

Cumbernauld Home Support Service Housing Support Service

Cumbernauld Social Work Locality
Bron Chambers, Bron Way
Cumbernauld
North Carbrain Road
Glasgow
G67 1DZ

Telephone: 01236 638821

Type of inspection:

Unannounced

Completed on:

30 October 2019

Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

Service no:

CS2004071296

About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in Cumbernauld and the surrounding areas. The service aims to "provide a support service to older people and younger adults in their own homes". At the time of this inspection, the service was being provided to seven hundred and seventy-two service users and over two hundred support workers.

There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes. North Lanarkshire Council recognises the changing needs of individuals in their community and the need to adapt to these changing needs, by offering a flexible needs led service, which will enable people to remain in their own homes and prevent admission to hospital or 24 hour care environments. Their provider introduced a service redesign consisting of an intensive team, reablement team and a mainstream team. The intensive team are aimed at providing flexible, intensive home support for a limited period of time, rather than as a long-term support package. The reablement team provide a rehabilitation programme which focusses on maximizing people's independence following an illness or stay in hospital. The mainstream team offer support, depending on the individual's needs. The service aims to improve health and wellbeing outcomes, experienced by service user's and their carers by providing the 'right support, right time, right place'.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We received one hundred and two completed questionnaires from service users and carers. We also spoke with service users and carers during the inspection. The majority of people agreed with the statements 'I am happy with the quality of care and support this service gives' and 'staff treat me with respect'. People testify to the compassionate support that they receive from the support workers and the impact that this has for their daily lives and independence in their own homes. The main concern raised by service users and their families was the lack of consistency in the care they receive and the impact this has on their wellbeing and sense of safety in their homes.

Some of the comments that we received from service users, carers and family members:-

'Overall system working very well, excellent user friendly carers. Communications between management and carers could/needs to be improved'

'Dad speaks very highly of the home support workers... I am pleased with how quickly the arrangement was put in place and it is giving me peace of mind knowing that dad's med are being taken at the right time every day'

'Care workers delivery a friendly and professional service to my mother who has dementia but is still managing to live at home... they also notice other issues and inform us promptly'

'All phone contact with manager, out of hours staff is friendly and professional'

'The staff don't have enough time'

'Seldom need to call the office... but message is always handled with minimum of fuss or trouble to me as a carer'

'All staff are exceptional, helpful and professional to support my [name] at home'

'Without your help my [relative] would have had to go into residential care - we are grateful for the sustained kindness and support given over the years'

'Staff are not given enough time to communicate with service users...'

'Too many carers are sent to other areas to cover, leaving my [relative] with 'stand ins' who she doesn't know. Service users especially those with dementia, need familiarity'

'Too many different staff coming into the house - rarely regular people which makes it difficult for person receive care'

'Great service from all the carers. Great workers'

'Any issues I have are dealt with timeously by the management team and they keep me updated with any concerns or changes they have. An excellent service delivered with care, compassion and professionalism'

'The schedule that the carers receive is not fully accurate'

'In general mums service is first class. However, if regular workers are absent then the service is dreadful by not knowing who or when workers will attend'

'Times are changed frequently without any discussion or notice.'

'Would be better if the same carer attended as patient has dementia therefore does not recognize all the different carers coming into her house'.

Self assessment

A self-assessment was not requested prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

At this inspection, we found that the service was performing at an adequate level for this theme.

It was our view that some individuals are receiving good supports particularly from the reablement and intensive team supports. There was evidence of some good multidisciplinary working which is resulting in improving outcomes such as, achieving greater independence, increased levels of confidence and enabling individuals to obtain the much needed support in end of life care in their homes. Service user's and carer's testified to this and to the dignified and respectful care they received from support workers and the managers.

During the inspection, we shadowed support workers and visited service users in their homes. The support workers demonstrated good knowledge of service users needs/preferences and were observed demonstrating good skills and offered support in a manner that was respectful and caring. However, it also became apparent that the service struggles to offer consistency of care due to the resource restrictions. Service users expressed sincere gratitude for the support that they receive however also shared their concerns regarding the lack of continuity and consistency in the support given. Service users and their carers/families explained that the service does not inform of changes and the schedules arrive late and are wrong. They explained that this often means they don't know who is coming into their home, which has a detrimental impact on their sense of safety and wellbeing. Whilst some of the people that we visited had accurate care plans others were very out of date

and lacking risk assessments. We also found that there was a lack of transparency regarding the role and remit of the reablement teams.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

At this inspection, we found that the service was performing at a good level for this theme.

North Lanarkshire Council offer some specialist area training opportunities however, with the large number of support workers, few are able to attend. However, we continue to see managers using patch meetings as an opportunity to facilitate learning opportunities. The service is currently facilitating the workforce to undertake the dementia training in line with, the skilled level of the Promoting Excellence Framework for Dementia.

During the inspection, we shadowed and interviewed staff and concluded that staff were motivated in their roles and were respectful and caring, whilst being mindful of infection control, promoting independence and highlighting safety issues in service users homes. We were able to offer observations of practice which highlight the need for learning and development for all of the workforce.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection, we found that the service was performing at a weak level for this theme.

Since the last inspection, there has been a number of changes in the management team and indeed some

individuals are still in transition in their new roles. The management have expressed their commitment to improving the service in order to improve the outcomes for the people who receive the support.

The service was unable to demonstrate an overview of the areas of service delivery, particularly where things have gone wrong for instance accidents/incidents including missed visits or medication errors. This overview is an essential activity enabling management to identify areas for improvement and take corrective and/or preventive action. There has also been a lack of communication with the Care Inspectorate; an absence of regular notifications and indeed information regarding the change in management.

We are concerned about the lack of progress made in meeting requirements and recommendations. There are a number of outstanding requirements and recommendations which focus on improving the quality of assessment of the health, welfare and safety of service users. The Care Inspectorate has provided ample opportunity for these improvements to be realised however, this has not been achieved therefore we have graded the quality of management and leadership as weak and we will seek reassurances from the Provider for corrective action.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met, in order to do this the service must ensure that the personal plans:

- Accurately reflect the current health and care needs of the service user.
- Include person-centred information outlining needs, abilities and preferences.
- Demonstrate consultation with the service user/relative.
- Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning.
- Evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 5(1) Personal plans.

Timescale within six-months upon receipt of this report and on going thereafter.

This requirement was made on 29 November 2016.

Action taken on previous requirement

We found that some people have up to date care planning information, which demonstrates service user involvement. However, the majority of care plans that we found contained old information that were no longer reflective of the individuals current circumstances. There continues to be an absence of accurate and clear risk assessments, particularly in relation to moving and handling and we highlighted a few individuals that needed to be assessed without delay. Improvements are necessary, in all areas outlined in this requirement.

Not met

Requirement 2

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

1. The provider must ensure that the approach to managing falls is improved to keep service users safe. In order to do this the provider must:

- a. Ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals.
- b. Demonstrate that appropriate advice is sought promptly from health professionals.
- c. Ensure that managers are involved in the monitoring and audit of falls and falls prevention.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users. And regulation 4(2) - requirement about proper provision of adequate services from any health care professional. And regulation 5(1) - requirement for personal plans.

Timescale: to start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

At the last inspection, we found that the service had introduced a system in order to monitor and manage falls experienced by service users. However, these are not being used as intended and the information is not being collated and analysed in order for any prevention activity to be identified.

Not met

Requirement 3

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this, the service must ensure that the personal plans:

- a. Accurately reflect all the current needs and capabilities of individuals, include information about care and support interventions and are developed, to fully reflect the care being provided.

- b. Include, information about care and support that is up to date and regularly evaluated with any changes reflected in the relevant sections of the care plans.
- c. Have a full range of risk assessments in place and that the outcome of the assessments are used to their full potential, to inform the care being provided.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 5(1).

Timescale: To start within 24 hours and be completed within 12 weeks of the receipt of this letter.

This requirement was made on 25 October 2017.

Action taken on previous requirement

We found that some people have up to date care planning information which demonstrates service user involvement. However, the majority of care plans that we found contained old information that were not longer reflective of the individuals current circumstances. There continues to be an absence of accurate and clear risk assessments, particularly in relation to moving and handling and we highlighted a few individuals that needed to be assessed without delay. Improvements are necessary, in all areas outlined in this requirement.

Not met

Requirement 4

The provider must ensure that personal plans are reviewed at least once in every six month period, to ensure that the service is able to meet individual care and support needs. The support plans must be updated to reflect any changes and inform current planning of care and support.

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

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing every six months thereafter.

This requirement was made on 6 November 2014.

Action taken on previous requirement

At the last inspection, we found a significant improvement in the frequency of care reviews however, during this inspection we found that this momentum had not continued and indeed there had been a deteriorating in the frequency. With regular reviews we would expect to see greater participation from service users and their families and in the accuracy of the content of care plans.

Not met

Requirement 5

Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this, you must ensure that a care plan is in place, which clearly states the details of the medicine, to be given and that all staff involved in supporting service users to take medicines have been trained and assessed as competent to do so.

This is to comply with: SSI 2011/210 Regulation 4 - Welfare of Users

This requirement was made on 6 November 2014.

Action taken on previous requirement

We continued to find contradictions and errors in the assessment, recording and monitoring of medication needs. The provider and management need to prioritise the improvement of this area of service provision in order to safely meet people's needs.

Not met

Requirement 6

THIS REQUIREMENT WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider must, after consultation with the person who uses the service and where it is appropriate, their representative, provide them with a copy of their personal plan.

The plan must:

- Be developed within 28 days of the date on which the person first received the service.
- Set out how the person's health, welfare and safety needs are met.
- Be reviewed at least every six months following receipt of the service with the involvement of the person who uses the service.
- Be reviewed when there is a significant change in the person's assessed needs.

This is order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(2)(a),(b)(ii) and (iii) Personal plans.

Timescale for completion: Within 28 days of receipt of this report.

This requirement was made on 17 June 2016.

Action taken on previous requirement

We examined a number of care plans and found that improvements are needed in the quality of assessment of service users health, welfare and safety needs. Reviews are not being carried out in line with legislative requirements of at least every six months, or when there is a significant change in the person's circumstances.

Not met

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

Previous recommendations

Recommendation 1

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should ensure that moving and handling care plans have sufficient details recorded, that informs carers about the use of equipment required to support service users.

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

This recommendation was made on 29 September 2017.

Action taken on previous recommendation

During the inspection process, we established that moving and handling assessments are being carried out and on occasions being stored in care plans. However, this was not the practice across the service and these assessments need to be reviewed along with the personal plans and supplementary documents at six monthly reviews. We also found risk assessments with very basic with insufficient information to inform support workers as to the recommended safe moving and handling practices.

NOT MET

Recommendation 2

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The management team should ensure that changes in the delivery of scheduled care are communicated to the service user and families where necessary.

National Care Standards 4 Care at Home - Management and Staffing

This recommendation was made on 8 August 2016.

Action taken on previous recommendation

We were able to determine from a variety of sources that there continues to be a systemic problem in the method adopted to provide information on the planned care provision to service users. Service users and their families spoke of their experience of this lack of information and lack of updates when there are changes in the service provision and the negative impact that this has on their sense of wellbeing and safety.

NOT MET

Recommendation 3

THIS RECOMMENDATION WAS MADE FOLLOWING A COMPLAINT TO THE CARE INSPECTORATE WHICH WAS UPHELD.

The provider should review systems in place and ensure that these enable staff to have clear up to date information available to them, about the needs of service users including:

- Essential information about service users care needs, for example, detail about any previous falls history or risk from falls.
- The opportunity to read and be up to date with any changes to the service user's care and support needs.

National Care Standards: Care at Home, Standard 3.1: Your personal plan and Standard 4.1: Management and staffing.

This recommendation was made on 25 October 2017.

Action taken on previous recommendation

Support workers rely on receiving accurate and up-to-date information, obtained from a clear assessment and review process. However, it is clear from previous outstanding requirements that the service is failing to meet the statutory requirements in relation to regular reviews and amending personal plans as required. We were able to see that management have introduced processes to enable workers to accurately record and collate information in relation to falls and falls analysis however, it was evident during the inspection that this is not being applied in people's homes as intended.

NOT MET

Recommendation 4

The service provider should fully involve the service user and/or their family in all aspects of the support being provided. Their views and preferences into how and when this support is provided should be sought and taken into account at all times. This should be clearly recorded.

This recommendation was made on 17 May 2016.

Action taken on previous recommendation

The service is not facilitating regular reviews thereby allowing service users and their families to raise pertinent issues, in relation to the support that they receive enabling changes to be made where necessary. It is also evident that there has been reduced activities around seeking service users views on the quality of the service whether that be via audits, surveys or other methods. In addition, there are on going problems with service users receiving accurate information regarding the planned support.

Service user and carer involvement and participation in all aspects of service delivery is underlined in legislation and the National Care Standards. We will continue to monitor participation in future inspections.

NOT MET

Recommendation 5

The service should ensure that they agree the times of service provision with the service user / representatives. They should ensure that they provide the service consistently to meet the needs of service users. Where the times of visits are changed, this should be agreed and recorded within the personal plan or added to the service user agreement.

National Care Standards; Care at Home; Standard 2; The Written Agreement and Standard 4 Management and Staffing.

This recommendation was made on 27 June 2016.

Action taken on previous recommendation

It is clear that information sent to service users is often received days after the service has started or the information that is contained in schedules can be incorrect therefore, we would encourage the provider to examine the processes and resources available, to comply with this recommendation.

NOT MET

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.

Inspection and grading history

Date	Type	Gradings
22 Oct 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
16 Nov 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
11 Oct 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
21 Oct 2015	Unannounced	Care and support 4 - Good

Date	Type	Gradings
		Environment Staffing Management and leadership
		Not assessed 4 - Good 4 - Good
6 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good 4 - Good
12 Jul 2013	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good 4 - Good
12 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 4 - Good 3 - Adequate
20 Apr 2012	Re-grade	Care and support Environment Staffing Management and leadership
		2 - Weak Not assessed Not assessed 1 - Unsatisfactory
16 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good 4 - Good
20 Jan 2011	Announced	Care and support Environment Staffing Management and leadership
		2 - Weak Not assessed 3 - Adequate 4 - Good
6 Apr 2010	Re-grade	Care and support Environment Staffing Management and leadership
		2 - Weak Not assessed Not assessed 2 - Weak
25 Nov 2009	Announced	Care and support
		3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 3 - Adequate 3 - Adequate
18 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate

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