

Care service inspection report

HRM Homecare Services Ltd

Housing Support Service

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Kilmarnock

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Service provided by:

HRM Homecare Services Ltd

Service provider number:

SP2004006645

Care service number:

CS2004074013

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

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	1	Unsatisfactory

What the service does well

HRM had support workers and office based staff who were very committed to providing a good homecare service .

We recognise that many service users and their relatives were satisfied with the actual care they experienced and had a settled reliable service most of the time.

HRM had devised a well structured staff development plan and paperwork called Developing Competence and Excellence.

What the service could do better

We were concerned about the number of things that continue to affect how reliable the service is and whether service users get all their support needs met, and the health, welfare and safety consequences if they do not. In view of these concerns, we think that HRM need longer to demonstrate improvements before we can determine whether or not previous requirements have been met.

The recruitment process for support workers did not always follow best practice guidelines, or HRM's own policy. Some new staff had limited shadowing experience and first spot check visits were outwith time scales

We were also concerned about the services' continued ability to support and supervise staff and to carry out service reviews.

We had serious concerns about some aspects of management and leadership. HRM were still not keeping the Care Inspectorate informed of all notifiable events

What the service has done since the last inspection

The provider had introduced an electronic call monitoring system which should mean that staff can respond quickly, check wellbeing and ensure needs are met if a visit is missed or a worker is late.

To give the service a larger pool of support workers to offer work to, the provider had recruited additional support workers and appointed two full-time mobile response workers to provide cover for absence at short notice.

Establishing more regular spot checks visits and care diary audits should also help managers and coordinators to monitor more effectively whether service user's needs are being met.

HRM had a new head of HR who was committed to improving recruitment practice.

HRM was reviewing its Induction training for coordinators as part of a full review of training for all office based staff.

Conclusion

Following the last inspection in August 2014, and because of the serious failings we found, we graded all themes as weak or unsatisfactory and served this provider with an Improvement Notice containing six requirements.

The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made (21st November 2014). The notice further stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (SCSWIS) intend to make a proposal to cancel the services registration.

Following this inspection, we have extended the timescale within which these improvements must be made to 17 April 2015 in order to give the provider a further opportunity to make a significant improvement in the provision of the service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com

This service was previously registered with the care commission and transferred to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognise good practice.

- A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (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 Care Inspectorate.

HRM Homecare Services Ltd was one of three home care services in Scotland run by HRM Homecare Services Ltd. HRM, which has been in operation for over 20 years, has an office base in Kilmarnock. It has been registered with the Care Inspectorate since 2011 to provide an integrated housing support and care at home service. At the time of the last inspection, 120 support workers provided care and support to approximately 200 people in East Ayrshire and 100 in South Ayrshire. At the time of this inspection, HRM reported that there were now an additional 17 support workers and 86 fewer service users in East Ayrshire and 12 fewer in South Ayrshire.

At the time of this inspection, both South Ayrshire and East Ayrshire Councils had a moratorium on referrals to this service.

In their statement of aims and objectives, HRM says their primary purpose is to provide a service which "enables service users to live as independently as possible in the comfort of their own homes".

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 1 - Unsatisfactory

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 0345 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

The purpose of this inspection was to review progress with the six requirements we made in the Improvement Notice we served the Provider with on 27 August 2014.

Two Inspectors carried out this inspection in November and December 2014. We made visits to the Kilmarnock office where we spoke with directors and senior managers, including the company's HR manager, coordinators, and quality and training staff. We also had phone and e-mail contact with support workers and former staff across all grades. In total, we heard from 15 people who worked for, or had worked for, HRM. We were in touch with contracts and commissioning staff from East Ayrshire and South Ayrshire Council. We met with the provider on 9 January 2015 to give them verbal feedback from the Inspection. Following that meeting, we gave them until 26 January 2015 to submit further documentary evidence of compliance and progress.

Records, policies and other documents we looked at or referred to included:

- HRM weekly action plans since September 2014
- HRM record of late / missed visits since September 2014
- HRM record of complaints since September 2014
- HRM's record of spot checks visits since September 2014
- HRM's record of care diary audits since September 2014
- Examples of electronic call monitoring records
- Missed visit report format
- Risk management policy for missed / late visits
- Service user health and wellbeing reports & related correspondence
- Service user history report
- Record of complaints to funding local authority
- Record of complaints to Care Inspectorate
- Minutes of monitoring meetings
- HRM Recruitment policy
- Recruitment Files
- Paperwork related to Induction and Shadowing
- Coordinator Interview Scenarios

- Coordinator job description
- Scottish Government Recruitment Guidance (in Relation to Staff Working in Social Care and Social Work Settings)
- Staff training records
- Staff Supervision records
- HRM's 'developing excellence' forms
- Support worker history reports
- Confidentiality policy
- Dignity at work policy
- Whistleblowing policy
- HRM complaints policy
- Registered manager job description
- SSSC Codes of Conduct for Social Service Employers and workers
- Notifications to the Care Inspectorate
- Other supplementary evidence from the provider (relating to everyday day occurrences in home care; recurrent themes across other providers services; local authority complaints; a service sustainability report)

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

1. By 21 November 2014, the service provider must demonstrate to the Care Inspectorate that:-
- (a) scheduled visit times and actual visit times correspond with those agreed with service users; and
 - (b) that it has an electronic system to monitor visit times

What the service did to meet the requirement

Please see Quality Statement 1.5.

This requirement was now the subject of an improvement notice with an extended timescale.

The requirement is: Not Met

The requirement

2. By 21 November 2014, the service provider must demonstrate to the Care Inspectorate that it can ensure, at all times, that service users' are provided with care and support which meets their individual needs, as detailed in their personal plans. This must include, but need not be restricted to the following:
- (a) how and when meals and fluid are provided;
 - (b) the administration of medication;
 - (c) safety and wellbeing checks;
 - (d) the level of personal support required for personal and intimate care needs;
 - (e) the number of staff members required to meet the service user's needs; and;
 - (f) whether the outer doors of a service user's property requires to be secured by a member of staff

What the service did to meet the requirement

Please see Quality Statement 1.3.

This requirement was now the subject of an improvement notice with an extended timescale.

The requirement is: Not Met

The requirement

3. By 21 November 2014, the service provider must demonstrate to the Care Inspectorate that it has a system (and that system is implemented) in place to ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. This system must include, but need not be restricted to including:-

- (a) making adequate allowance for planned and unplanned absence and staff turnover
- (b) a fully operational mobile response team

What the service did to meet the requirement

Please see Quality Statement 1.5 and Quality Statement 3.3

This requirement was now the subject of an improvement notice with an extended timescale

The requirement is: Not Met

The requirement

4. By 21 November 2014, the service provider must demonstrate to the satisfaction of the Care Inspectorate that all staff employed in the care service, are fit to be so employed and that a satisfactory recruitment process has been undertaken prior to the commencement of employment of staff within the service. The recruitment process for co-ordinators in particular must include, but need not be restricted to including:-

- (a) interview criteria that are commensurate with the post applied for;
- (b) details of the relevant experience of appointed staff;
- (c) adequate induction training and
- (d) adequate supervision and support

What the service did to meet the requirement

Please see Quality Statements 3.2 and 3.3

This requirement was now the subject of an improvement notice with an extended timescale.

The requirement is: Not Met

The requirement

5. By 21 November 2014, the service provider must demonstrate to the Care Inspectorate that:-

- (a) the job description for the post of service manager clearly sets out the responsibilities attached to that post;
- (b) there will be no conflict of interest in decision-making processes around staff disciplinary matters and that such matters are thoroughly investigated, with appropriate action taken to address concerns. Such investigations and the outcome must be recorded; and
- (c) staff are aware of, and know how to implement, whistleblowing procedures

What the service did to meet the requirement

Please see Quality Statement 4.3

This requirement was now the subject of an improvement notice with an extended timescale.

The requirement is: Not Met

The requirement

6. By 21 November 2014, the service provider must demonstrate to the Care Inspectorate that it has a system in place which ensures that notifications will be made to the Care Inspectorate timeously and when necessary.

What the service did to meet the requirement

Please see Quality Statement 4.3

This requirement was now the subject of an improvement notice with an extended timescale.

The requirement is: Not Met

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

We will review progress with recommendations 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.

Not applicable

Taking the views of people using the care service into account

While we did not have any direct contact with service users or relatives during this inspection, the report takes into account views expressed by service users to HRM; to funding local authorities and the Care Inspectorate's National Complaints Team.

Taking carers' views into account

Please see views of people using the service.

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 3

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

Service strengths

At the last inspection, we found that this service's performance was unsatisfactory in the areas covered by this statement, and made a requirement which was the subject of an Improvement Notice. To understand why we made this requirement please see the last inspection report. At this inspection, we looked at what the provider had done to comply with this requirement. Following this inspection, we concluded that the services' performance was now weak in the areas covered by this statement.

Late/Missed Visits & Call Monitoring

At this inspection, we saw that HRM had been trying to reduce the incidence of needs not being met due to missed visit, and minimise the risks attached to missed and late visits. Since October there has been a reduced incidence of complaints about people not getting their needs met as a result of a missed or late visit. Electronic call monitoring should mean that coordinators can respond quickly, check wellbeing and ensure needs are met if a visit is missed or a worker is late. This might mean contacting a relative or sending another worker. The provider told us that they have adopted a risk based approach to missed or late visits which was now a company policy. Managers had also done some recent training with coordinators, intended to try to ensure that they perceive missed visits not just as 'statistics' but as events with health and wellbeing consequences for the service user.

Spot check visits staff supervisions & audits

We saw evidence of ways in which coordinators were getting better at identifying problems related to medication administration and recording, infection control practice and the reporting of health and wellbeing concerns to the office. These

included more regular spot checks, staff supervisions and care diary audits, and we saw some evidence of issues being picked up and addressed promptly by coordinators.

Health and Wellbeing Reports and Adult Protection Matters

We saw some documentary evidence of ways in which HRM were recording health and welfare concerns, and keeping funding local authorities informed of changes in service users' needs and any deterioration in their health. This in turn ensured that care packages were changed when necessary.

Care Plans

We heard of ways in which managers were reinforcing awareness of care regulations and good practice, such as instructing all support workers to read care plans at every visit and sign that they have done so; and also reminding workers of their responsibilities as regards food and fluid intake, medication administration and recording, safety and wellbeing checks, visits requiring two staff and the security of service users homes. This had particular relevance for new or relief staff visiting with no prior knowledge of a person or their care plan and unfamiliar with needs or routines. HRM also provided us with examples of detailed, person-centred written care plans for service users with complex needs, such as an autistic spectrum disorder.

Training

HRM provided us with documentary evidence of in-house training undertaken by staff since August on the following topics: a health wellbeing and medication; harm and adult protection; moving and handling (induction); continence care, first aid; food hygiene; stoma and catheter care.

Areas for improvement

There have been health, welfare and safety consequences for service users who have experienced a late or missed or shortened visit/s since the last inspection. Also, there was an instance when coordinators failed to check the call monitoring alerts; did not pick up on a run of missed tea visits and so did not respond quickly to ensure that peoples' support needs were met. We were concerned by what HRM perceived to be the "minimal or no consequences" of these missed tea visits for vulnerable older people who have been assessed as sufficiently vulnerable and dependent as to need homecare visits three or four times a day, and then had to wait, in some instances, for over 3 hours for food and medication.

Medication

At this inspection we saw further evidence of service users not getting prescribed medication at the correct times as a consequence of missed visits and visits out with agreed times, with associated risks for people who take drugs where time intervals between doses are vital. We also saw evidence from complaints of medication support needs not being met for other reasons than visit times. These have included service users not getting prescribed food supplements as instructed; staff not properly trained in medication and use of MAR charts; medication not being prompted properly; extra doses of medication being prompted or administered, including a dose of Warfarin in one instance, and conflicting information in care plans about the level of support needed, which resulted in a service user not getting their medication. Some other questions and complaints about medication were not yet concluded. It was of concern that notifiable errors had been brought to our attention by a confidential complainant or worker and not by HRM. (please see Quality Statement 4.3 for comment and requirement about notifications)

Meals and fluid intake

At this inspection we saw further evidence of service users missing a meal and not getting food or fluids, as a consequence of missed visit and visits outwith agreed times, with associated risks for people with, for example, diabetes who need regular food intake.

Personal care and Support with Continence

At this inspection we saw further evidence of service users not receiving agreed personal care as a consequence of missed visits and visits outwith agreed times. This has meant continence care being compromised, assistance to the toilet delayed, assistance with bathing and dressing or undressing and going to bed being delayed or not taking place at all. For example, when one worker for a double up visit did not show up the service user agreed to do without their shower. Upheld internal complaints have included a list indicating serious breaches in delivering personal care were identified. There was also evidence of an under-recording of complaints.

Safety

At this inspection we saw further evidence of service users not getting basic safety and well-being checks as a consequence of missed visits and visits outwith agreed times, which has placed vulnerable people at risk. Upheld complaints since September have included a service user sitting in the dark; a key safe being left open, a front door left unlocked, a keypad not scrambled and a bath left with water in it. We also heard of instances of workers carrying out moving and assisting, either on their own or with help from family members, when there should have been two

carers, which has health and safety risks for all concerned. Workers who lacked experience and confidence in moving and assisting have described how this affected the service user's confidence as well. While there had been moving and assisting training for new staff, some staff who had been in post longer said they were overdue for refreshers.

Other

Missed visits, visits outwith agreed times, and not knowing who is coming can be a source of great anxiety and distress for families and service users.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. By 17 April 2015, the service provider must demonstrate to the Care Inspectorate that it can ensure, at all times, that service users' are provided with care and support which meets their individual needs, as detailed in their personal plans. This must include, but need not be restricted to, including the following:

- (a) how and when meals and fluid are provided;
- (b) the administration of medication;
- (c) safety and wellbeing checks;
- (d) the level of personal support required for personal and intimate care needs;
- (e) the number of staff members required to meet the service user's needs; and;
- (f) whether the outer doors of a service user's property requires to be secured by a member of staff.

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)

This requirement is now the subject of an improvement notice with an extended timescale issued to the provider on 20 February 2015

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

At the last inspection, we found that this service's performance was unsatisfactory in the areas covered by this statement and made two requirements which were the subject of an Improvement Notice. To understand why we made these requirements please see the last report. At this inspection, we looked at what the provider had done to comply with these requirements. Following this inspection, we concluded that the services performance was now weak in the areas covered by this statement.

Electronic Call Monitoring

Since the last inspection, HRM had taken the action we required to allow them to better monitor visits times. They had re-introduced an electronic call monitoring system linked to service users land lines and have been working to resolve some of the challenges involved. The intended benefits will be knowing if a worker/ workers arrived on time and stayed the correct amount of time, being able to take prompt action if a worker had not arrived and being able check the accuracy of care diary entries. HRM assured us that, while there were situations where information about visits had to be logged manually by office-based staff, it could not be changed once it was logged.

Visit Times

Since the last inspection, HRM have provided weekly progress reports to the Care Inspectorate about missed and late visits, and according to these the incidence of reported missed and late visits and complaints has decreased significantly from October onwards. Reports from funding local authorities, as well as Care Inspectorate complaints, also showed a decrease in reported late and missed visits. Staff had been trained on how to use the electronic system and all support workers were asked to attend mandatory meetings about the system. Coordinators have carried out ad hoc supervisions with support workers who were failing to use it.

Staffing Levels

Since the last inspection, the service provider has taken steps to improve staffing. It had recruited additional support workers to give the service a larger pool of staff, and appointed two full-time mobile response workers to provide cover for absence at short notice. The registered manager had supported coordinators and worked with them to improve scheduling, and some coordinators had left or reverted to being support workers.

Areas for improvement

In view of some of the concerns noted in this section, we think that HRM need longer to demonstrate these improvements before we can determine whether scheduled visit times and actual visit times correspond with those agreed with service users; and whether suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users at all times. (See requirement 1)

Missed and Late Visits

Since the last inspection, service users have experienced missed and late visits. However, from the information we had it was not possible to conclude what the true figures were. HRM did not include in their statistics some late/ missed visits that were the subject of internal complaints or complaints to a local authority. Some that were reported to the funding local authority were still being investigated and some were a matter of disagreement or open to interpretation, for example HRM said a service had been cancelled by a service user who had said they could manage on their own, whereas the council advised that the service user cancelled because they were unhappy due to frequent time changes and poor continuity. HRM was able to evidence from electronic records that some visits which were reported as missed, based on the absence of care diary entries, had in fact taken place.

There was some evidence to suggest that HRMs late/missed visit figures/statistics could be misleading. For example, they reported no late visits at all in November, December and January. Spot check paperwork recorded some late visits during those months. HRM had set its own time parameters for what constituted a missed or late visit. There was some disagreement about what had or had not been agreed with the local authorities about parameters and about what information the Care Inspectorate wanted. HRM said they had understood we only wished to know about visits that were more than 3 hours late. Also, some visits that were very late or missed were being logged by the office-based staff as cancelled by the service user. HRM assured us that this practice was now discouraged and monitored. However, HRM reported seven missed visits in December to the local authority as cancelled by service users.

For clarity in future we will ask relevant funding authorities to tell us what parameters they expect HRM to work to so that any information managers give us about late visits can be based on these. Notwithstanding, we will continue to have an independent view of how acceptable those parameters are.

For clarity in future and to ensure accurate and fair reporting when we request documented information about missed visits, late visits and other concerns we

will ask separately if a missed /late visit or other matter was the subject of either an internal complaint to HRM or a complaint to the Care Inspectorate.

Overly short visits

At the inspection, we heard reports of 'cramming', which meant that service users did not get a long enough visit and, in some instances, workers stayed only a few minutes. Examples from support workers we heard from included being asked to do two runs back-to-back, very long shifts with up to 30 visits between 4-9 pm to cover absence and no use of call monitoring as there was, "simply no time to log in". The provider told us that runs do sometimes get merged, in exceptional circumstances such as, for example, severe weather, sudden illness or family emergencies or when "all mobile response is out". HRM acknowledged that when runs get merged, visit times will, in some cases, be shortened, and provided documentary evidence from electronic records of situations when visits had been a few minutes late. They said this was the way the entire homecare sector had to respond to these situations, and that it only happened with the agreement of workers. Local authority monitoring visits and care diary checks also found evidence of shortened visits in October and November, which were still being investigated by HRM.

On call arrangements

There was evidence to indicate that HRMs on call arrangements have been a weak link in the new electronic system, with only one coordinator to keep track of any missed/ late visits outwith office hours, ie early morning, evenings and at weekends. The December incident, with a missed run of tea visits, highlighted that. HRM advised that since then they have reinforced the importance of coordinators checking their own runs before leaving the office, and introducing a back up second lap top for use at very busy times.

Quality Assurance

HRM have acknowledged that they need to get to a stage where they can analyse data from call monitoring reports and use it to inform and improve practice.

Staffing Levels

At this inspection, we saw evidence to indicate that the mobile response arrangement had serious limitations. The hours allocated to these two posts did not take adequate account of days off, holidays and other absences, or if cover was needed in several areas at same time. The provider assured us at feedback that they have 'bank' staff they could call on to augment the mobile response service, but as already noted they also acknowledged that when "all mobile response were out" they might need to "merge runs". The provider said that the reduction in the number of care packages meant they did have enough office based staff. However, we were concerned that the service did not have enough coordinators or quality staff due to resignations, absences and posts not being filled. Also, the day-to-day operation of the Central

West Service, which had no coordinator, was now being carried out by the Kilmarnock coordinators. We were concerned that this was going to lead to the Ayrshire operations team being overstretched, particularly in the event of further coordinator absence or leave. We were also concerned about the effect on the services' ability to keep reviews and written care plans up to date.

(see Requirement 2)

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. By 17 April 2015, the service provider must demonstrate to the Care Inspectorate that:-

(a) scheduled visit times and actual visit times correspond with those agreed with service users; and

(b) that it has an electronic system to monitor visit times.

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement is now the subject of an Improvement Notice with an extended time scale issued to the provider on 20th February 2015.

2. By 17 April 2015, the service provider must demonstrate to the Care Inspectorate that it has a system (and that the system is implemented) in place to ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. This system must include, but need not be restricted to, including:-

(a) making adequate allowance for planned and unplanned absence and staff turnover; and

(b) a fully operational mobile response team.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)

This requirement is now the subject of an Improvement Notice with an extended timescale issued to the provider on 20 February 2015.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

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

At the last inspection, we found that this service's performance was weak in the areas covered by this statement, and made a requirement that was the subject of an Improvement Notice. To understand why we made this requirement please see the last inspection report. At this inspection we looked at what the provider had done to comply with this requirement. Following this inspection, we concluded that the service's performance remained weak in the areas covered by this statement.

Recruitment Policy

Since the last inspection, HRM had appointed a new head of HR who had produced an action plan to address the areas for improvement in the last report which included some policy reviews.

Interview Scenarios and Process

At this inspection, we saw evidence of action that was being taken to ensure that interview criteria are commensurate with the post applied for. The new head of HR advised of plans to have two interviewers for support worker post candidates in line with company policy and best practice guidelines. Existing interview scenarios offered some insights into candidates customer service skills and how they would manage incidents/situations. New additional scenarios have been devised for coordinators which will allow interviewers to gain further insight into the candidates' awareness of health and well-being concerns and potential adult protection matters.

We were told that operational staff, while not present at support worker interviews, were fully involved in assessing candidates based on feedback from induction and shadowing.

To improve the audit trail for recruitment, HR had amended their checklist/audit tool used for tracking and ensuring that all the stages of the recruitment process had

been completed. And it now included dates when induction and shadowing were completed.

Relevant Experience

At this inspection, we found evidence of staff with relevant experience being appointed. The four staff members working as coordinators at the time of the inspection had relevant experience. Those who we considered lacked experience at the time of the last inspection had either left or were no longer working as coordinators. The monitoring officer, who was now also responsible for delivering the induction programme, had some previous training experience. Of the 14 application forms we looked at for new support workers, about half had some relevant experience either in a care service or caring for a relative.

References and Checks

HRM advised of their intention to review reference questions for coordinators. As noted previously, in some but not all instances PVG checks were concluded before induction. Candidates were advised by letter that appointment was dependent on these checks being satisfactory; also we were told that new staff had no service user contact until these checks were concluded.

Areas for improvement

While steps have been taken to improve the recruitment process, we saw evidence of ways in which the process was still weak and not following company policy or Scottish Government best practice guidelines in relation to staff working in social care and social work settings. Our evidence was based on examination of recruitment paperwork for staff appointed since the last inspection but before the new head of HR was in post, whom we were told had already begun to address some of these issues. The provider was of the view that some of the practices we questioned were entirely acceptable. We discussed the need for robust recruitment as support workers are the employees who have most contact with frail and vulnerable older people.

Application Forms

At this inspection, we found evidence of the provider's recruitment policy not being adhered to. This included not enough time ahead of support worker interview for a sole interviewer to adequately scrutinise information provided by candidates or ensure that forms were fully and properly completed. We also saw examples of forms with insufficient information about previous employment and no record of these matters being discussed at interview or taken into account.

Interviews

At this inspection, we found evidence of the provider's recruitment policy not being adhered to and best practice guidelines not followed for support worker appointments. This included only one interviewer in most instances, and in some instances staff who were not from HR and non operational conducting interviews. The provider assured us at feedback that these interviewers had appropriate qualifications, skills and experience and backed this up with documentation. However, we remain of the view that this was not appropriate, particularly when only one person was conducting the interview. We were informed interview training for coordinators was also planned.

References and PVG Checks

At this inspection, we found evidence of ways in which practice, as regards references and PVG Checks and job descriptions, needed to be more robust. HRM told us at the last inspection that the exigencies of the service are such that all office based staff could be called upon to undertake direct care in the event of emergency, such as acute staff shortage. If that is the case, then either all staff should be vetted for that or those that are not vetted should not undertake direct care. We also saw individuals employed on a casual basis, who had had no checks of any kind, with access to service users' files and confidential information. Because interviews invariably took place before references came back, it was not possible for any relevant issues coming out of references to be discussed at interview.

Other

Personnel records were not robust enough as regards the employment of someone who had a conviction, or a previously unsuccessful candidate being appointed. A note on file as to the reason for those decisions, plus a record of any recommendation about early spot checks or additional supervision, would improve this.

Relevant Experience

There were ways in which the job description and specification for coordinators could be further improved to ensure the appointment of staff with the most relevant experience. Since coordinators supervise support workers, management experience was desirable. Also, since coordinators were expected to deliver direct care when the exigencies of the service required it, direct care experience should be essential and qualifications should include up to date moving and assisting and food hygiene training.

(see Requirement 1)

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. By 17 April 2015 , the service provider must demonstrate to the satisfaction of the Care Inspectorate that all staff employed in the care service are fit to be so employed, and that a satisfactory recruitment process has been undertaken prior to the commencement of employment of staff within the service. The recruitment process for co-ordinators in particular must include, but need not be restricted to including:-
 - (a) interview criteria that are commensurate with the post applied for;
 - (b) details of the relevant experience of appointed staff;
 - (c) adequate induction training and
 - d) adequate supervision and support

This is in order to comply with Regulation 9(2)(b) and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)

This requirement is now the subject of an Improvement Notice with an extended timescale issued to the provider on 20 February 2015

Statement 3

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

Service strengths

At the last inspection, we found that this service's performance was adequate in the areas covered by this statement. Two requirements we made as part of an Improvement Notice were relevant to this statement. To understand why we made these requirements please see the last inspection report. At this inspection we looked at what the provider had done to comply with these requirements. Following this inspection, we concluded that the service's performance remained adequate in the areas covered by this statement.

Staff Development Model

HRM had developed a well structured system and paperwork for use across the workforce, which they were in the process of rolling out, called, "Developing Competency and Excellence Through Effective Probation, Supervision and Appraisal". The written format was good, with built-in timescales for induction, shadowing, spot checks, observed visits and interim progress reports. It was at an early stage of implementation.

Training and Competence

At this inspection, we found some evidence of induction and assessment of competence of new staff, as well as in-service training. Support workers we spoke to confirmed attending a good and comprehensive induction course.

All but one confirmed shadowing another worker for at least one run before going out on their own, and we saw some examples of evaluation paperwork.

In their action plan, HRM told us that the quality team leader and lead coordinator were providing on the job training to new coordinators. The provider also gave us documentary evidence of in-house training courses attended by all grades of staff from August 2014 to January 2015. Everyone had been trained in the use of the new call monitoring system, and the service manager spoke very well of this piece of training. Senior managers have told us that they were reviewing their current training programme with a view to developing one tailored to the requirements of operations staff, quality and customer services. We will look at progress with this at a future inspection.

Support & Supervision

At this inspection, we saw evidence of ways in which support workers were being supported and supervised. There was good documented evidence of spot check visits and 'ad hoc' supervisions to address practice issues that were being picked up at spot checks, through electronic call monitoring and care diary audits. These had included failing to use the call monitoring system; missed visits; not reading rotas properly; medication errors, delays in calling the office about health and wellbeing issues; not adhering to risk assessments as regards single and double up visits and poor infection control. Similar ad hoc supervisions with coordinators had been used to address performance issues related to not assigning visits or not informing support workers of visit changes. And, as noted at Quality Statement 1.5, in some instances coordinators had returned to support work. Weekly updates from HRM to the Care Inspectorate about reasons for late, missed visits and complaints and action taken also provided evidence of this. Some support workers we heard from spoke well of the support they got from their coordinator, and coordinators spoke well of the support they got from the registered manager.

Areas for improvement

We have identified ways in which training, assessment of competence and support and supervision of staff could be further improved. We were also concerned about the impact on the service of reduced levels of office-based staff .

Induction, Shadowing and Competence

At this inspection, we found some evidence of ways in which induction training and early assessment of competence could be improved. Some staff members felt that the four day programme was rushed, too intensive; a lot to take in and needed to be more spread out, and also that more practical work would have been good. While we saw some documented evidence of induction evaluations, there were conflicting views about whether these were routine practice and used to inform staff selection and assessment of staff competence. Two different written formats were in use.

Not all new support workers had the opportunity to take part in shadowing visits that involved moving and assisting, and only one we heard from said they had done this as the third worker present, which was essential for confident moving and assisting and use of equipment such as hoists. For an evaluation of shadowing to be an integral part of the assessment of competence and inform the selection process, it needs to be completed as soon after the event as possible and this was not always the case. Senior managers agreed that there were ways in which the format could be improved; also different formats were in use which hindered having a consistent approach to this (Please see Quality Statement 3.2 Requirement 4)

Support and Supervision

At this inspection, we saw evidence that support and supervision of staff did not meet the criteria and timescales set by the provider. This included spot checks visits not taking place within the first six weeks or, according to some longer serving staff, only taking place once in 18 months or in one instance 3 years. Some spot check visit paperwork we saw did not record follow-up issues/ action required. This pattern of support supervision does not reflect how staff are supported to further develop their skills by recording areas of development and how these would be taken forward. (Please see Quality Statement 3.2 Requirement 4).

Some support workers we spoke to had not yet had a face to face meeting with a manager. Out-of-hours communication with coordinators was still an issue for some workers. We were also concerned about the impact of reduced levels of office-based staff on sustaining any improvements now that the service had only three coordinators, this plus a host of other temporary manager arrangements was having an impact on delivering regular support and supervision. While HRM were able to use their mobile response team of two senior workers to assist with spot check visits, this might not be possible if they were covering for absences.

(Please see Quality Statement 3.2 Requirement 1 and Quality Statement 1.5 Requirement 2)

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: 1 - Unsatisfactory

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

At the last inspection, we found that this service's performance was unsatisfactory in the areas covered by this statement. Two requirements we made as part of an Improvement Notice were relevant to this statement. To understand why we made these requirements please see the last inspection report. At this inspection, we looked at what the provider had done to comply with these requirements. Following this inspection, we concluded that the service's performance was still unsatisfactory in the areas covered by this statement.

Service Manager Job Description

In response to this part of the requirement, HRM told us they had a corporate service manager job description for all three services which they said all service managers were given when they were appointed. HRM said that they had reviewed this document and that all managers had confirmed that it was adequate.

Conflict of Interest

In response to this part of the requirement, HRM appointed a new Head of their HR department who we were told was an experienced HR executive who has worked within the care sector for several years, with an in-depth understanding of the sector requirements. This appointment should reduce the likelihood of any conflict of interest when dealing with disciplinary matters.

Whistleblowing

In response to this part of the requirement, HRM told us that staff were made aware of the whistleblowing procedures during their induction training and signed to say that they have received, read and understood these. Support Workers we asked were aware of the policies existence and could recall it being talked about at induction. HRM gave us a copy of their whistleblowing policy and their dignity at work

policy. They told us that a revised 'policy of the month' was in the process of being implemented, intended to remind staff of specific topics and procedures, such as whistleblowing and Adult Protection.

Notifications

Following this requirement, there had been some improved practice as regards notifications. HRM had given their service manager the required password and we sent HRM a copy of the notification guidance. This manager was then able to submit a number of overdue notifications retrospectively. The operations manager, who has taken over this responsibility in the registered service manager's recent absence, has usually responded promptly when asked for information.

Areas for improvement

We remain concerned about an apparent lack of autonomy and information sharing within this service. There appears to be an organisational culture which discouraged staff from speaking freely and a poor notification history.

Registered Manager Job Description and Specification

HRM have not made any changes to this document. The registered managers job description, which was overly long and complicated, did not make clear what the registered managers role was in recruitment, induction and disciplinary processes, did not make clear what decision-making powers they had and did not have and was unclear about the delegation of responsibilities in respect of the Care Inspectorate. In practice, since the last inspection, little has changed as regards the registered managers autonomy.

At the last inspection, we commented on the number of changes of managers the service has had in the last few years (seven since April 2012), the regular changeover of managers has meant that there has been a lack of stability within this service. The extended absence of the current registered manager and current temporary management arrangements has resulted in the service being unable to achieve the stability required.

Conflict of interest

While there was now a Head of HR, we were unable to determine how effective this had been to date in minimising any conflict of interest in decision-making processes around staff disciplinary matters.

Whistleblowing & Organisational Culture

In the last inspection report, and at subsequent meetings with the provider, we said that the provision of information about whistleblowing was not enough and that it had to be stressed with staff and demonstrated that it was safe to whistleblow without fear of retribution. We said that the policy needed to include developing a positive culture where staff feel safe and will safeguard service users. This culture has not improved since the last inspection. HRM had the correct policies on paper, such as its 'Whistleblowing Policy' and its 'Dignity at Work Policy', but there was evidence to indicate that in practice they were not adhered to. While there was now a Head of HR, we were unable to determine how effective this had been to date in minimising any conflict of interest in decision-making processes around staff disciplinary matters.

We identified some areas of practice in relation to confidentiality agreements, that all staff are expected to sign, which were contrary to the practice which HRM described to us and the SSSC Code of Conduct, which all staff have to adhere to. Wording agreements in this way does not encourage the kind of positive culture that the whistleblowing policy and dignity at work policy are aiming to achieve.
(see Requirement 1)

Notifications

There was still room for further improvement in complying with Care Inspectorate requirements as regards notifications. HRM were not always notifying us of staff misconduct allegations and medication errors. Senior managers have also not been reliable at notifying us of health and wellbeing matters that led to Adult Protection referral and failed to provide us timeously with any updates about the registered manager absence and change of manager.
(see Requirement 2)

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 2

Number of recommendations: 0

Requirements

1. By 17 April 2015 the service provider must demonstrate to the Care Inspectorate that:-
 - (a) the job description for the post of service manager clearly sets out the responsibilities attached to that post;
 - (b) there will be no conflict of interest in decision-making processes around staff

disciplinary matters and that such matters are thoroughly investigated with appropriate action taken to address concerns. Such investigations and the outcome must be recorded; and
(c) staff are aware of and know how to implement whistleblowing procedures.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement is now the subject of an improvement notice with an extended timescale issued to the provider on 20 February 2015

2. By 17 April 2015, the service provider must demonstrate to the Care Inspectorate that it has a system in place which ensures that notifications will be made to the Care Inspectorate timeously and when necessary.

This is in order to comply with section 53(6) of the Public Services Reform (Scotland) Act 2010

This requirement is now the subject of an improvement notice with an extended timescale issued to the provider on 20 February 2015

4 Other information

Complaints

The Care Inspectorate have received 20 complaints about this service since the beginning of September, and at the time of writing we had upheld five of these. Three were about events in July and August, for which one action plan was overdue. The two regarding events since 1st September were about visits outwith agreed times. Two more recent complaints, which were about medication and visit times, had been investigated but were not yet concluded. One about moving and handling was not upheld due to conflicting accounts and lack of evidence. The remainder were either withdrawn because they were outwith our remit, the problem had been resolved, there was a lack of specific information or were being addressed by another agency.

Enforcements

The service was currently subject to an Improvement Notice which will remain in place following this 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 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

Quality of Care and Support - 2 - Weak	
Statement 3	2 - Weak
Statement 5	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 2	2 - Weak
Statement 3	3 - Adequate
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 3	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings
21 Aug 2014	Announced (Short Notice)	Care and support 1 - Unsatisfactory Staffing 2 - Weak Management and Leadership 1 - Unsatisfactory
14 Mar 2014	Re-grade	Care and support Not Assessed Staffing Not Assessed Management and Leadership 2 - Weak
3 Oct 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
27 Nov 2012	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
20 Sep 2011	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed

Inspection report continued

4 Nov 2010	Announced	Care and support Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good
18 Mar 2010	Announced	Care and support Staffing Management and Leadership	2 - Weak 3 - Adequate 4 - Good
22 Jan 2010	Re-grade	Care and support Staffing Management and Leadership	1 - Unsatisfactory 2 - Weak 2 - Weak
23 Jan 2009	Announced	Care and support Staffing Management and Leadership	2 - Weak 3 - Adequate 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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