking at reviews of support we could see that in general terms service users

and relatives had thought the service had more recently improved and that they were happier with the care and support given. However four service users we met felt that the same issues re-occur on a regular basis and whilst they are promised improvements often the improvements only last a short period of time. These were in relation to the times of visits when the regular homecare worker was off.

Although quality assurance systems were in place, there was a gap in how the systems all linked together to enable feedback to be given to service users and their families. For example observed practices did not record detailed feedback from service users, although there was space to do so. We also saw that reviews often highlighted some areas to improve however it was, in some cases, very difficult to track what action had been taken to meet the improvements. (See recommendation 1)

We read the quality assurance policy of Care Uk Ltd and found that this gave an overview of the systems in place but was not specific to what was actually to be done by the service. We discussed that the quality assurance policy should include the specific methods of gaining service users views which reflected what was actually done as well as detailing how feedback would be given to service users and their relatives. For example the methods of gaining views stated postal questionnaires, three monthly quality checks and an annual service audit. However at the point of inspection this did not match what was in place. (See recommendation 2)

We discussed that within the newer format for personal plans there were outcomes identified for the service user, however often these were what would be the expectations of care and support and not specific outcomes which could be measured, for example "to receive on-going support". We discussed that further training should be given with regard to outcome led planning. We will follow this up at the next inspection.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. Further review of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and any service user forums into overall quality outcomes, to feedback to service users and their families.

National Care Standards, Care at Home, standard 11, Expressing your views.

2. The provider should review the quality assurance policy and procedures to make sure they reflect what is done in the service and that they are effective and appropriate for ensuring that the service is provided in a manner which promotes quality.

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

### **Statement 3**

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

#### **Service strengths**

We found that the service was adequate in ensuring that service users' health and wellbeing needs were being met.

We looked at 35 personal plans in relation to health needs. This included ten personal plans for service users in Edinburgh. Specific information was recorded on how to support individuals where they had health needs. We saw that in general the information within the personal plan was well written and gave good descriptions to homecare workers on how to support the service users including preferences of support. We saw information about moving and positioning equipment used including stand aids, hoists and relevant slings used.

We saw where risks were identified that some actions plans had been put in place to minimise the risk, where the revised newer format for personal plans was used the risk assessment included all aspects of the service users support from the environment to mobility.

We sampled Care UK Ltd policies and procedures and found these were used to underpin staff practice. Policies sampled included, Medication, Accident and Incident Reporting and Adult Support and Protection. All staff had been given training on all the policies and had also completed mandatory training such as Moving and Positioning, Medication and Food Hygiene. We saw that the staff induction to the service was comprehensive and covered all aspects of the service to be provided. We were told by the field care supervisors and manager that staff completed shadow shifts with an experienced home care worker for their first shift to ensure they were competent and confident in providing care and support.

Where medication was part of the planned support, the service user had a medication risk assessment in place. All staff were trained on the administration of medication in the service as part of their induction.

Service users and families we spoke with felt the direct care given by the homecare workers met the individual assessed needs and in general were happy with the care provided.

There was a system in place to directly observe staff practice on a regular basis through "spot checks". Records of the checks formed part of discussions in supervision and fed into staff appraisals. We saw that in July 44 checks had been completed and 27 for August.

An electronic call monitoring system was in place which allowed timings and consistency of visits to be monitored, however this was still relatively new in the service.

### **Areas for improvement**

We saw that there was contradictory information within personal plans about medication administration. We also saw that staff did not follow the medication policy with regard to consistency in recording of medication. We had concerns that visits had been missed to service users who needed support with medication (although these had been followed up with the family and GP/NHS 24 to minimise the risk from the missed visit).

All staff were trained on the administration of medication in the service as part of their induction. A comprehensive medication management policy was in place. However we found that staff working in the Edinburgh office required an update to medication training which Care UK have set as yearly. (See requirement 1)

We also found that staff had been instructed to sign for each individual medication administered on the recording sheet should a service user be assessed as needing support with the administration of medication. However the medication was in blister packs in one section for specific times of administration. We discussed with the manager that staff could not be expected to identify individual tablets from a number within the blister pack sections. The system in place would usually only be used when medication was dispensed from their original container. We discussed that the practice of signing for individual tablets stored together in blister packs should be revised. Where the service user was assessed as requiring support with administration of medication original packing should be used and medication dispensed from this. (See requirement 2)

The medication policy stated that audits of records of medication should be completed on a monthly basis. However we saw that often audits of records for both the daily notes and medication records were audited out with reasonable timescales and this meant issues were not being picked up as quickly as they should be. For example we saw records signed off as audited in September for records completed in March. This links into a requirement made under theme 4, statement 4.4.

Whilst we could see that spot checks were being completed it was unclear if agreed targets for these were being met to timescales. This links into a requirement made under theme 4, statement 4.4.

Whilst it was recognised that all service users had risk assessments in place we found

that often the risk assessments were not dated or signed. We also found where risk levels were medium or high, there was inconsistency in detailing what the specific risk was and how to minimise this. We saw from medication risk assessments that the level of support identified in the assessment differed from information recorded on the personal plan. (See recommendation 1)

We discussed that we had concerns about the content within some of the personal plans. We found some plans that service users BMI (Body Mass Index) had been recorded. However on discussion it was unclear why this had been added to the personal plan. We assumed that the BMI calculation was based on the service users or family member giving details of the service user's weight, as there was no other means to assess this. This may not be accurate and any inaccuracy may lead to an inaccurate outcome of the BMI score. We were also unsure as to why this would be done. We discussed that clinical judgements should be the responsibility of relevant professionals. Although this did not at the time of inspection have an impact on the support or outcomes for service users the practice of using a BMI rating where there has been no identified need by a professional should be reviewed. (See recommendation 2)

We found there were four different formats in use with regard to personal plans. Whilst the information within the plans was detailed with regard to care and support we thought this to be very confusing to homecare workers who had not supported the individual before. Whilst we accept that a review of the format had been undertaken and a revised format was being introduced to all service users we were also informed that changes had been made to the format again and in theory this may mean five different approaches to personal planning. (See recommendation 3)

Whilst we saw that the content of personal plans were detailed with regard to preferences of support we saw that in some cases there were ambiguous statements within them. For example "carers assist me with medication", "I use a hoist as per Care UKs policy". We discussed this with the manager as these were in the minority of plans. As these plans will be under review for the revised format we will follow this up at the next inspection.

We found that there was a level of duplication with regard to some of the paperwork used at present. Whilst service users had risk assessments in place and detailed personal plans there was also a new document called "my personal needs and risk assessment" it was unclear what this was used for as risk assessments were still being completed. Thought should be given to condensing the level of documentation currently in place.



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**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 3

## Requirements

1. The provider must ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:
  - (i) Detailed information on the specific needs of the individual service user with regard support with medication.
  - (ii) Accurate audits of medication records and systems to ensure staff competency in administration.
  - (iii) All staff receive appropriate training which is updated as per Care UK policy on the administration of medication.
  - (iv) Ensure that the support plan and associated risk assessments match the levels of medication administration as in Care UK Ltd medication policy.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 6 weeks.

2. The provider must ensure that the system to record medication which is stored in blister pack is revised and that the medication policy is updated to reflect the changes. All staff must be trained on the revised system and competency monitored through the audits of medication to ensure the revised policy is consistently achieved.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

### Recommendations

1. Risk assessments should reflect the information within the personal plan and include measures to be taken to minimise the risk identified.

National Care Standards Care at Home Standard 4, Management and Staffing.

2. The practice of using BMI risk levels should be reviewed and revised.

National Care Standards, Care At Home, Standard 4, Management and staffing.

3. The format used for personal planning should be finalised and the revised format put in place to a set timescale for all service users.

National Care Standards, Care At Home, Standard 4, Management and staffing.

### Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

### Service strengths

Whilst we found that there was a good range of information available for people who use or would like to use the service, we found communication between service users, homecare workers and the office based staff was inconsistent.

The service provided all new service users with a welcome pack. The pack contained information on the organisation, how to make a complaint and a guide to how service users can give feedback about the service. Care UK's website also gives relevant information to any prospective service user and their family about the services provided.

Midlothian Council contracts were in use for all service users. These have the details of the costs of the service, agreed times and days of support. The agreements also gave specific instructions on how to end or change the service and what the service could provide as part of the agreements.

When a referral was made the field care supervisor would visit the service user to discuss their specific needs and a personal plan would be completed with service user involvement. At this time any questions about the service could also be answered.

Any new homecare worker would be fully informed of key tasks and relevant information specific to the service users prior to the visit. Staff rotas also included a brief reference to support tasks.

From speaking with service users and their relatives we found that they knew how to contact the service, both during day time working hours and out of hours.

We saw that service users were sent rotas of who would be supporting them on a weekly basis with the times of support included (however this was very inconsistent across Midlothian at the point of inspection). Some service users we spoke with said they were informed of changes to their rota, the only issues arose was when someone went off sick or at times where their regular carers were on holiday.

We also saw an improvement in the allocation of travel time for staff. Whilst this had not been consistently achieved in approximately 60% of the staff rotas we looked at, travel time was allocated.

### **Areas for improvement**

Whilst we saw that some service users had a main team of carers and were informed of specific changes to their support, they were not informed of who would be supporting them when the main carers were off, unless they had specifically requested this to happen.

We understood that this may be difficult to achieve given the number of service users and sometimes the level of dementia that some service users had however we discussed that at present it was the expectation of service users and their families they would be contacted with any changes.

We discussed with the manager that service users and their families should be given accurate information on what the service will provide and how this will be provided. This would include reference to changes of homecare workers when the main worker is off. (See recommendation 1)

There was also no reference to travel times in the introductory information given to service users. The provider should include a clear and unambiguous statement concerning the practice of "travel time". We found issues with regard to travel through the staff rotas. Often staff were allocated on the rota to support an individual service user at exactly the same time the previous support ended. (See recommendation 1)

Whilst the service users had written agreements/contracts in place and the personal plan gave specific times of support these did not always reflect the actual support times delivered. From speaking with service users and looking at daily logs in service users homes and in the office we saw that times varied from what was agreed and that on some occasions home care workers were also not staying for the length of time agreed in their contract. Service users we met also said that rotas over the last month did not have weekends or dates on these. They said they had been informed that this was an I.T issue and was being looked at. However service users who did not either have a rota or did not have weekends on the rota would not know who was supporting them or at what times. Service users we met also said that rotas often did

not match the homecare workers rota and this led to differences in times of support (See requirement 1)

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

(i) Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

(ii) Regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

(iii) Calls received in the office from service users or their relatives are recorded and a system in place to ensure the relevant person is made aware that a return call is necessary.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

### Recommendations

1. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to changes of homecare workers and travel time.

National Care Standards, Care at Home, standard 1, Informing and deciding

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

The service provided good opportunities for service users and families to participate in assessing and improving the quality of staffing.

Please see comments under Theme 1, statement 1.1 relevant to this statement.

#### Areas for improvement

Further improvements could be made in linking service user feedback to staff supervision and performance review.

See under Theme 1, statement 1.1 for recommendations made which are also relevant to this statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### 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 viewed 15 staff files of staff who had recently been employed in the service and those employed in the last 12 months. The information within the files showed the recruitment procedures met some elements of the Scottish Government's "Safe Recruitment through Better Recruitment" guidance.

All staff had completed an application form. Disclosure Scotland checks and more recently PVG checks were undertaken before the individual was offered a position. There was a comprehensive recruitment procedure in place. This included procedures

for the applications, interview and appointment of staff.

The application form included sections on previous employment, relevant qualifications and experience and a section to sign with regard to any criminal convictions or pending convictions.

We saw that all candidates for post went through an interview and all the answers to the interview questions were assessed as appropriate. An overall assessment of the candidate was recorded at the end of the interview process.

We saw that everyone had recruitment checklist in place to evidence at a glance if all checks had been completed prior to employment.

All applicants had to complete a pre employment questionnaire in regard to health.

The organisation had followed best practice guidance from the UK Borders Agency when employing staff from abroad. This included photocopies of original documentation such as passports and driving licences and work permits where appropriate.

Because hours were not guaranteed in staff contracts (staff hours reflected service users assessed hours of support), all staff signed a basic contract when offered the post.

On commencing employment all new staff had to undertake a 5 day induction prior to shadowing a staff member for one shift.

### **Areas for improvement**

From looking at staff files of newly appointed staff we saw that often only one staff member would interview a candidate. As good practice and to ensure consistency two staff should interview any prospective member of staff. (See recommendation 1)

We also saw instances where interview scores did not match the expectations as per Care UK guidance as part of the interview process. Whilst this could have been for a variety of reasons such as a lack of experience, the interview record stated should the candidate score below a specific figure further support could be given. However we could find no evidence of this outwith the staff retention programme when they were successful and in post. We also saw from the interview records we sampled that often the section for scoring and totalling was missing from the records. (See recommendation 2)

We also saw that as part of the induction an evaluation of the new homecare worker was given. We could not see a programme of support which was documented for new homecare workers. We saw that 1:1 meetings could happen up to two months after

starting employment and there was no documented evaluation of shadow shifts. (See recommendation 3)

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. Prospective candidates for all posts should be interviewed by two staff to ensure there is a balanced and consistent approach to recruitment,

National Care Standards, Care at Home Standard 4 Management and Staffing

2. Where any prospective candidate does not reach the set criteria for interview there should be a written follow up of support/ action taken up to the point of the 26 week retention programme if successful.

National Care Standards, Care at Home Standard 4 Management and Staffing

3. An evidenced programme of support should be introduced for all new staff to show the support they have received since starting employment for the duration of the probationary period.

National Care Standards, Care at Home Standard 4 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

Care UK Ltd staff were supported by a range of policies and procedures. There was a planned approach to the review of policies and procedures at a corporate level.

All staff were given a comprehensive induction. The induction included a local induction to the Homecare service and an organisational induction with respect to policies and procedures. Staff attended induction training which included dementia, infection control, national care standards, medication, continence, adult support and protection and moving and positioning. All new staff were given the opportunity to shadow more experienced staff prior to lone working.

We saw that there was a planned approach to training to ensure that all staff received appropriate mandatory training. Infection Control was part of induction as was Moving and Positioning training, Food Hygiene, Dementia and Medication. Dates were

planned for all training and this was monitored through the I.T system "cold harbour". Should staff refresher training be due this would be highlighted on the system and staff were not able to be allocated shifts if the training had not been completed within the set timescales.

As part of staff achieving a relevant qualification, all staff will have the opportunity to gain an SVQ, either through the modern apprenticeship scheme or through Care UK Ltd.

Team leaders are identified to support new staff and enable a contact to discuss any issues. However this was being introduced in the service and at the point of inspection was too soon to see the success of this and if it was sustained.

Care UK Ltd had a PDR (Performance Development and Review) system for staff. PRD included an allocated 1:1 meeting to discuss personal development and individual training needs. We saw that there was a planned approach for all staff to receive supervision which gives an opportunity to discuss any issues.

All staff were given employee handbooks at induction. This included expectations of working with Care UK and a brief outline of policies such as whistle blowing, confidentiality and codes of conduct. All staff received a copy of the Scottish Social Services Council codes of conduct as part of their induction.

All staff also were given common induction standards which were workbooks including reflective accounts of work to complete which gave information on legislation, expectations and good practice.

We saw that regular meetings had taken place with the management team based in the office and that team meetings had commenced for homecare workers in September 2013. The care manager said she was looking to develop a staff newsletter for the service to ensure that any staff member not attending one of the team meetings was given information on discussion and outcomes. The first one was due in October.

### **Areas for improvement**

We discussed in theme 1, statement 1.3 with regard to staff practice, including poor practice with medication administration. As this links into this statement with regard to a professional and trained workforce, the grade also reflects our findings under theme 1.

Although we found from looking at training records, induction and staff handbooks that staff were made aware of their responsibilities under the Scottish Social Service Council Codes of Conduct and to adhere to Care UK policies with regard to professionalism and confidentiality, we found that some of the comments made by



service users about issues in the service came from staff sharing information with them. Whilst we acknowledge this is possibly a very small percentage of staff and that steps have been taken to address these issues through supervision and team meetings this has been taken into consideration with regard to the grade for this statement.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

The service provided good opportunities for service users and families to participate in assessing and improving the quality of management and leadership.

Please see comments under Theme 1, statement 1.1 relevant to this statement.

#### Areas for improvement

Further improvements could be undertaken to involve the service users and their relatives in both evaluating the overall management of the service and in the self-evaluation requested by us as part of the inspection process.

See under Theme 1, statement 1.1 for recommendations and requirement made which are also relevant to this statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### 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

Care Uk Ltd have a service user and care involvement strategy which stated that they "aim to involve service users in shaping service delivery, planning and evaluation of the services". All quality assurance is overseen by the quality assurance manager.

In Midlothian an independent quality assurance officer, who was employed by Midlothian Council, had undertaken regular visits to service users as part of the overall quality strategy. Where any issues were identified these were actioned and the action

taken was fed back to the quality assurance manager.

All staff leaving the service were asked to complete an exit questionnaire, which asked for feedback about working within the service. The operations manager had met with staff to gain an insight into why they left the service and to action any suggestions to make improvements.

The service operated a call monitoring system. Staff used a free number to log in when they arrived at each person's home. They also logged out when they left. The system identified when staff had not logged in as expected. This alerted office staff after a set time. This meant that the system would highlight any visits which did not happen at the agreed time and this then was passed onto the office to reallocate or contact the homecare worker.

Field care supervisors produced a weekly audit of staff supervisions, performance reviews, quality assurance phone calls, spot checks and reviews of personal plans.

See under Theme 1, statement 1.1 for strengths made which are also relevant to this statement.

### **Areas for improvement**

Outwith the weekly quality audits completed by the field care supervisors we could find little evidence that the service was being effectively monitored and audited on a regular basis by the provider. We found that there were no identified targets calculated to ensure that six monthly reviews of support, staff supervisions and spot checks could be achieved as per expectations. This made it very difficult for the manager to monitor the performance of the service effectively.

We also found that whilst some audits we completed for daily records, personal plans and medication records for service users these did not always pick up the issues we found at inspection. We also saw that where audits did pick up issues, for example with records of medication it was difficult to see how this had been effectively followed up. There was inconsistency in the overall management of quality assurance audits. (See requirement 1)

A staff survey had been undertaken by Care UK Ltd in August 2013. We will follow up actions identified and how these were put in place and sustained at the next inspection.

See under Theme 1, statement 1.1 for recommendations and requirement made which are also relevant to this statement.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

## Requirements

1. The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must
  - (i) Have clear guidance for staff on timescales for audits and the content of these.
  - (ii) Clearly record what required action has been identified as a result of an audit,
  - (ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectation of the audit, how to monitor outcomes and record follow up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since registration of the service in September 2013.

### Enforcements

We have taken no enforcement action against this care service since registration of the service in September 2013. .

### 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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate
Statement 4	3 - Adequate
<b>Quality of Staffing - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	3 - Adequate
Statement 3	3 - Adequate
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

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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