Dunfermline and West Fife Care at Home Services
Housing Support Service

Fife House
North Street
Glenrothes
KY7 5LT

Telephone: 03451 555555 ext 443799

Type of inspection: Announced (short notice)
Inspection completed on: 15 February 2018

Service provided by: Fife Council

Service provider number: SP2004005267

Care service number: CS2010273855
About the service

Fife Council is a local authority provider of a wide variety of registered care services throughout Fife. Home Care and Support Services is divided into three geographical areas, Dunfermline and West Fife, Glenrothes and North East Fife and Kirkcaldy and Levenmouth 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.

Dunfermline and West Fife service operates from the western border at Kincardine, through Dunfermline and east as far as Lochgelly. The staffing structure has an overall manager based at Dunfermline (New City House) and 10 home care coordinators located across two bases in Dunfermline and Cowdenbeath (Brunton House).

Home care schedulers, who are responsible for arranging staff cover for service users are located centrally within a Resource Unit based in Rothesay House, Glenrothes. Each home care coordinator covers a geographical area, and is responsible for line management of the teams of home carers within their respective local areas.

Fife Council’s Mobile Emergency Care Service is encompassed within the registration of Home Care and Support Service (although this is currently under review).

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”.

What people told us

We sent out questionnaires to service users and their relatives to find out what they thought about the service and we received 17 completed questionnaires. We also visited service users and relatives in their own home whilst shadowing staff.

We had the assistance of an inspection volunteer who gained the views of the service from service users and their relatives via the telephone. 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 volunteer’s role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. The comments received by the inspection volunteer have been incorporated in this report.

Comments received during the inspection from service users and their relatives included:
“I have a regular carer and when they are off I get relief carers; they know me and vice versa. If a new carer, they usually arrive with a known carer for their first visit to me.”

“I do have a regular carer and the relief carers are known to me.”
“I must say over the last seven days I have seen seven different carers: think my regulars are off sick or on holiday and of course the changes that are due to happen any day now. Don’t know how this going to work.”

“Roughly the same time each visit; they come to me once a day seven days a week. Never had a missed visit but occasionally they do come late but I just accept this as the carers do care for very vulnerable people.”

“The daily ones are good at timekeeping, the evenings ones vary. The carers visit me four times a day. Never been missed but evening carers can be late with no reason given when they are late.”

“The carers complete the book each time they are here but can’t remember when it was last updated from anyone above the carers.”

“Time is about right but it would be good to have regular faces as I feel my privacy and dignity are now out the window.”

“Nothing to complain about, the carers even arranged for me to have mobility aids via the OT (occupational therapist) here in the house for me so can’t complain. My carers are excellent.”

“The council carers are brilliant; they’re always on time; I’ve never had a late visit.”

“The service is great; every person we’ve had.”

“The carers are excellent but the people who do the scheduling need to be taught that users with Dementia should have a routine and stop changing the carers’ times.”

“The carers all seem good at their jobs. They show a lot of care and nothing seems to be too much trouble. We are grateful to have their assistance each morning. They always ask me (the carer) how I am before going to see (service user’s name).”

Self assessment

We did not request a self assessment this year. We discussed and considered the service’s own development plan as part of this inspection.

From this inspection we graded this service as:

<table>
<thead>
<tr>
<th>Service</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Quality of care and support</td>
<td>4 - Good</td>
</tr>
<tr>
<td>Quality of staffing</td>
<td>4 - Good</td>
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<tr>
<td>Quality of management and leadership</td>
<td>4 - Good</td>
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Quality of care and support

Findings from the inspection

Concerns and suggestions could be made through Fife Elderly Forum which meets on a regular basis. This is an independent group which offers information and advice to older people in Fife.

Participation leaflets describing the different ways service users and their families can voice their opinion on how well the service is doing and suggest areas for improvement were in the service users' personal plans.

The majority of service users and their relatives told us that they were very happy with the care and support they received from Fife Council Home Care Services when their regular carers attended. They told us that problems arose when different carers were allocated. This is addressed further under quality theme 4.

Service users and/or their families were involved with the development of support plans when starting the service. The service had 'meet and greet' checklists which were completed by the home care coordinators with the service user shortly after starting the service. This gave the service users an opportunity to say what was working well for them and request any changes to their support package. It was highlighted during the last inspection that the home care coordinators usually did not work weekends, therefore it would be difficult to carry out 'meet and greet' checklists with service users who receive support at weekends only. The manager and coordinators agreed to find a solution to this. During this inspection we were informed that as from April/May this year three care coordinators will be on duty every weekend.

We found that some service users’ reviews were overdue. We also found that some service users’ support plans had not been updated to reflect changes in their needs. This was discussed with the manager last year who told us that these types of issues would be identified and addressed during the quality assurance procedure (this procedure is detailed more in the ‘quality of management and leadership’ section in this report). During this inspection we still found areas for improvement for example:

- some support plans stated ‘apply cream’ but the type of cream was not documented
- days and times of service delivery had not been changed in the support plan to reflect actual service delivery
- in some support plans the service provider details had not been changed i.e. they still stated the previous provider but in actual fact all support had all been taken over by Fife Council
- the service to be delivered had not been updated in many support plans i.e. they still stated domestic tasks were being delivered on certain days and Fife Council no longer delivers this service
- no evidence of regular reviews in many care plans (this is further addressed under quality theme 4).

We have made a recommendation (1) regarding support plans.

Requirements

Number of requirements: 0
Recommendations

Number of recommendations: 1

1. It is recommended that the manager should review service users’ support needs:
   (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.

Reference is made to the National Care Standards, housing support services; standard 2 - Your legal rights, standard 3 - Management and staffing arrangements and standard 4 - Housing support planning.

Grade: 4 - good

Quality of staffing

Findings from the inspection

People being supported were very complimentary of their regular staff supporting them and their high level of professionalism. They also told us of the stress they experienced if different carers attended on a regular basis. This is further addressed under quality theme 4.

The training liaison team met every three months to discuss staff training needs and incorporate this into the training programme. All new staff were required to undertake five days core skills training before they could start working. All staff were required to undertake regular moving and handling refresher training and we were informed it could be difficult to release staff for this. As a result, the service was implementing a new system which included e-learning and a shorter manual training session. This should mean that all staff are kept up-to-date with best practice guidelines. We saw that mandatory training was up-to-date for most staff and the manager was working with the training facilitators to capture those who had missed. We discussed the importance of all staff being up-to-date with best practice guidance.

SVQ (Scottish Vocational Qualification) level II is mandatory for all care and support staff in accordance with the SSSC (Scottish Social Services Council - the regulatory body for health and social care workers) registration criteria. Systems were in place to enable the service to meet this criteria.

Some service user specific training was available, however, some staff told us that they had requested training such as Dementia care for a long time and not received it.

It was the schedulers’ responsibility to allocate service users to the carers at the start of the service. The schedulers had no access to details of service users’ needs and abilities, therefore could not be matched to carers’ skills. The resource centre manager told us ‘preferred carers’ were going to be documented for every service user which would match their needs and staff skills (this should also help with consistency). We have made a recommendation (1) regarding training.

Staff supervision provides an 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. We found that formal supervision was not taking place on a regular basis in accordance with internal policy. We have made a recommendation (2).
Although staff told us they felt supported and the manager had an 'open door' policy, we found that regular team meetings were not taking place in accordance with internal policy. We have made a recommendation (3).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The manager should ensure that staff have the appropriate training and skills to meet the needs of the people they are giving care and support to.

Reference is made to the National Care Standards, housing support services; standard 3 Management and staffing arrangements.

2. It is recommended that the manager ensures that all staff working in the care service receive regular supervision in accordance with internal policy. 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.

Reference is made to the National Care Standards, housing support services; standard 3 Management and staffing arrangements.

3. It is recommended that the manager ensures that all staff working in the care service have the opportunity to attend regular team meetings in accordance with internal policy.

Reference is made to the National Care Standards, housing support services; standard 3 Management and staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Staff told us that seniors and management were very supportive and approachable and they could speak to them when necessary.

We reviewed the accident and incident records held by the service and saw that they were completed fully and handled correctly. Where necessary they had been notified to the Care Inspectorate.

The service had a complaints procedure in place and we saw that in the main the procedure was adhered to when complaints were received. Service users told us they knew who to contact if they had any complaints or concerns.
Last year we were informed that care and support reviews were carried out by the assessment and review team, which was separate to the home care team. We were also told that the assessment and review team were not able to carry out six monthly reviews in accordance with legislation and usually managed an annual review only. As a result, a new procedure ‘the care at home quality review’, supplemented by an environmental risk assessment had been developed. Home care coordinators were responsible for carrying out the audit. Unfortunately we found that the home care coordinators did not always have the time to fulfil this. This meant there was limited opportunity for service users/relatives to have their care and support reviewed. We were informed that this was due to the home care coordinators still having to be heavily involved in the scheduling of carers.

Fife Council Home Care Services had developed a process with associated documentation for real-time monitoring; a system which alerts schedulers to staff’s whereabouts and responds to late/missed visits. Unfortunately some service users told us that they had experienced late/missed visits and had to report this to the service themselves before any action was taken.

Since the previous inspection we have received complaints which were upheld relating to the inconsistency of carers (please refer to the ‘what the service has done to meet any requirements made at or since the last inspection’ and the ‘what the service has done to meet any recommendations made at or since the last inspection’ sections of this report).

There was a policy which dictated service users should be contacted if the carer is going to be more than 30 minutes late for the visit. We were informed that this did happen, however, we found no record to substantiate this.

Some areas for improvement had been highlighted by the service and steps were being taken to address the above and improve service delivery for example:

- The assessment and review team is returning to the remit of Fife Council Home Care Services in April this year.
- Flowcharts had been developed to inform staff of the extra processes in place to reduce late/missed visits. This included hourly checks of data which had reduced missed visits by 75%.
- More schedulers were being recruited for the resource centre.
- Enhanced communication between schedulers and home care coordinators prior to carers being allocated to service users on commencement of service.
- Clarity on the roles and responsibilities of each staff member circulated.
- A formal process had been developed for recording all contacts made should a carer be running more than 30 minutes late.
- A list of ‘preferred carers’ was being made for every service user for consistency.

We have made a recommendation (1) regarding quality assurance systems.

It was clear that the manager and staff spoken with were committed to providing good care and support and continually looking at ways to improve the service.

Requirements

Number of requirements: 0
Recommendations

Number of recommendations: 1

1. We acknowledge the efforts that have and are being made to improve service delivery. However, it is imperative that effective monitoring and quality assurance systems are in place. The changes that were highlighted to us during the inspection should be continually evaluated to ensure improvements are being made.

Reference is made to the National Care Standards, housing support services; standard 3 Management and staffing arrangements.

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must ensure that service users have continuity of care. In order to achieve this, the provider must develop an effective system that monitors the consistency of carers. This should include a record of any changes; the reason for changes and the communication with clients in advance informing them of who will be visiting.

This is in order to comply with:

In making this requirement the National Care Standards, care at home standard, 4 - management and staffing has been taken into account.

Timescale: To be fully implemented within three weeks on receipt of this report.

This requirement was made on 23 August 2017.

Action taken on previous requirement

This requirement was made as a result of an upheld complaint. It was made because the provider failed to ensure continuity of staff, which caused distress and anxiety to a service user.

During this inspection we found this requirement had still not been met and has been addressed under quality theme 4.

Not met
What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Service users and their relatives/carers should expect care delivery to be appropriate to the needs of the service user. Where the detrimental impact of frequent changes of staff is known, every effort should be made to ensure that continuity of care is provided.

Reference is made to the National Care Standards, Care at Home, Standard 4 - Management and Staffing.

This recommendation was made on 1 May 2017.

Action taken on previous recommendation

This recommendation was made as a result of a previous upheld complaint and had been unmet at the previous inspection. It was made because there had been a lack of continuity of carers, causing stress and distress to some service users and their families. During the previous inspection some people told us that, in some instances, they did receive care and support from numerous different carers. The manager told us that there was a large recruitment drive on and, if successful, would eradicate the problem.

During this inspection we found this recommendation had still not been met and has been addressed under quality theme 4.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.
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<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<td>21 Mar 2017</td>
<td>Announced (short notice)</td>
<td>Care and support: 4 - Good</td>
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<td></td>
<td></td>
<td>Environment: Not assessed</td>
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<tr>
<td></td>
<td></td>
<td>Staffing: 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and leadership: 4 - Good</td>
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<tr>
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<td>Care and support: 4 - Good</td>
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<td></td>
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<td>Management and leadership: 3 - Adequate</td>
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