

CarePlus Scotland Ltd - Home care services Support Service

Unit 18, Dunfermline Business Centre
Izatt Avenue
Dunfermline
Fife
KY11 3BZ

Telephone: 01592 747527

Type of inspection:

Unannounced

Completed on:

16 October 2019

Service provided by:

CarePlus (Scotland) Ltd

Service provider number:

SP2011011420

Service no:

CS2011281036

About the service

CarePlus Scotland Ltd - Home Care Services (hereafter referred to as CarePlus) is an independent provider of care at home support based in Dunfermline. The service operates 24 hours a day, seven days a week. Packages are individually arranged and funded via the various self directed support options from Fife Social Work Department or privately funded.

At the time of inspection, care was delivering 972 hours per week in the Fife area. The service had recently reduced the hours it was delivering due to a lack of capacity. The service was experiencing significant recruitment and capacity issues and, as a result, several key management/supervisory roles were vacant.

The service states that "CarePlus Scotland supports independence for the elderly and ability challenged people via respite care, home care services, or community support across the Fife area and surrounding areas in Scotland".

This service has been registered since 26 October 2011.

What people told us

We received 10 Care Standard Questionnaires (CSQs) prior to the inspection. Feedback was fairly positive. Comments included:

- "I am fully satisfied with the service."
- "I can't complain about my service."
- "I feel that the time allocated is very restrictive and insufficient which means the staff are under a lot of pressure to carry things out."

In addition, we were provided with contact details by the service of people we could approach for feedback. An inspection volunteer* called seven people (a combination of two people using the service and five family members). People we spoke to were keen to stress that they were happy with the care staff themselves. Comments included:

- "The hands-on carers do a good job of supporting my relative but this they do under difficult circumstances as they are just not given enough time to spend with their clients."
- "The company is only as good as the people it employs. From the very start the staff have done a great job of introducing mum to the care plan and making this a straightforward experience for myself and family."
- "Carers respectful and friendly to me and my wife."
- "I have good carers. Professional and helpful."
- "I like the carers that visit us but feel sorry for them as they are always rushing so although I have one hour for my relative in the morning it's often cut to the half hour. Not happy at all with this, would like to change services but I could be going from a frying pan into the fire."
- "We find them respectful, very friendly, and caring people."

- "I will say that the staff are caring, helpful, and will do all they can in the time allocated. This time varies from day-to-day and visit-to-visit."
- "They all know how to use the equipment I require to transfer anywhere and treat me with respect. I'm very pleased with the service I receive and all are very respectful to me."
- "My carers work rotas over one week, I do see the same carers most of the time."

However, there was feedback from people using the service who described issues in relation to communication, continuity, and reliability. Comments included:

- "If only we knew when they are coming, life would be so much less stressful for us. They never phone at any time. When I asked why, the answer I was given: 'this would eat into our time to get to you thus making us even later than we are'."
- "I don't blame the hands-on carers. I blame the office for overloading the carers' workloads. This means they are rushing to get to the next client. In fact, some have said 'if only they could find more staff I would have more time with you'."
- "Why if they say my relative receives seven days care do they only receive five? They never give me weekend cover for my relative."
- "Carers are fine but no continuity of staff. The office lets the service down all the time."
- "It's a mishmash, you never know who is coming and when so I don't think the service is reliable. It's not the hands-on carers, it's the office at fault here, I feel."
- "They just turn up, no apologies given. If only they would phone me, this would help ease my relative's distress when they are late."
- "I'm meant to get my medications at certain times but it depends how I'm feeling if I can take them myself. The carers are meant to prompt me but as they are not always here on time this does worry me a lot."

People also told us about variable experiences of having their care and support reviewed. Comments included:

- "My relative's review was a few weeks back."
- "Now and again someone will come to speak to us and they update the plan."
- "My relative's medication is all out of date, some meds they are no longer taken and the ones they are, are not recorded anywhere. You know what the care plan is not what they set up, they just use the previous service's one, so quite out of date."
- "There has never been any meeting in the house between management, social work, or ourselves."
- "Not had a review from CarePlus."
- "Don't know the last time my care plan was updated."

- "I can't recall having a review."

We asked people if they felt able to raise any issues and if they had confidence they would be dealt with. Comments included:

- "I'm unsure of this."
- "I have no issues at present and if I did would hope the management team would deal with my issues as soon as they could."
- "I don't have confidence in the management to deal within any issues I may have. Have an ongoing issue which I hope to resolve."
- "The answer is no, sorry."
- "Don't have any issues so don't know how to answer this question."

* An inspection volunteer is a member of the public who volunteers to work alongside the 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. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

Self assessment

This was not requested.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found the service to be performing at a weak level in relation to quality of care and support.

People should experience warmth, kindness, and compassion in how they are supported and cared for. People and families who used the service gave positive feedback about the carers who came into their home. Comments included:

- "Carers respectful and friendly to me and my wife."

- "I have good carers. Professional and helpful."

People should experience care and support that is consistent and stable because people work well together. We found that this was not the experience of a number of people using the service. Comments included:

- "Why if they say my relative receives seven days care do they only receive five? They never give me weekend cover for my relative."
- "Carers are fine but no continuity of staff. The office lets the service down all the time."
- "It's a mishmash, you never know who is coming and when so I don't think the service is reliable. It's not the hands-on carers, it's the office at fault here, I feel."

The service itself acknowledged they had difficulties fulfilling the rota due to significant issues with staff recruitment and retention. As a result they had recently reduced the number of hours they were delivering. There had been a significant level of missed visits, late visits, and visits where only one staff member was available instead of the two. Where only one staff member was available, the service relied on the family carer for support. If there was no family member, the person received their personal care in bed. The service should ensure that they have an adequate number of suitable trained and recruited staff in place in order to deliver the service to the people they support **(see requirement 1)**.

Providing care in this haphazard way resulted in some poor outcomes for people using the service. The care needs of the individual were not met according to the plan of care. People did not receive support with their medication if the visit was missed or got medication at the wrong time when the visit was late. People missed or experienced delays in their personal care needs being met, being left in discomfort and not having their dignity maintained. We were shocked to read in care notes of a person who had been left overnight without any suitable continence containment products. This had resulted in the person's dignity not being upheld and her skin integrity not being maintained. We found that the service's response to this incident was inadequate. The service had not taken appropriate steps to ensure that this person was protected from harm. The service should take immediate action to protect the person and must ensure that they report significant occurrences to the appropriate agency or agencies **(see requirement 2)**.

People should be fully involved in developing and reviewing their personal plan and we found that the service was not ensuring that reviews were being held within the six-month time frame and that a number had lapsed significantly. This meant that we could not be sure that the plan of care reflected individuals' current needs and wishes. The service must ensure that reviews are held with people using the service in good time **(see requirement 3)**.

An evaluation of weak in the quality of care and support applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses either individually or when added to together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people will be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly sustainable improvements have been made.

Requirements

Number of requirements: 3

1.

In order to ensure that people's needs, as agreed in their personal plan, are fully met and their wishes and choices are respected, the provider should ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users and the hours of care to be delivered. The provider must be able to demonstrate that the following information has been used to inform staffing levels:

- 1) For everyone using the service, record direct care hours to be delivered in each care plan and number of staff required to deliver the care.
- 2) In respect of the delivery of the service, the provider should keep a record that identifies the minimum staffing levels and deployment of staff on each 'run' over a four-week period. This will take into account direct care hours to be delivered each day, realistic travel time, staff training, and staff supervision needs.
- 3) Communicate effectively with people using the service and their families and liaise with relevant organisations to ensure that adequate support is in place should staffing levels fall short.

This should be in place by 31 January 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "My needs are met by the right number of people" (HSCS 3.15).
- "My care and support are consistent and stable because people work well together" (HSCS 3.19).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

2.

In order to ensure that people are kept safe and that adult support and protection issues are recorded and reported properly, the provider must:

- Fully risk assess any individual at risk of harm from their own or others' actions.
- Ensure that care plans and risk assessments are updated and reviewed regularly and/or when significant events occur.
- Put in place a system to ensure that adult protection concerns are identified and referred to the correct agencies, including notifications to the Care Inspectorate.

This should be in place by 31 January 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I am protected from harm, neglect, abuse, bullying, and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

3.

In order to ensure that people's personal plan is right for them, the service must ensure that:

- Six-month reviews are held with people using the service in good time.
- Ensure that care plans and risk assessments are updated and reviewed regularly and/or when significant events occur.
- Put in place a system to manage and audit reviews.

This should be in place by 31 January 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 5(2)(b)(iii) - Personal plans.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We found that in respect of the quality of staffing the service was performing at a weak level.

People should feel confident that staff who support and care for them have been appropriately and safely recruited. We found that personnel files were working across two different systems - electronic and paper. As a result, it was difficult for there to be effective overview. There did not appear to be a consistent system in place to ensure that all relevant checks were in place. We could not be confident that all staff had been safely recruited prior to starting work. If staff are working without all the appropriate checks in place this may mean they are not safe to work with vulnerable adults. In addition, we found that a significant number of staff had failed to register with the Scottish Social Services Council (SSSC) within the required timescales and that the service did not have any system in place to monitor the registration status of staff **(see requirement 1)**.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes. Processes were in place for supervision and

post-induction support, however we only found limited evidence of meaningful and structured supervision. Lack of formal supervision can mean staff feel unsupported in their care role and don't have the opportunity to reflect and learn from practice experience or have the opportunity to discuss and plan professional development. The service should improve the frequency and quality of supervision of staff.

As a result of recruitment and retention issues we found that in recent months the main training staff received was induction training. There were limited opportunities to release staff from the rota to participate in other training. It is important that staff are able to access training to support and develop their skills and enhance their knowledge. This was in contrast to our last inspection where there had been a range of training opportunities in place provided by an in-house trainer.

An evaluation of weak applies to performance in the quality of staffing which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses either individually or when added to together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people will be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly sustainable improvements have been made.

Requirements

Number of requirements: 1

1.

In order to ensure that all staff members working within the service are registered with the appropriate professional body the provider must:

- Adhere to the requirements set out in the Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (which states that all social service workers must be registered within six months of starting their role).
- Develop a system of overview which identifies registration renewal dates and act in accordance with the regulations should registration lapse.
- Inform the appropriate professional bodies should a significant event occur regarding a staff member, following due process and notification guidance.

This should be in place by 31 January 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes" (HSCS 3.14).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 9(1) - Fitness of employees.

Recommendations

Number of recommendations: 0

Grade: 2 – weak

Quality of management and leadership

Findings from the inspection

We evaluated the service as performing at a weak level for the quality of management and leadership.

People should be supported by a service and organisation that is well led and managed. During our inspection we found that the service did not have an effective management structure in place. Several key roles were vacant and this had a detrimental impact on the service which was described as 'firefighting'. As a result of vacant posts, the service was not undertaking key management tasks, such as ensuring regular reviews of care with people using the service, carrying out regular supervision with staff, ensuring training opportunities for staff, or undertaking quality assurance audits. The provider advised that recruitment was in process and the service should consider how to improve retention of staff.

We were concerned that there was no improvement plan in place for the service during the inspection. This meant that priorities were not identified and a planned approach to getting the service 'back on track' was not in place. The service provided a plan at our feedback session, however more could be done to clarify what the desired outcomes will be for people using the service, how and when the improvements will be made, who will be responsible for making the improvements, and how improvements will be measured.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes in place. We found that although the service had a number of quality assurance systems in place, this work had lapsed and these had not been in use for the past six months. This meant that the provider was not assessing if they were delivering services that were consistent with the national Health and Social Care Standards (HSCS). We found that visits were frequently delayed or missed and, as a result, people were unhappy with the service being provided.

People should experience high quality care and support based on relevant evidence, guidance, and best practice. The service had failed to submit their annual return and had not made any notifications to the Care Inspectorate during 2019. This meant we could not be confident that the service was making proper provision for the health, welfare, and safety of the people using the service **(see requirement 1)**.

An evaluation of weak applies to performance in the quality of management and leadership which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses either individually or when added to together, substantially affect people's experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people will be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly sustainable improvements have been made.

Requirements

Number of requirements: 1

1.

The provider must make proper provision for the health, welfare, and safety of service users. In order to do so, the provider must put in place a system, by 31 January 2020, to ensure that incidents, adult protection, and disciplinary processes that are notifiable to the Care Inspectorate are undertaken within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting.

Additionally, the service must ensure all incidents include consideration as to whether other bodies require to be informed.

This should be in place by 31 January 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I experience high quality care and support based on relevant evidence, guidance, and best practice" (HSCS 4.11).
- "If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity" (HSCS 4.16).
- "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A provider must make proper provision for the health, welfare, and safety of service users.

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 provider must make proper provision for the health, welfare, and safety of people using the service. In order to achieve this, the provider must:

- Ensure that a contingency plan is developed, specifically for adverse weather which fully details the action to be taken by all care staff, managers, and supervisors in order to ensure good communication and planning of visits for people using the service.
- Ensure that systems of communication are improved to demonstrate effective and adequate communication with people using the service and/or their representatives.
- Ensure that people using the service have stability, continuity, and consistency in relation to the numbers of staff providing support.
- Ensure that the times of visits are compatible to the needs of people using the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, (SSI 2011/210) Principle 3 – A requirement about quality, respect, and choice; and Regulation 4(1)(a) – A requirement for the health and welfare of service users.

Timescale: to commence immediately on receipt of this report and to show significant improvement by 31 January 2019.

This requirement was made on 1 June 2018.

Action taken on previous requirement

The service was unable to produce evidence of any actions undertaken to meet this requirement.

Not met

Requirement 2

In order to ensure that medicines are administered safely, the provider must follow best practice guidance in medication for home care and evidence that arrangements in place to support the safe management and administration of medication are effective in mitigating the risk of medication errors by 31 January 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy, or may be at risk of harm" (HSCS 3.21).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(1) – A provider must make proper provision for the health, welfare, and safety of service users.

Medication guidance for care at home: <http://hub.careinspectorate.com/media/659493/hwt-guidance-review-of-medication-management-procedures-june-17-v2.pdf>.

This requirement was made on 12 December 2018.

Action taken on previous requirement

The service did not provide evidence to demonstrate how this requirement had been met.

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 review how care visits are organised to ensure that they are achievable for staff to deliver and that people using the service have a realistic timescale for their visit that meets with their identified need. This will be followed up at the next inspection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that

- "My care is consistent and stable because people work together well" (HSCS 3.19).
- "People have time to support and care for me and to speak to me" (HSCS 3.16).
- "If the care and support that I need is not available or delayed, people explain the reasons for this and help me find a suitable alternative" (HSCS 4.22).
- "I experience stability in my care and support from people who know my needs, choice and wishes, even if there are changes in the service or organisation" (HSCS 4.15).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

The service did not provide evidence to demonstrate that any progress had been made. We had feedback from people using the service and the management team that there had been significant recruitment and retention

issues which had resulted in ongoing and severe issues with late visits, missed visits, and having insufficient staff to provide two people for a 'double up' visits.

Recommendation 2

The service provider should ensure that service users and/or their representatives are consistently involved in planning and reviewing care and that their involvement is evidenced, for example by signing care plan documentation. Where it is not possible to involve residents and/or their representatives, this should be clearly identified.

This will be followed up at the next inspection of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

Reviews were not being undertaken within six-month time scales. We found evidence where people had not had a review since May 2018 and no plan was in place to address this.

Recommendation 3

The provider should ensure that they follow best practice in safer recruitment in relating to obtaining satisfactory Protection of Vulnerable Groups (PVG) checks prior to candidates starting work.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I am confident that people who support and care for me have been safely recruited" (HSCS 4.24)

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

We examined personnel files. Some documentation was kept electronically and some in paper files. It wasn't possible to have a clear overview of start dates, reference dates, or PVG dates. Some PVGs had been completed and recorded but there were some where they had not been recorded and we could not be confident that safer recruitment processes were being followed consistently.

Recommendation 4

For people to remain confident in the quality of service they and their loved ones receive the provider should develop the service's improvement plan to ensure that everyone involved can improve the quality of care experienced in a planned and structured way. The improvement plan could include details of:

- 1) What areas need to be improved.
- 2) What the desired outcomes will be for residents.

- 3) How the improvements will be made.
- 4) When the improvements will be implemented.
- 5) Who will be responsible for making the improvements.
- 6) How will improvements be measured.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "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 4.16).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

The service had not developed a service improvement plan. With the significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on improvements.

Recommendation 5

In order for good care and support to be consistently delivered and sustained, the provider should review how their quality assurance systems are operating and ensure information gathered effectively contributes to service provision, developments, and improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance process" (HSCS 4.19).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

We were not able to see any evidence of quality assurance systems or structure being in place during the inspection. With the significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on quality assurance.

Recommendation 6

The service provider should ensure that all staff are provided with regular formal supervision, through which their practice is discussed and training and development opportunities identified.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I have confidence in people because they are trained, competent, and skilled, are able to reflect on their practice, and follow their professional and organisational codes" (HSCS 3.14).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

The significant and ongoing recruitment and retention issues meant that although we found that some formal supervision was being undertaken this was not being done consistently.

Recommendation 7

When reviewing the roles and responsibilities of supervisory staff, the service provider should ensure that appropriate processes are put in place to provide support to staff while they carry out their day-to-day work.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes" (HSCS 3.14).

This recommendation was made on 18 December 2018.

Action taken on previous recommendation

During the inspection, it was clear that there were vacancies of key supervisory staff. Although staff had access to on-call, on-call reports had stopped being completed in April 2019 which meant that there was no management oversight.

Recommendation 8

In order to ensure positive outcomes for people who use this service, the service provider should closely monitor their processes to ensure that people are empowered, enabled, and their choices are respected.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support" (HSCS 3.11).

This recommendation was made on 1 April 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. The service had not made any progress with this. With the significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on quality assurance.

Recommendation 9

In order to ensure positive outcomes for people who use this service, the service provider should further develop robust processes to ensure that people feel valued and that their concerns are addressed timeously.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions" (HSCS 1.4).

This recommendation was made on 1 April 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. The service had not made any progress with this. With the significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on quality assurance.

Recommendation 10

In order to ensure positive outcomes for people who use this service, the service provider should further develop robust processes and to ensure that care and support is provided in a planned and safe manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This recommendation was made on 1 April 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. The service did not provide evidence to demonstrate that any progress had been made. We had feedback from people using the service and the management team that there had been significant recruitment and retention issues which had resulted in ongoing and severe issues with late visits, missed visits, and having insufficient staff to provide two people for a 'double up' visits.

Recommendation 11

In order to ensure positive outcomes for people who use this service, the service provider should implement robust systems to regularly monitor that care and support is being delivered as agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "My care and support meets my needs and is right for me" (HSCS 1.19)

This recommendation was made on 10 May 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. The service had not made any progress with this. With the significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on quality assurance.

Recommendation 12

In order to ensure positive outcomes for people who use the service, the service provider should further develop and implement processes to ensure that people feel valued and that their concerns are addressed timeously.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

- "I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions" (HSCS 4.4).

This recommendation was made on 10 May 2019.

Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. We were not able to see any evidence of quality assurance systems or structure being in place during the inspection. With the service was experiencing significant and ongoing recruitment and retention issues, we found that the service was 'firefighting' and did not have the ability to focus on quality assurance.

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
26 Oct 2018	Announced (short notice)	Care and support
		Environment
		Staffing
		Management and leadership
		3 - Adequate
		Not assessed
		Not assessed
		3 - Adequate

Date	Type	Gradings	
29 Nov 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
8 Mar 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
23 Feb 2016	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
2 Dec 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
18 Mar 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
20 Feb 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 2 - Weak 2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.