Glenrothes and North East Fife
Assessment and Reablement/
Mainstream Services
Housing Support Service
Social Work Office
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Type of inspection: Unannounced
Inspection completed on: 9 December 2014
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

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<th>Area</th>
<th>Grade</th>
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<td>Quality of Care and Support</td>
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<td>Quality of Staffing</td>
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<td>Quality of Management and Leadership</td>
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What the service does well

When we visited clients we found staff to be caring. They delivered care to clients in a respectful manner and ensured people were safe and comfortable. Clients told us the service was good when they received care from carers who knew them and visited regularly. Coordinators were positive about their new roles and responsibilities. Schedulers were beginning to settle into the teams and the new team manager was knowledgable and enthusiastic about the quality of service that he was aiming to achieve.

What the service could do better

The service needed to address the staff recruitment issues in the service. As fewer staff have tried to maintain a frontline service there has been an impact on communication, staff meetings, staff supervision and staff training. This has resulted in a reduction in grades to adequate across the quality statements and themes.

While staff have tried to maintain the service and fill the shortfall, this cannot be sustained and comments made to us indicated the quality of care and support was being affected. Comments we have received suggested that clients were grateful for the service and needed the service but were frustrated and disappointed by the deterioration they were experiencing.

What the service has done since the last inspection

We have seen a deterioration in client satisfaction with the service since the last inspection.
Our findings were that major service change combined with lack of staff recruitment has affected the service that people receive. Fife Council have not recruited carers for a number of years. Despite the hard work and dedication of the staff who work in the service we found the impact of the staffing problems had affected the service. This has resulted in the reduction in grades because of the evidence we found during our inspection.

Conclusion

We found that the care at home and housing support services managed by Fife Council were undergoing major changes to how they were structured and organised. As the organisational changes were starting during our inspection we could not measure the impact of these changes on outcomes for people who used the service. Previous organisational change and a lack of staff recruitment had contributed to a deterioration in the service. Additionally, the management of older people’s services in Fife Council had changed five times in five years and the role was vacant at the time of the inspection. This means that staff had been subject to inconsistent management and leadership.
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.

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 035 600 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.

Fife Council is a local authority provider of a wide variety of registered care services throughout Fife. Home Care Assessment, Reablement and Mainstream Services is divided into three geographical areas; Glenrothes, Kirkcaldy and Dunfermline and all have adopted a branch approach to the registration of their combined housing support/care at home services. All three geographical services are registered separately and are subject to separate inspections.

Fife Council states that its aim is to:

“Enable people and their carers to live in their own homes for as long as possible. This is done by providing reliable, high quality, flexible care and or support in the community for people and those who care for them. The care offered will be the minimum needed to best help people to be independent”.

Home carers can provide:
Personal care such as assistance to wash and dress, get in and out of bed, transfer using equipment such as hoists and prepare food.

Domestic care such as assistance with housework and laundry and support in maintaining tenancies by working alongside people to undertake housework, food preparation, laundry and budgeting if part of a care package.

Home Carers provide services for people who are elderly, children within families, children who have special needs or those who have a physical disability, people suffering from mental illness or dementia, people who have a terminal illness, people who have learning disabilities, alcohol problems, HIV/aids, drug related illnesses and people who have difficulties maintaining their tenancy.

Service Users may pay a weekly charge. Charges are determined by an income maximisation charging referral being completed.

Fife Council Home Carers work seven days a week, 365 days a year. They can provide a number of visits throughout the day and night. The length of the visit is determined by the level of assessed need tailored to individual requirements.

A re-assessment will be undertaken in response to changes to individual circumstances. Services will be adjusted according to people’s needs. The responsibility of the assessment process which was the responsibility of the Home Care and Support Team has from 1 September 2014 moved to the assessment and review team.

There is a residential, day care & home care service manager for home care and support services Fife wide. At the time of this inspection this post was vacant. The service had moved from four to three geographical areas which were managed by a team manager who had responsibility for a team of home care coordinators, schedulers and home carers.

Fife Council’s Mobile Emergency Care Service is encompassed within the registration of Home Care and Support Service. The main objectives of the service are:

* To respond to community alarms including sheltered housing (in the absence of the key holder)
* Home Care emergencies
* To provide cover for Home Care absence
* To respond to Telecare users
* Have fallen in the home environment
* Have no visible signs of injury
* Are aware of their surroundings
* Are able to move without causing/increasing pain
* Have no physical able person(s) who could with guidance assist them to rise to the floor.
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 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
We wrote this report after a short notice announced inspection. Two inspectors met with the team manager and two other team managers from the Dunfermline and West Fife and Kirkcaldy and Levenmouth care at home services to hear about the structural changes which affected the care at home and housing support services across Fife. Feedback was given to the team managers on our findings on Friday 7 November 2014. We made an announced visit to the premises where Glenrothes and North East Fife Assessment and Reablement/Mainstream Service is based on 9th December 2014. We spoke with the manager on Friday 5th December 2014 and arranged to visit service users in their homes with home care staff. One inspector carried out the visits on 9th December 2014. An Inspection Volunteer made telephone calls to service users who had asked us to contact them. An Inspection Volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteers' role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

At the time of the inspection there were 666 people using the service. During the inspection, evidence was gathered from a number of sources including:

- Visiting people who use the service and listening to their views
- Speaking to people who use the service by telephone
- Speaking with relatives
- Discussion with the manager
- Discussion with home care supervisors
- Discussion with care staff
- Examination of samples of policies and procedures
- Viewing a sample of personal plans and associated documentation
- Complaints information
We sent out 100 questionnaires to people who use the service and their relatives and we received 37 responses. We managed to reach six people by telephone. We also visited and spoke with four people in their homes when we accompanied home carers during their visits to service users. The views they expressed to us have been used to inform this report and some of the detailed comments which have been anonymised to maintain confidentiality can be read throughout this 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 recommendations we made at our last inspection

The following recommendation was made as a result of the previous inspection:

It is imperative that personal plans contain sufficient information to inform staff of the exact care to be delivered to each service user. It is recommended that this is taken into account whilst reviews are taking place. This is to include but not exhaustive of:

Ensure there is evidence of all visits and what care/tasks have been carried out.

Remove unnecessary documents for example spare telecare agreements (unless signed by the service user).

Ensure that the information about all services to be delivered is consistent throughout the personal plan.

Ensure personal plans are signed by the service user/someone on their behalf and the prescriber.

Ensure that personal plans contain sufficient information to inform staff of the exact care to be delivered to each service user.

National Care Standards - care at home: Standard 3 - Your personal plan.

It was made because although much work was being carried out by the review team there was room for improvement. The personal plans contained three sections which highlighted what service/services were being delivered to the service user. In three instances the information in each section was contradictory. In three instances the personal plan had not been signed by the service user/someone on their behalf or the prescriber. The team manager had stated that this was because a review had been carried out and an updated personal plan sent to the service user. In some instances for example when domiciliary care only was being given, carers had not written anything in the progress sheet. Therefore there was no evidence to suggest a visit had been made. More detailed information about the care to be delivered should have been in the personal plan to inform staff and to ensure the correct care is given. For example in one instance the personal plan stated ‘emollient to be applied to legs’:
no reason for the treatment was given; neither was the name of the emollient to be applied.

We have described our findings in relation to care plans in quality of care and support statement 3.

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.

Every year we ask services to submit a self assessment. The self assessment encourages reflection on current practice and plans for future development of the service. The manager submitted a self assessment which graded the service excellent across all quality themes and statements. We could not find evidence which supported these grades when we evaluated their performance.

Taking the views of people using the care service into account

There were 666 people using the service. We sent questionnaires to 100 people currently using the service: we received 37 back. Some questionnaires had been completed by the person using the service or by a family member on their behalf. The views of people receiving the service and family carers concurred and we have reported both within the body of this report.

Taking carers' views into account

Please see above for comments of people who use the service and carers.
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
In order to assess this statement we asked the manager to provide us with information about how people who use the service are involved in the care and support provided. We looked at the service user questionnaires for 2013, care plans, service user reviews and letters sent to people who use the service. We also listened to the people we met who used the service and used the comments made to us in Care Inspectorate questionnaires which were returned to us.

We found that Fife Council send out questionnaires to every service user annually in or around November. The results were not specific to the Glenrothes and North East Fife service as they were not collated into the three geographical areas. We looked at the results for 2013 at this inspection. In 2013, 2482 service users were sent questionnaires and 2142 responded. Meaning 86% of people who used the service gave their views in this questionnaire.

The findings were that 91% of the people who returned a questionnaire said their experience of using the home care service were excellent, very good or good. We saw that the questionnaires asked eight questions which were limited to asking if service users had a home care plan, whether the service started when expected and if staff turned up on time and carried out duties expected of them. These were answered by selecting yes, no or don’t know. There was one question which gave service users the opportunity to provide a free answer about their experience of the home care service. We saw that 36% (771) returned questionnaires had comments. We were not given these comments as part of the evidence.

In the questionnaires 80% of people who responded said they knew how to make a
complaint or suggestion about the service. 343 people said they did not. There were plans to start looking at how questionnaires results compared with previous years results to identify changes and trends to help with future planning. This work had not yet started. While it is always good to ask for people’s views, we have made comments in the areas for development below about how the information received can be more effectively used.

The manager of the service told us that the home care service had undergone a restructure from 1 September 2014. This was to ensure that dedicated teams could assess, reassess and review packages of care in a timely and responsive way. We thought it was positive that the provider had listened to the views of service users and had acted upon these. We could not assess the impact or outcomes of these changes as they were made during our inspection. We will report on the outcomes of this restructure at future inspections.

Fife Council website had a copy of their complaints procedure. This also let people know that they can make a complaint to the Care Inspectorate if they have a complaint about a care service.

We saw that service users’ care had been reviewed. We could not evidence that comments made at reviews led to changes or influenced the service because the recording of the review was very limited.

There were plans to have consultation groups which involved people who use the service to give involvement in the planned redesign of the home care service. There was no evidence of this from the people we met or the sources of evidence we were given.

Fife Elderly Forum Executive is a voluntary sector advice and information agency which deals with issues affecting older people. This includes an independent advocacy service. They also have a place on the Fife Council Older Peoples Strategy and Implementation Group. More information could be provided to service users about this additional way of influencing their service.

While we did not find a participation strategy we found it positive that the three team managers we spoke with recognised the value of participation and discussed the potential benefits that could be gained from including people who use the service’s views in care, staffing and relevant management processes. To support this development we have made suggestions in the areas for development below.

Areas for improvement

The service could improve how they use feedback information. A plan produced from the responses to questionnaires would show how the service responded to their service users’ comments. There should be a method of telling service users how their feedback has been used to make improvements to the service.

In the annual questionnaires the service should consider including questions to gather service users’ views about the changes that have been made to the service. More meaningful information could be gathered by separating the responses received into the three geographical areas into which home care is split. This is because each area is managed separately and may operate differently.
We saw that service users had been informed about changes to the homecare provision and working patterns of staff. There was no evidence that service users had been consulted in the decision-making about the changes to the service. We found there were a number of high level groups which could influence Fife Council strategic direction for home care services and some ways for people who use the service to express their views. However during this inspection we found little evidence that the views expressed had been used to influence or change the service. Overall we have assessed a grade of adequate in participation. This is because there were some limited opportunities for involvement. These methods such as questionnaires, tended to offer opportunities only to those who were more able. Our findings were that participation was not carried out in a planned and organised way. From the Care Inspectorate questionnaires less than half of those who responded said they were asked for their opinion about the service. We have made a requirement. See requirement 1.

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

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure that quality assurance/involvement policy and procedures are written and fully implemented and that they are effective and appropriate for ensuring that the service is provided in a manner which promotes quality. This would include ensuring that the methods of involvement are consistently achieved as set out in the policy and that feedback as an outcome of the consultation is given to service users and their families.

   This is in order to comply with SSI/210 Regulation 3 - a regulation regarding principles. This also takes into account National Care Standards Care at Home Standard 4 - Management and Staffing, Standard 11 Expressing Your Views and the SSSC Code of Practice for Employers Section 1.5 and 2.2.

   **Timescale for implementation** - to commence immediately upon receipt of this report and be fully implemented by April 2015.

**Statement 3**

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

**Service strengths**

We did not look at all areas of healthcare during this inspection. We looked at the care being provided and the information within the care files.
We noted that the service did not administer medication but could prompt service users who were able to take their own medicine. The coordinators and carers told us that any service user who needed medication administered would be referred to the District Nurse. Similarly the service does not administer eye drops or ear drops. Home care staff cannot apply any creams unless authorised to do so by the home care manager. Staff we spoke with were aware of their roles and responsibilities in relation to medication.

We heard that some service users with particular health needs will benefit from joint working projects between health and social work.

The manager of the home care service in Kirkcaldy and Levenmouth attended the steering group meetings of the NHS Fife/Marie Curie Cancer Care service. This service was to provide a coordinated range of community based generalist care services to support the care needs of terminally ill patients and their carers. We were informed that the other two managers were kept up to date with developments. While it was positive to have management involvement to promote joint working this project was at an early stage and had not changed care delivery in the care at home service. We will report on progress at future inspections.

Fife Council have published a Dementia Strategy for 2013-2016 called, 'Living Well with Dementia in Fife'. This aims to;

‘By 2016, all people with dementia who come into contact with Adult Services (Resources) will have access to high quality, person-centred services provided by highly skilled social care staff’. We thought how care was recorded did not support this ambition and we have made comments in the areas for development below. We have also looked at staff training to achieve this aim and have made comment in quality of staffing statement 3.

Glenrothes and North East Fife assessment and reablement mainstream services were part of a project designed to try to prevent people going into hospital unnecessarily and to promote early discharge home. The results of this project were still to be evaluated.

Comments we received included:

“I am very happy with the care my daughter gets. They are caring and helpful; they are also very friendly”.

“My carers are lovely and always treat me with care and respect. On the odd occasion I have to phone the office about anything they always sort it out quickly and couldn’t be more helpful”.

“Where would we be without this care I am so grateful”.

"..."
“Regular carers are very familiar and efficient with all procedures; very happy with these people”.
“I think Social Work provides a wonderful service and I appreciate all that is done for me by the regular carers; they are absolutely great and know their job inside out - so good and kind”.
“One in a million (staff member) can’t do enough for you”.
“Thank goodness for (staff member and staff member)”.
“I would be lost without the service provided if it was to stop for any reason”.
“I just think they do all do a good job and they give me peace of mind knowing they will be in to see me each day so if I fall ill then there is always someone here to help me."

**Areas for improvement**

The service’s philosophy was to promote a reablement approach. Reablement is a process that helps a person to be able to improve what they can do for themselves. The approach is that a person is helped by carers and health professionals to set goals to improve or regain their independence. We found that the care plans did not demonstrate a reablement approach. We found that most care plans were tasks lists. A few contained some more personalised information in the section supplementary instructions for home carers. Care plans should be individual and person-centred and guide staff in how to meet the individual’s needs. Some care reviews had taken place but not all care plans had been reviewed at a minimum of six monthly. One relative told us that the care plan had not been updated since 2009.

The results of the questionnaires we sent highlighted that when carers change and recorded information is insufficient there are unsatisfactory outcomes for some people. The most common comment we heard was regarding the difference in care received when the regular carer was absent and a replacement carer was sent. The managers stated that they were aware of this and hoped that the recruitment drive would resolve this issue.

Comments we received included:
“The new system has me wondering who I am getting”.
“I know my main carers’ names but when they are on holiday or off sick I get different carers every day and obviously don’t know these people”.
“I am very happy with my four regular staff, no complaints but since the changeover I have had so many other carers (too many). Several who do not know my needs and I find myself having to instruct them of what needs done and for me this can be exhausting and should be unnecessary”.
“I’ve had eight - nine different carers in a fortnight”.

Overall the care plans lacked the detail and personalisation we would expect to see about how tasks should be carried out to meet individual needs and wishes. The office based schedulers ability to allocate visits appropriately was also affected by the lack of detail in the care plans.
When we looked at care plans we found they were not being effectively evaluated to determine if the care was working or needed to be changed. Care staff we spoke with told us they are not able to alter or add to a care plan. They record that they have visited and how the person is but there is no expectation that they evaluate whether the care is effective or can expand the care plan with their knowledge of how the individual likes and dislikes their care to be carried out.

We made a requirement at the last inspection about care plans. This is the second time this requirement is not met and is made again. See requirement 1.

Some service users commented to us that they understood if their carer was held up but did not receive a call to let them know. The electronic monitoring system which we reported at the last inspection had not been implemented. This was designed to monitor staff movement and help schedulers tell service users if their carer was going to be late. We could not assess from the records whether staff attended service users at the agreed times. We noted that although carers recorded a statement about the well-being of the service users as a daily record they did not record the time of their visit. See requirement 2.

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

**Number of requirements:** 2

**Number of recommendations:** 0

**Requirements**

1. A provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user’s health, welfare and safety needs are to be met. A provider of a care service must review the personal plan:
   - (i) When requested to do so by the service user or any representative.
   - (ii) When there is a significant change in a service user’s health, welfare or safety needs.
   - (iii) At least once in every six month period whilst the service user is in receipt of the service.

   This is in order to comply with SSI 2011/210 Regulation 5(1)(b) - Personal Plans.

   **Timescale for implementation** - to commence immediately upon receipt of this report and be fully implemented by April 2015.

2. 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 care or 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) Ensure a system is in place to regularly monitor and audit the quality of the service to ensure service users are receiving the support as agreed and that accurate records of when staff visit service users are kept.

This is in order to comply with SSI/210 Regulation 4 (1) (a) a regulation regarding the welfare of users. This also takes into account 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 12 weeks.
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 evidence for the grade awarded in this statement is included in Theme 1 Statement 1- Service Strengths above.

Areas for improvement
The areas for development for this statement are included in Theme 1 Statement 1- Areas for Improvement above.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
We saw care staff treating service users with care and compassion during our visits to people’s homes. We found the staff we were with listened to their service users and did not hurry them. During these visits service users told us they were very happy with the service from their usual carer or a carer that knew their needs.

During our observations we saw that staff had supplies of protective equipment such as gloves and aprons. We saw them use these and wash their hands appropriately. This helped to protect service users from cross infection.

Fife Council had produced a social work workforce development strategy, April 2014, which had been updated annually and included an action plan for 2014/15. It also included a workforce development plan for home care.
The Scottish Social Services Council (SSSC) was created to raise standards of practice and professionalism for people who work in social services. One of the ways of doing this is to maintain a register of all workers who work in social care. The register for supervisors of home care opened on 30 June 2014 and all supervisors must be registered after achieving the relevant qualification by 30 June 2017. Workers in care at home services must achieve a qualification to enable them to register between 1 Jan 2017 and by 1 Jan 2020. Employers have a legal responsibility to make sure that all of their staff are appropriately registered.

When we looked at how the provider was helping staff to achieve this we saw that there was a planned approach. The manager was appropriately registered and there was a rolling six month intake of home carer coordinators to a Scottish vocational qualification (SVQ) course at level 3 and home carers at level 2. When completed this should ensure the workforce is suitably qualified to be registered with the SSSC.

A number of changes in staff roles and responsibilities had happened because of a restructure of the home care service on 1 September 2014. Home care Managers had changed their job title to Assessment and Review Practitioners. Their responsibilities had changed and they no longer had responsibility for staff management and supervision. This meant that assessments and reviews were carried out by a dedicated team. This team was managed out with the Glenrothes and North East Fife care at home service. We were told this should improve the timeliness of assessment and review. It was too early to assess the impact of this as it happened during the time of our inspection. We will follow this up at the next inspection.

We were given the results of a staff survey carried out in 2012. A percentage of these had written comments. The comments were unavailable to us and we could not establish if these had been addressed.

Fife Council had a home care coordinators development programme. This included sessions on adult protection, supervision skills, dementia skills and palliative care approaches. Some coordinators had commenced this programme within the service.

We looked at training records. We found that staff were up to date with the mandatory training. This is training that all staff must undertake on a regular basis to be able to work. For example moving & handling and safeguarding vulnerable adults.

Comments we received included:
“First class service, friendly staff. Built up a good working relationship over the years”.
“I feel very safe and they treat me with respect as I do them and its lovely to know they are there to help in which way they can all within their caring role thus I never feel frightened when they are with me as if I did the office would hear about it from me.”
“I do feel safe when they are with me as I have had a few falls when showering and I know there is someone in the house while I shower now I’m never frightened as they do respect me and my belongings very well.”
"They sure do treat me with most respect and this goes both ways I feel very safe knowing they will be into help me and make sure I’m tickety-boo no need to feel frightened as they are all lovely people who come to see me."

“One thing I do notice is at times they can be really short staff as they tell me but I will say they never cut my time and if my regular carers is going on holiday they let me know. As its Christmas shortly the carers have given me note of who is coming and when as this when they can be short staffed too.”

“I would like to see the staff stopped from being changed around. Why do they not just leave the staff with clients they know I have asked this question and the answer I was given was they change the staff around to stop familiarity but in their role is not better for the clients that they know there carer well and vice versa.”

“Staff are very friendly and we always have a chat as they go about their duties but I do get lots of changes of staff.”

**Areas for improvement**

Staff supervision sessions are an important way for an organisation to give staff dedicated individual time with a manager to talk about their work. Supervision allows an exchange of information in dedicated time. Staff can also use this time to discuss any training and development needs. In this service we found in general staff supervision had been suspended due to the restructure and staff sickness. This was the same for staff meetings. During a time of service change it is important to offer all staff support and guidance and help them understand how the changes affect the service. We have made a requirement about staff supervision. See requirement 1.

When we spoke with staff we found they were taking extra work on their days off in order to maintain the service. We heard that there had been no staff recruitment of home carers for around five years. During this time staff had retired or resigned leaving fewer staff to cover. Staff we spoke with said they were disappointed that the new ways of working had not resulted in service users receiving consistency of carers as it had promised to do. They felt it was necessary for them to work extra days so that the service users were not let down. This was reflected in the comments we received from service users who told us that they received a good service from their regular carers but were upset when carers came to their homes who did not know them or how they wished their care needs met.

Staff told us they needed training in first-aid and palliative and end of life care. We heard that staffing difficulties had a negative impact on the services abilities to send staff for training. When we spoke with the team managers for home care across Fife Council, they told us that they were aware of the training needs within the service. There had been some consultation with the learning and development department and provisions were being made to support the anticipated volume of new staff who would need training alongside the ongoing development and training of current staff. We have not made a requirement about training as this was being addressed by the service, but will follow this up at the next inspection.
Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure that all staff working in the care service receive regular supervision. This process should provide opportunity for the management and employee to discuss any matters of concern, review work performance against agreed objectives and review the employee’s personal learning and development plan. This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of users and Regulation 15(a)(b) - Staffing.

Timescale - Within 12 weeks from receipt of this report.
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 evidence for the grade awarded in this statement is included in Theme 1 Statement 1 - Service Strengths above.

Areas for improvement
The areas for development for this statement are included in Theme 1 Statement 1 - Areas for Improvement above.

Grade awarded for this statement: 3 - Adequate

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
In order to assess this statement we looked at care documents, home care staff quality checks, staff meetings and staff supervision. We also took into account the information from the other quality themes and from our discussions with service users and staff.
Overall we assessed that the systems and processes we saw during previous inspections were not being used regularly or consistently at this time and this affected the quality of the information gathered. Service restructure, changes in roles and responsibilities and staffing difficulties had affected quality assurance.
Staff meetings and staff supervision had been reduced or stopped. Some home care coordinators made themselves available for staff once per week. This was usually at a location within the area the staff were working to make it easier for them to attend. This provided an alternative opportunity for home carers to speak with a manager and allowed them to replenish their stocks of protective equipment such as gloves and aprons.
We found that staff we met during the inspection were caring and committed to providing a good service. We found that the team managers of the care at home services for Fife Council were committed to providing a good service to meet service users’ care needs which would improve their quality of life. They were positive about the recent decision by Fife Council to start recruiting home carers after a lack of recruitment for approximately five years.

Some people told us they received a good service from the home carers because they received care from the same group of carers. This was not the case for all service users.

Recent restructuring which took place on 1 September 2014 was one of a number of major changes which have taken place over the past few years and affected the way the service operated. This meant that it was difficult for service users and staff to keep up with the changes in roles and responsibilities.

Home care services are managed by Fife Council Older people’s service manager. There have been 5 changes of manager in the last five years which has contributed to inconsistent management and leadership. The role was vacant at the time of the inspection.

Comments we received included:
"If any of my regular carers are going on holiday they always say but I never know who is coming in their place and in fact nor do they - if its sickness someone else just comes and they will say why they are here but the office never phones to let me know there has been a change of carer."

During the inspection we asked service users if they were fully involved in their care planning. Responses included:
"I was when the service started but not since I honestly don’t know when someone was last here to look at the book or ask me how things are going".
"I was at the beginning but and they come in 2 x 7 days a week, I don’t remember though when someone came out last from the office to update the plan/book”.

**Areas for improvement**

Every year we ask services to submit a self assessment. The self assessment encourages reflection on current practice and plans for future development of the service. The manager submitted a self assessment which graded the service excellent across all quality themes and statements. We could not find evidence which supported these grades when we evaluated their performance. Overall we found the service was performing at an adequate level.

Staff meetings and staff supervision are important ways for staff and managers to exchange information about the changes to the service and the effects on the service experienced by service users. At a time of service change it is vital that staff feel well-informed and supported. Although we know that priority had been given to trying to meet service users’ needs, there had been a negative impact on the quality assurance systems. This is reflected in the grades awarded in this quality statement.
Overall we found the quality assurance systems and processes had not addressed the concerns being expressed by service users, their families or staff. For example the restructuring and changes to staff rota patterns had not had the anticipated benefits for service users. In some cases there had been a decrease in the continuity of care and carer. We also found the care plan reviews focused on the home carer and not on outcomes for service users. Care plans could not be influenced by the staff who knew the service users well and got to know how they needed to have their care and support needs met. This meant they were not individualised or person-centred and the result of this was a poor service when the regular home carer was not available. The service should have systems in place which would identify and help them rectify dissatisfaction with the service. We have made a requirement. See requirement 1.

One relative told us:
"My daughter and I filled out a questionnaire recently and paid a compliment in it to my carers and asked specifically that it be passed onto them about how happy we were with them but it wasn’t. If we mentioned something we were unhappy about they would soon know so find it only fair good comments be passed on too”.

**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 systems to ensure that all aspects of the service are improved. In order to do this the provider must:
   (i) Have clear guidelines for staff on the timescales for audits and the content of these.
   (ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectations of the audit, how to monitor outcomes and record follow-up to the actions implemented to make improvements.
   (iii) Make provision for staff to act upon the findings of the audits.

   This is in order to comply with SSI/210 Regulation 4 a regulation about welfare. This also takes into account National Care Standards Care at Home Standard 4 Management and Staffing arrangements.

   Timescale for implementation; To commence upon receipt of this report and be completed within 12 weeks.
4 Other information

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

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

Additional Information
On the day of the inspection the following documents were on display in the office of the service:

A valid insurance certificate verifying liability insurance cover.

A valid registration certificate.

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

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<thead>
<tr>
<th>Quality of Care and Support - 3 - Adequate</th>
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<td>Statement 1</td>
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6 Inspection and grading history

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<td>Staffing 5 - Very Good</td>
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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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