

Home Care Services - Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
10 Saramago Street
Kirkintilloch
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Telephone: 0141 578 2101

Type of inspection:

Unannounced

Completed on:

18 July 2019

Service provided by:

East Dunbartonshire Council

Service provider number:

SP2003003380

Service no:

CS2004082079

About the service

Home Care Services - Mainstream Team is registered as a care at home and housing support service. The provider of the service is East Dunbartonshire Council, and the office base is in Kirkintilloch. The service has been operating since 2004 and registered with the Care Inspectorate on 1 April 2011.

The service is provided to people living in the East Dunbartonshire area including older people, people with physical and sensory impairment, people with learning disabilities and people experiencing mental health problems. Over 1,200 people use the service. Five staff teams cover the area. The service provides support for, reablement, complex care, out of hours care, telecare and non complex care. The service provides short and long-term support.

The overall aims of the service are,

- to improve the lives of customers and the people who care for them
- to ensure the welfare and safety of vulnerable people in their own home
- to provide a quality local authority home care service to vulnerable people in their own home.

What people told us

We spoke with 23 people using the service and seven relatives. We visited people in Kirkintilloch, Bearsden, Milngavie and Bishopbriggs. Forty two people completed our questionnaire.

People overall were happy with the care and support they received from the staff, and most staff were very much valued. People felt the service could be improved with better organisation.

Comments included,

"The service I have received has been wonderful. I find my carers very helpful and considerate."

"Service was very good. Staff caring and friendly and always meet my husbands needs. Some staff go above and beyond and give exceptional care."

"I don't know what I would do without them." (the staff)

"Give family peace of mind, all excellent."

"Can't praise them enough."

"Some staff are excellent and considerate of what my needs are."

"On occasion staff appear very busy."

"Agreed time inconsistent and not always notified of changes."

"Staff variable depending on what staff come in."

"Staff under pressure but do their best."

"I would like more continuity with staff coming in as this would make me feel more comfortable."

"Management are very disorganised and download runs constantly. I feel carers are overworked and take a lot on their shoulders to organise their work where management should be taking responsibility."

Self assessment

We did not request a self assessment for this inspection. We discussed with the manager a service development plan to record what and how improvements were made and monitored.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

People overall were happy with the support they received. The positive outcomes people experienced promoted their independence and motivated people which improved their well-being. Staff ensured people who received personal care were clean and comfortable. The support people received enabled them to live in their own home with their relatives which was important to them.

The majority of people experienced the same staff which offered some consistency with their care. This helped people feel safe and familiar with staff who cared for them.

People were fond of the staff and had developed positive relationships which promoted people's well being. One person told us "staff are like my family". A relative told us "staff are there for me too" and "couldn't hope for anything better". People enjoyed staff coming into their home and enjoyed the 'banter' and the 'company'. One person commented "some (staff) spend time talking".

People overall experienced staff who were kind and caring. We observed staff to be respectful and compassionate and responsive to people's needs. People were offered choices such as, what to eat and what to wear. This ensured people had control of their lives.

Staff knew about people's preferences because they knew the people well. Most staff were aware of what people's likes and dislikes were and ensured these were respected. However, not everyone had good experiences with staff. Similar issues were still apparent. For example, no consistency with staff, staff being late, people not knowing who was coming to support them. The service structure was undergoing change which should ensure better continuity for people.

Some improvements were noted in that some people had a support plan in place which had some detail. However, these had not been fully completed. For example, information was missing or misleading, such as how to communicate with the person, how to manage people's distress, how to support people with their medication. There was a lack of outcomes identified. Staff relied on information by word of mouth or from mobile devices. Risk assessments were in place however, these were generic and were not specific to people's individual needs. The manager informed us that the support plans were under review.

People we spoke to had not had a review of their care and support. People should have the opportunity to review their care and support at least every six months. People told us that they would contact the home care organiser if they had any problems. The service needs to improve the support documentation so that staff will be fully informed about people's individual needs.

The service must improve how people's care and support is documented and involve people in reviewing their care and support to ensure people are fully informed (see requirement 1).

Requirements

Number of requirements: 1

1. To ensure that people's needs are met the provider must put in place the following action by the 1st December 2019.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found slight improvements under staffing and increased the evaluation from weak to adequate. More work requires to be completed to improve staffing.

People felt overall that staff were supportive and friendly. People said staff were "angels" and that they were "100%". Staff demonstrated good values and people thought highly of the majority of staff.

We saw that some staff had good leadership skills and took the initiative to organise people's care and support that was person led.

Staff we spoke to "loved their work" and some felt improvements had occurred since the last inspection that had a positive impact. For example, better communication through team meetings, more training, staff supervision and appraisal. This meant staff had better support.

Training had taken place for some staff to update and increase their knowledge for example, moving and assisting, adult support and protection, personal care. However, there were still gaps in training for some staff. For example, some staff had not had an update on moving and handling since 2010. Staff need specialist training so they can better support people's needs, such as, palliative and end of life care and caring for people with dementia. The manager was sourcing training in these areas.

Supervision had taken place for some staff. The level of detail varied. Some entries were meaningful to staff, others lacked detail to support staff in their practice. More reflection on practice would benefit staff's learning and development and improve people's experiences.

Direct observation of staff practice had commenced. There were variations to the number undertaken and the detail of comments. The outcome of observation should be to support and improve staff competence. This area needs further improvement.

Induction for staff had been recorded which was an improvement from the last inspection. However, the detail of the induction and the support for staff during the probationary period could be improved. There was no evidence of any staff training or staff learning and development, or how this was followed up. All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

The requirement and recommendation made at the last inspection are repeated for the areas that need further improvement.

Requirements

Number of requirements: 1

1. To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2019:

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The provider should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role. All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found a number of improvements under this theme that improved the evaluation for management and leadership from weak to adequate. The requirement and one recommendation have been repeated. One of the recommendations had been achieved.

Staff felt that management and leadership had improved. For example, more training and supervision had taken place along with monthly meetings. The home care organisers commented they felt less isolated and communication was described as "better". However, there was still more work to be done within staff teams as the level of supervision and team meetings varied considerably.

There were good systems in place to monitor complaints. We saw that these had been dealt with to the complainant's satisfaction. Learning outcomes and action taken were noted. This will support the service to improve.

We discussed with the manager the need to have a development plan in place so that areas to develop/improve the service can be identified and actioned. Feedback from people, carers, staff and other stakeholders should be included as part of the quality assurance system to improve. (See Requirement 1)

Systems had been introduced to monitor the quality of the service to some extent which was an improvement. For example, the manager had in place 'flash reports' that now monitored each team. This covered areas such as training, assessment and review, overtime and sickness absence. Quality systems could be improved to include, supervision, team meetings, accidents and incidents, complaints and SSSC registration. There needs to be a system in place to ensure that the information is monitored effectively so improvement can be measured. (See Requirement 2)

How people were consulted was on-going. We will review this at the next inspection (see recommendation).

Requirements

Number of requirements: 1

1. To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2019. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 1

1. The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

Grade: 3 - adequate

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

Previous requirements

Requirement 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

Some progress had been made on support plans but more work was needed to ensure the support plans were person centred and had outcomes clearly identified. The manager was looking to develop a new support plan. Reviews were not taking place regularly and people were not involved. Reviews should be a priority for the service.

Not met

Requirement 2

To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2018.

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency:

A training needs analysis for all staff.

A training programme to evidence all mandatory staff training is up to date.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27). It also complies with Regulation 15 (b) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

Some progress had been made. Induction was being documented but required more detail. Training had taken place for some staff, however, some staff training was still out of date. A training needs analysis will support the service to deliver training that supports staff to meet people's needs. Specialist training is being sourced.

Not met

Requirement 3

To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2018. This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 June 2018.

Action taken on previous requirement

This requirement had not been met. Managers told us the intention was to have a quality framework in place through Quality Scotland. A meeting had taken place. There were some systems in place to monitor the quality of the service, however, further improvement is required to ensure all aspects of quality are being monitored.

Not met

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

Previous recommendations

Recommendation 1

The provider should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role.

All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

This recommendation had not been met but some improvements were noted. For example; some staff had regular supervision and appraisals with their line manager, however, this was not the same for all staff. Some of the supervision notes we sampled were very brief and did not give staff time to reflect on practice. Direct observation of practice had begun, however, more work was needed to improve the quality of the recording of observation and the quantity. Staff we spoke to felt supported and could speak to their line manager if they needed to. Work is still required to make improvements. We will review this recommendation at the next inspection.

Recommendation 2

The provider should ensure there are enough staff to meet the needs of people using the service. To ensure that people receive high quality care the provider should put in place the following actions:

Effective and efficient systems to ensure a consistent staff group are employed.

Improved and effective methods to monitor and manage staff sickness and absenteeism.

Monitoring of staff vacancies to ensure enough staff are recruited timeously to fill vacant posts.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15). "I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.17).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

There had been improvement in staffing although there were times when staff were rushed however, this was due to the nature of the service. Staff absence was being monitored more effectively. A new structure was planned which should improve how staff were delegated. Recommendation met.

Recommendation 3

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

This recommendation was made on 25 June 2018.

Action taken on previous recommendation

Work had commenced but more work was required so that people's views were taken on board. The manager was progressing this.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
29 Jan 2019	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
25 May 2018	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 2 - Weak 2 - Weak
12 Apr 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed 5 - Very good
29 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 5 - Very good Not assessed
24 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
30 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 4 - Good 4 - Good
29 Apr 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 2 - Weak

Date	Type	Gradings	
31 May 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Dec 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
16 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Aug 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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