

# Hamilton Home Care Service Housing Support Service

Social Work Resources  
Brandon Gate  
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Hamilton  
ML3 0XB

Telephone: 0303 123 1008

**Type of inspection:**

Unannounced

**Completed on:**

4 December 2019

**Service provided by:**

South Lanarkshire Council

**Service provider number:**

SP2003003481

**Service no:**

CS2004073570

## About the service

The provider for this registered service is South Lanarkshire Council. The home support service is registered to provide a service to people with additional support needs and their families and carers, living in their own homes and in the community. The service is provided 7 days per week, 365 days of the year and can be accessed via an assessment of needs. The service has been restructured since the last inspection and as a result now support those living in the Hamilton area.

The home care service is managed, led and organised by a team comprising of an operations manager, four team leaders and care service coordinators who are based in Hamilton.

Home carers are allocated to one of four geographical areas which are then broken down into smaller sub teams who are allocated to locality areas to provide home care and housing support services. South Lanarkshire Councils Health and Social Care Partnerships statement of aims and objectives for the service states:

"The aim of our service is to provide care and support in a way that promotes the wellbeing, dignity, privacy, respect and personal choices of service users which enables them to remain as independent as possible in their own home with our support and the support of our partners".

The home carers are managed by community support coordinators who also schedule all home care visits. The service also has community support coordinators who undertake the role of reviewer and support planner as well as support workers who support the work undertaken by the care service coordinators.

People who use the service may also be supported overnight by home carers who are based within an integrated community support team.

The service also supports the out of hours community alarm service, which operates 24 hours a day 365 days per year.

## What people told us

Prior to the inspection we received completed care service questionnaires from people who use the service and their family members. In addition we spoke with people who use the service and their family members during the inspection. There were clear common themes for the comments we received. These were:

Where consistent home care workers were allocated service users and family members felt confident in their ability to provide the support and care required. Many spoke of how happy they were to have been able to build up positive and supportive relationships with their regular carers. They also shared how upsetting it was to have a change to their home care workers with no prior notice from the office based staff.

- Where changes to the timings of visits were made it was voiced that these changes were not always communicated ahead of time to the service user or where appropriate, family members. Failure to do so had caused frustration, confusion and upset for service users. It was also shared that carers allocated to cover in times of holidays or staff absence were not given enough information to provide the required care and support.

Comments we received included:

"The personal qualities of my carers are outstanding. (They are) always friendly, good humoured and ready to undertake extra work and conscientious. They have become true friends. The difference they make to my life and my husbands is huge".

"I appreciate my carers very much. I really like my regular girls as I know them and they treat me well. I have a good bond with my regular girls. I can't handle changes any more".

"Altogether a very good service. Polite and pleasant persons. The office is needing to telephone the service user if there is any change from what you already know such as a change in time or the person that is coming".

"The carers do a fantastic job. They are professional at all times. I feel comfortable talking to them if something is worrying me. The carers who are my regular ones can communicate with my family if they need to speak about any concerns regarding myself. Thanks to this service I can live independently at home".

"We are not very happy about the fact that we were not informed about the changes that have been made recently without being told. Not been informed about the change of time in the morning. I have mentioned in previous communication about the fact that elderly people do not like change. I hope this will be taken into consideration in the future".

"Staff need more time. Please try to retain staff on set cycles as relationships are very important".

"All carers are excellent especially the carers day-to-day routine. I get annoyed when times are changed and not told, next thing the carer arrives earlier or later. Nine times out of ten it is a complete stranger. It would be nice to know when it is going to happen in advance".

"Not happy about the recent changes which mean I do not know which carers I'm going to get and when. As a personal service I was happier knowing my carers and building up a good relationship with them".

(unhappy about) "Inconsistency with care and not listening to family's concerns. My needs change on a daily basis but my care does not."

"More information needs to be supplied when a change of carer or time of visit is going to happen, particularly the first visit in the morning and especially when the service user completely relies on the care to washed/dressed and for personal care. Being left to lie in bed for an hour plus over the normal time, when unknowingly to the service user, a normal carer is on holiday is unacceptable".

"Writing on behalf of (family member) who has Dementia - this is not detailed in (their) support plan, hence being some carers are not aware, when they come to cover shifts about her Dementia. Travel time is included in half hour visit therefore cutting time for personal care, meal prep and medication support. (They) change carers without notification".

## Self assessment

The care inspectorate did not request a self assessment for this inspection year.

## From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of staffing	1 - Unsatisfactory
Quality of management and leadership	1 - Unsatisfactory

## Quality of care and support

### Findings from the inspection

As a result of our findings during the inspection completed in March 2019 we stipulated that the provider was required to make immediate and ongoing improvements in relation to the quality of care assessments, support plans, risk assessments and reviews. These requirements had been made repeatedly over previous inspections. We emphasised the seriousness of our findings and gave specific examples of the negative impacts the poor practices were having on service users and their family members.

We were assured that the seriousness of our findings had been accepted and would be acted upon immediately to ensure the health, welfare and safety needs of the service users would be assessed, planned for and met. We found at this inspection that the outstanding requirements had remained unmet.

As part of this inspection we completed home visits where we met with people who use the service and in some cases their family members. We visited those who had recently been discharged from hospital as well as those who had been supported by the mainstream home care service for a longer period of time. During the home visits we assessed the quality of the information recorded within the service users support plan, risk assessments and review minutes. In addition we looked at the information which is stored on the home care support workers hand-held device. These recordings are key in ensuring the home care support staff are equipped with the knowledge and understanding of how to provide safe and effective care and support.

We were advised that an effective process was in place to ensure hospital discharges were being managed in a safe manner. We found that this is not the case. We fed back to the provider examples where the information available to home care support workers was insufficient to provide safe and effective care and support. This included where service users had returned home with life limiting or life changing conditions. Examples included:

- Where a service user had sustained a serious injury such as a fractured hip they had returned home with no assessment of need. The impact of this injury or the subsequent care required during the recovery period had not been assessed and planned for. The absence of any risk assessment had led to the failure to identify the need to arrange for equipment needed to be able to manage at home in areas such as showering. This resulted in a heightened risk of further falls and injury for the service users.
- Where a service user had returned home with a diagnosis of an advanced stage cancer the requirement to involve specialist nurses in their care had gone unidentified. Failure to do so by the service had

resulted in home care support staff being advised to deliver care which they were neither trained nor equipped to do. This had led to an increased risk of skin tears/damage and infection.

We requested that the provider review the hospital discharge assessment related processes. We were assured that this would be done as a matter of priority.

We were told that reviews had been completed for all service users who were supported by the mainstream home care service and that only a few were outstanding. It was shared that the quality of the support plans had been improved as a result of this. We therefore expected to find that the minutes of reviews would be available within peoples homes as well as an up to date, person centred and detailed support plan. Risk assessments including those related to moving and handling and medication management were also expected to be in place.

Of the service users we visited during this inspection we found that around 11 percent had in place initial assessment information and/or a support plan that we would consider adequate. For the remaining service users we concluded that the information recorded was mainly vague, inaccurate or missing. It was evident that the review activity that had been undertaken had therefore in the main served very little purpose. There was a fundamental lack of knowledge of how to undertake these processes effectively with the involvement of service users, family members and/or representatives. This had led to individual service users being at risk of increased decline in health, accident and injury. This evidenced the providers continued failure to meet the legislative requirement to have in place the proper provisions for the health, welfare and safety of service users. Examples included:

- Where individuals were confined to bed there was no evidence that the impact of this on the person's skin integrity had been considered. This had led to an increased risk of pressure sores, skin breakdown, pain and discomfort.
- Where individuals were living with complex mental health conditions, there had been no consideration given as to how to help them to manage and reduce their symptoms. This had led to an increased level of anxiety, stress and distress.
- Where individuals required the use of oxygen there was no evidence that any risk assessment was completed or documented.
- Where individuals were known to be a high risk of falls there was no evidence that risk assessments had been undertaken to identify ways to reduce the likelihood of this happening.

Medication management support is a prominent area of need for those who use the service. A requirement was made at the last inspection which stipulated that clear direction must be provided to staff, within service users support plans. The level of support required was to be assessed and the correct documentation should also be available in the service users home. During the home visits we completed we identified that the information available was often vague, contradictory and/or inaccurate. This had led to confusion as to what level of support was to be provided. It was evident from the daily recordings made by staff that they were making their own assessments of how best to deliver this support which is neither safe nor acceptable. We heard from home care support workers that when they raised concerns with colleagues who are based in the office these are not always heard and responded to. Additional issues we highlighted were:

- Where individuals had reduced capacity and therefore insight into how to safely manage their medications, appropriate steps had not been taken to remove the risk of accidental overdose.
- Where prescribed medications had not been recorded as administered on medication, records visiting home care support workers failed to identify and escalate this as a failing in the care provision. As a result the individual was at risk of increased pain, increased anxiety and deterioration in their mental health conditions.

- Where creams and ointments were prescribed there was no clear guide as to where and how to apply these. This increased the risk of pain, discomfort, itchiness, sores and skin deterioration.

Our findings have clearly evidenced that the provider had failed to make meet the requirement made following the previous inspection.

We heard from home support workers that there was a continued lack of pertinent information required to deliver the service safely and effectively. We heard from some that they are frightened that they may do something that could cause harm to a service user as a result of not understanding their conditions, diagnosis and assessed needs and/or risks. We saw that service users who had specific conditions did not have enough detail recorded to ensure staff were able to understand the impact this had on their day-to-day life. This included, but was not limited to, those living with Parkinson disease, a Dementia diagnosis, Diabetes, sensory impairments and Multiple Sclerosis.

During the inspection we reported two adult support and protection concerns and raised further concerns related to the safe care and protection of vulnerable individuals. It was evident that both the office based staff and home care support workers had failed to identify, report and escalate these instances where service users were at risk of actual and/or potential harm.

We looked at adult support and protection related activity and recordings held by the service. We also reviewed the information that had been reported to us by the service and other parties since the last inspection. We spoke with staff in various roles about their responsibilities in this area to gauge their level of knowledge and understanding. We were able to draw together a robust package of evidence. This detailed repeated examples of service users who were at risk of actual or potential harm/abuse not being identified by those employed in the service. This included where individuals were becoming more frail, declining in their health and wellbeing and increasingly struggling to manage at home. This had resulted in opportunities for early intervention to reduce or remove the risks for service users being missed. Relevant authorities had not being informed of such concerns. Continued actual harm and/or increase to potential harm had been experienced by individual service users. Examples included:

- unintentional self neglect;
- unexplained injuries;
- ongoing resistance to personal care resulting in increased risk of infection and/or decline in skin integrity;
- increased confusion, disorientation, stress and distress;
- poor continence management resulting in risk of infection, pressure sores and decline in skin integrity;
- poor dietary intake resulting in weight loss and risk of malnutrition; and
- risk to life as a result of unintentional risk taking behaviour.

A prominent theme from the evidence we looked at and considered was that in many instances the concerns were not raised by employees of the service. Instead they were raised by family members or other visiting professionals. We asked to see evidence of the management actions taken where staff members had failed to identify, report and escalate adult support and protection concerns. We were advised that these are not routinely completed. Management had therefore failed in their duty to protect service users from actual and/or potential harm and/or abuse. They had also failed to ensure that all employees were fully aware of and compliant with their responsibilities as detailed in local area policy and related legislation. We concluded that the staff team had a lack of understanding of adult support and protection practice, policy and legislation.

**As a result of the serious failings noted above and the requirement to improve being repeated again following this inspection an Improvement Notice was issued to the service on 17 December 2019.**

Since the inspection completed in March 2019 eleven complaints had been reported to the Care Inspectorate. During the inspection we looked at the complaints raised directly with the service. From the evidence we looked at, the themes we noted in our findings above were evident. In addition there was a clear message that those who had contacted the Care Inspectorate had done so as a result of the service failing to respond to their complaint(s) in the first instance. We found many examples of service users asking for changes/improvements to their care and support which were not responded to in an acceptable manner or timescale. We found many examples where family members experienced the same when making request on behalf of their loved ones. We heard from home care support workers that they too repeatedly raise concerns and they are not consistently heard or responded to. Through conversations with the management team it was evident that they shared our views that the whole staff group lacked insight into what is considered a formal and informal complaint (**see requirement 1**).

## Requirements

### Number of requirements: 1

1. The provider must ensure that complaints are identified, processed and managed in-line with the organisations Complaints Policy and Procedure. They must ensure that all staff have a clear understanding of their role and responsibilities in line with the organisations policy and procedure.

This is to ensure that complaint management is consistent with the Health and Social Care Standards which state:

"I know how, and can be helped, to make a complaint or raise a concern about my care and support"(HSCS 4.20);  
 "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me"(HSCS 4.21); and  
 "I use a service and organisation that are well led and managed" (HSCS 4.23).

It is also necessary to comply with Regulation 18 (4) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**Timescale: 31 March 2020**

## Recommendations

**Number of recommendations: 0**

**Grade: 1** – unsatisfactory

## Quality of staffing

### Findings from the inspection

Since the inspection completed in March 2019 the provider has undertaken a restructuring of the service, This took into account the requirement we made to review the staffing levels and structure within the team. We were impressed by the speed at which the senior management team within South Lanarkshire Health and Social Care Partnership identified how this could be achieved. The decision to reduce the size of the service to allow it

to focus on the delivery of home care services in the Hamilton area only was viewed by us as a positive development. The conclusion of the restructure was reached in October 2019.

There have been additional home care support workers employed which has enabled an improvement to be achieved in terms of the allocation of consistent care staff for many service users. We heard through our returned questionnaires, our conversations with service users and family members and also in our conversations with staff about the benefits of consistency for service users. This included the ability to develop trusting and supportive relationships as well as improving the standard of care as the insight into the needs, wishes and preferences of service users is developed naturally over time. We however heard that this has not been the experience for all service users. This has been communicated through the aforementioned channels as well as through complaints that have been submitted to us since the last inspection. We have heard about the upset, confusion and anxiety this has caused for those who have experienced inconsistency. We have heard about the impact of the service users willingness to accept the required care and support as a result of the trauma of having so many different carers. We have been reassured that work is continuing to ensure that consistency is achieved for all who use the service **(see recommendation 1)**.

A further benefit of the restructure has been that this allowed some of the negative cultural issues within the office base to be addressed. We heard from those who are based in the office that it has become a more pleasant working environment. We heard from some home care support staff that they feel more confident in phoning the office as the fear of negative response has greatly diminished. There was an acknowledgement from staff in various roles in the organisation that there continues to be a disconnect between those who work on the front line and those who work in the office base. We raised our concerns that the reluctance to call the office by some home care support workers was stopping essential conversations from happening. Given the concerns we have raised in relation to adult support and protection and complaints we have asked that the opportunities to continue to improve these relationships be encouraged. We have been reassured by the provider that this is a priority area for them moving forward with plans being made for staff engagement events in the new year.

Within the office the decision had been made shortly before this inspection to create "pods" within the office base. The purpose of this was to bring together those who are allocated to cover the same area either as a care service coordinator or a support worker. We viewed this as a positive development however this was in the early stages of inception therefore the benefit of this was yet to be fully realised. Our findings reported under care and support evidence the impact of the continued lack of coherent team work.

There was some confusion as to who covered what area and what each persons roles and responsibilities were amongst the front line staff. It was agreed that information relating to this should be circulated to all home care support workers and the people who use the service to ensure they are fully understanding of the new staffing structure/staff members within the office.

Steps had been taken to introduce more regular patch meetings shortly before the inspection. These meetings should allow the opportunity for home care support workers to come together with those who are allocated supervisory and management responsibility for their locality area. We heard from those who had led and attended the meetings that they were pleased to have this opportunity to meet up with their colleagues and peers. We viewed this as a positive step towards improving team work and leadership in the service. We are however concerned about the lack of capacity within the supervisory team who are responsible for leading these meetings. We are of the view that the effectiveness of these meetings in raising the standards of practice within the service, will be impacted as a result of this.

We made a requirement following the last inspection which detailed the need for the provider to ensure that all staff are provided with supervision and an annual performance and development review (PDR) in line with the



organisations policy. We were shown a table which provided an overview of the activity that had been undertaken so far. On this it appeared that a high percentage of the PDR's had been completed and the volume of supervision had also increased. On sampling the related documentation we found that these were not completed to an acceptable standard. We found sections of the documentation that were incomplete or blank, which had been signed off as finalised by both staff members and supervisors. Valuable opportunities to reflect on the staffs performance, identify what had gone well and what hadn't and also to identify their individual learning and development needs had been missed. We had emphasised following the last inspection the importance of undertaking supervisions and PDR's as a means to identifying the learning and development needs of the whole service team. Given what we found at this inspection we remain seriously concerned that the managers and supervisors within the service were not able to ensure that these were competently completed.

Service users have a right to be supported by a staff team who are trained, competent and skilled. They should have a sound knowledge of their organisations policies and procedures, the Health and Social Care Standards, Scottish Social Services Council Codes of Practice and relevant legislation. At the time of inspection we had difficulty identifying who, within the office based team had the ability to develop their allocated team to be able to practice at this level. For us this was a clear indication of their continued lack of skill, knowledge and relevant experience which would equip them to be effective supervisors, leaders and managers of a home care workforce.

The impact of this on the service users and their families is that those who are allocated the responsibility for providing their care and support continue to do so without the full skill and knowledge set required. This includes, but is not limited to, a lack of understanding of the needs of those living with complex mental health conditions, Parkinson's disease, diabetes, palliative care and sensory impairments. We were reassured that condition specific training was being planned for patch team meetings with various external professionals having been identified to be asked to facilitate this in the future. We saw this as a positive plan however it is not acceptable that the volume of activity has to date been almost non-existent given the requirement to improve in this area has been outstanding since July 2018.

Our findings detailed under quality of care and support, strongly evidence the lack of understanding of the assessment, care planning and review processes and approaches which are fundamental in the provision of a social care service. We have requested that an immediate package of support, guidance and development be put in place. This is to ensure that all staff responsible for these activities are competent, confident and effective in their roles and responsibilities **(see requirement 1)**.

The notifications received by the Care Inspectorate from the service when a medication error has been made by a staff member detailed the intention to retrain the staff member and to carry out observations of their practice. We asked to see evidence that these steps had been completed as detailed in the information reported to us. We were not shown any evidence of all steps to develop and observe the staff members practice having been completed. We were not given any evidence that the reported observations of practice had been undertaken. Errors reported have included:

- An individual having been given a relatives medication instead of their own.
- An individual who had their morning and lunch time medications administered with less than an hour between each dose.
- An individual who was only given one-third of their medication prescribed.

We have asked that a robust process be put into place to ensure that where such errors are made all steps to review, develop and monitor the staff members practice be completed **(see requirement 2)**.

## Requirements

### Number of requirements: 2

1. To ensure the workforce, including supervisors and managers, are equipped with the required skills and knowledge to undertake their varying roles the provider must;

(a) provide all staff with supervision and agree with each a personal development plan in line with the organisations policy and procedure;

(b) audit the current learning and development needs of the whole team and devise a robust and achievable development plan focussed on the skills and knowledge required to be effective in each role and as a team; and

(c) identify where service user/condition specific learning is required to ensure each person is being supported and cared for by staff from the team who are equipped with the required knowledge and skills to do so. This would include, but not limited to, Diabetes, Parkinsons disease, sensory impairments, mental health and palliative care.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standard which state:

"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 Regulation 4 (1) (a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

### Timescale: 30 April 2020

2. The provider must ensure that a robust process is in place to ensure that all staff members have the required skills and knowledge to safely administer medications. This will include the completion of recorded observations of practice.

This is to ensure that support with medication management is consistent with the Health and Social Care Standard which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

It is also necessary to comply with Regulation 4 (1) (a) and 15 (b)(i) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

### Timescale: 30 April 2020

## Recommendations

### Number of recommendations: 1

1. The provider should continue to strive to ensure that consistency of carers is achieved for all service users. Where unavoidable changes have to be made to carers allocated to support a service user this should be communicated in advance to the service user and where required their family/representative.

This is to ensure that the allocation of care staff is consistent with the Health and Social Care Standards which state:

"I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with" (HSCS 3.8); and

"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).

**Grade:** 1 - unsatisfactory

## Quality of management and leadership

### Findings from the inspection

Following the inspection completed in March 2019 the senior management team from South Lanarkshire Councils Health and Social Care Partnership responsible for the service responded quickly to our findings. For some this was a new area of responsibility however we were impressed in the level of leadership and management being displayed at this senior level on behalf of the provider. A detailed action plan was created in the first instance which was discussed and agreed with us as the regulator of the service.

Following our initial meeting we had further meetings where progress was reported in key areas such as the restructuring of the services. We were advised that an increased level of scrutiny was being undertaken in relation to the leadership and management within the service. The decision was made to reduce to having one operational manager with a previous, experienced individual, being identified to take over this role. In addition a new post of service manager was created with the view of this being a key role in the development of the home care services across the local authority areas. This post was filled two months prior to the inspection. We heard positive comments from staff about the reintroduction of both of the individuals who have undertaken these posts.

We have reported under quality of staffing, our continued concerns relating to the lack of effective leadership and management within the registered service. Although a large volume of work has been undertaken at a senior level within the organisation this had not had an impact on effectiveness of those who are undertaking the leadership and management roles. We were advised following the last inspection that additional resources would be allocated to support the work being undertaken by the office based team. This would include mentoring and advising on assessment and care management related processes. We found at this inspection that this had not been provided to the level we had expected. This had meant that the service had continued to fail in this key area of their practice.

We were advised that priority would be given to ensure that development opportunities would be made available for all undertaking the leadership and management roles. This was to include those who had little or no direct care experience working alongside the front line care staff to learn about the basics of social care provision. It would also have provided valuable opportunities to learn about the needs, wishes and choices of the service users they are responsible for. We found at this inspection that this had not been completed therefore individuals without the required experience, knowledge and skills had continued to practice in an incompetent manner.

We saw that a process of quality assurance had been completed in relation to the assessment and review processes being undertaken in the service. The managers responsible for this had not identified the

continued level of failing we have found during this inspection. In fact we saw that incompetent processes and recordings had gone unrecognised. This further evidenced their lack of ability to lead and direct a service which has now had the requirement to improve in these areas repeatedly made.

We asked to see audits that should be undertaken in relation to other areas such as incidents, accidents, adult support and protection and complaints. We concluded that the management did not see the value in undertaking these therefore they had failed to identify areas where the service has been failing in its provision of safe care. An example would be the lack of understanding of Adult Support and Protection and Complaint Management that we have highlighted during this inspection. This had allowed an unsatisfactory quality of care and support to continue to be delivered.

We have reported our concerns about the unsafe way people are supported to return home after a period in hospital. We were advised of how well this was working and the plans to make some further improvements. We concluded that there was a lack of management insight into the work that was being undertaken and the serious risks being created by the absence of safe and effective initial assessments. This had created an increased risk to the health, welfare and safety of individual services users which had gone unrecognised by the management of the service.

The home care support workers are a dispersed team working on their own much of the time delivering care to individuals who have a range of needs, some of which are complex. We did not find evidence of the leadership and management team appreciating the importance of having a presence in the community with the purpose of monitoring staff performance. This had made them ill-equipped to be able to make appropriate management decisions as they lack insight into what is happening on the front line of their service delivery.

We have highlighted our concerns in relation to the Adult Support and Protection practices within the service. The failure to report these events to the Care Inspectorate in a timely manner indicated that the management lacked overview of what was happening. Failure to ensure that this is closely monitored and managed has allowed the health, welfare and safety needs of some service users to be put at risk. This is detailed under quality of care and support.

The leadership and management roles within the service are key in ensuring the safe delivery of home care services. The on-going lack of capacity within this team has created barriers to the improvements we have identified as requirements at previous inspections. We have asked that the provider ensure that safe and effective management and leadership is put into place in the service whilst development of those undertaking the roles can be completed.

All registered services are required to submit notifications to the Care Inspectorate for instances such as accidents, incidents, allegations of abuse and allegations of misconduct by staff. We reviewed the notifications made by the service and concluded that these were being made well outwith the required timescales. In some instances up to eight months after an event which should have been reported within 24 hours to us. We have reminded the service of their legislative responsibilities in this area **(see requirement 1)**.

**As a result of the serious failings noted above and the requirement to improve being repeated again, following this inspection an Improvement Notice was issued to the service on 17 December 2019.**

## Requirements

**Number of requirements:** 1

1. The provider must ensure that notifications are made to the Care Inspectorate in line with the legislative requirements and the Care Inspectorate notification and record keeping guidance document.

This is to ensure the management and leadership is consistent with the Health and Social Care Standard which state:

"I use a service which is well led and managed" (HSCS 4.23).

It is also necessary to comply with Regulations 21, 22, 23 and 24 of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

**Timescale:** 30 April 2020

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

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

## Previous requirements

### Requirement 1

In order to ensure the health, safety and welfare needs of the service users are being met, the 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;

- (a) accurately reflect the current health and care needs of the service user;
- (b) include person-centred information outlining needs, abilities and preferences;
- (c) demonstrate consultation with the service user and/or relative/representative; and
- (d) include the use of appropriate risk assessment documentation which provide the outcomes of these and evidence that these are used to inform support planning.

These will cover, but won't be limited to, areas such as moving and handling, physical and mental health conditions, sensory impairments and frailties and  
(e) evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

The personal care plan must be compiled and in place for use within 28 days of the commencement of service.

This is in order to ensure care and support is consistent with the Health and Social Care Standard which state:

"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 Regulations 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale 30 August 2019**

**This requirement was made on 15 September 2017.**

### Action taken on previous requirement

The service has failed to make the required improvements in this area. Please see quality of care and support for more detail.

**These concerns are now subject to an Improvement Notice issued to the service on 17 December 2019.**

**Not met**

## Requirement 2

The provider must review all personal care plans at least once in every six month period and more frequently where circumstances require this, in particular;

- (a) when requested to do so by the service user or any representative; and
  - (b) when there is a significant change in a service users health, welfare or safety needs.
- If changes are agreed at the review, the personal care plan must be updated accordingly.

This is order to ensure care and support is consistent with the Health and Social Care Standard which state:

"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 Regulations 5 (2) (b) (i), (ii), (iii), (c) and (d) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale 30 August 2019**

This requirement was made on 15 September 2017, repeated in September 2018 and March 2019.

**This requirement was made on 15 September 2017.**

### Action taken on previous requirement

The service has failed to make the required improvements in this area. Please see quality of care and support for more detail.

**These concerns are now subject to an Improvement Notice issued to the service on 17 December 2019.**

**Not met**

**Requirement 3**

In order to ensure that safe medication practices are adopted, the provider must;

- (a) ensure that all staff have up to date training and on-going competency assessments in the administration of medication, including but not limited to, application of drops, topical creams and medication recording; and
- (b) provide clear direction to staff, within individual care and support plans, which level of medication support they are providing.

This is to ensure that the management of medication is consistent with the Health and Social Care Standard which state:

"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 necessary to comply with Regulation 4 (1) (a) and 15(a) (b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale: 17 October 2018**

**This requirement was made on 17 July 2018.**

**Action taken on previous requirement**

The service has failed to make the required improvements in this area. Please see quality of care and support and quality of staffing for more detail.

**These concerns are now subject to an Improvement Notice issued to the service on 17 December 2019.**

**Not met**

**Requirement 4**

To ensure the workforce, including supervisors and managers, are equipped with the required skills and knowledge to undertake their varying roles the provider must;

- (a) provide all staff with supervision and agree with each a personal development plan in-line with the organisations policy and procedure;
- (b) audit the current learning and development needs of the whole team and devise a robust and achievable development plan focussed on the skills and knowledge required to be effective in each role and as a team; and
- (c) identify where service user/condition specific learning is required to ensure each person is being supported and cared for by staff from the team who are equipped with the required knowledge and skills to do so. This would include, but not limited to, Diabetes, Parkinsons disease, sensory impairments, mental health and palliative care.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standard which state:

"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 Regulation 4 (1) (a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale 17 February 2019.**

This requirement was made on 17 July 2018 and repeated in March 2019.

**This requirement was made on 17 July 2018.**

## Action taken on previous requirement

We found that the provider had not made sufficient progress in this area. This requirement has been repeated. See quality of staffing for more detail.

**Not met**

## Requirement 5

To ensure effective communication between the service office based staff and those that use the service and home carers, the provider must review their communication process with regard to inbound telephone communication, from those that use the service, and where the person called is not available, closely monitor the waiting times for receiving a return call.

The service must also ensure there is sufficient support available during office out of hours for service users, families and staff.

This is to ensure that the communication systems used by the service is managed in such a way that is consistent with the Health and Social Care Standard which state:

"People have time to support and care for me and speak with me" (HSCS 3.16); and

"I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

It is also necessary to comply with Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

**Timescale: 30 August 2019**

This requirement was made on 17 July 2018 and repeated in March 2019.

**This requirement was made on 17 July 2018.**



## Action taken on previous requirement

The reduction in size of the team based in the Hamilton office has positively impacted on the ability to call the office base and to speak to the desired individual. We heard from home support workers that this has improved since the last inspection. We also heard that the support from the out-of-hours service has improved.

We heard from some home care support workers that they are unsure of exactly who in the office is now allocated to each area. We asked that an up-to-date overview of the office based staff structure be circulated to all front line staff.

We were also advised that the management team are looking at ways to further enhance the support available outwith office hours.

## Met - outwith timescales

### Requirement 6

The provider shall, within 20 days after the date on which the complaint is made, or such a shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken.

This is to ensure that complaint management is consistent with the Health and Social Care Standards which state:

"I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20);

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21); and

"I use a service and organisation that are well led and managed" (HSCS 4.23).

It is also necessary to comply with Regulation 18 (4) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

### Timescale: 15 December 2018

This requirement was made on 23 November 2018 and repeated in March 2019.

### This requirement was made on 23 November 2018.

## Action taken on previous requirement

We found that although the recordings relating to complaints investigations had improved, there continued to be concerns in relation to the identification, escalation and management of complaints. Please see quality of care and support for more detail.

This requirement was made as a result of an upheld complaint in November 2018, repeated following the inspection in March 2019 and has been repeated following this inspection.

## Not met

## Requirement 7

To ensure that people who experience care receive the right care for them, the provider must ensure that people receive their care and support as assessed and agreed in their personal plan.

This is in order to comply with Health and Social Care Standards which state:

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

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**Timescale: 21 August 2019**

**This requirement was made on 12 August 2019.**

### Action taken on previous requirement

The service has failed to make the required improvements in this area. Please see quality of care and support for more detail.

**These concerns are now subject to an Improvement Notice issued to the service on 17 December 2019.**

**Not met**

## Requirement 8

In order to ensure the safe and effective co-ordination, leadership, management and delivery of the service the provider must;

(a) review the current staffing roles, levels and structure within the team to ascertain how this can be developed and strengthened, to ensure staffing levels are appropriate to the size and nature of the service;

(b) appropriately and safely recruit for any vacancies identified;

(c) ensure that those who are responsible for the coordination, supervision, leadership and management have the knowledge, skill, time and resources to be able to do so effectively; and

(d) ensure that service user remain the priority of the service and that it is a service user led, outcomes focussed provision. Support times should be recorded within care plans and should be consistent with any changes in how the service is to be delivered to be communicated and agreed where required.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state:

"I use a service and organisation that are well led and managed" (HSCS 4.23);

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

It is also necessary to comply with Regulations 3, 4 (1) (a), 9 (2) (b), 15 (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

**Timescale: 30 August 2019**

This requirement was made on 18 March 2019.

## Action taken on previous requirement

Point (a) has been met - see quality of management and leadership for more detail.

Point (b) has been met - we reviewed recruitment files for recently recruited staff and found the process undertaken was of a satisfactory standard.

point (c) and (D) **These concerns are now subject to an Improvement Notice issued to the service on 17 December 2019.**

**Not met**

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

## Previous recommendations

### Recommendation 1

The service should review its infection control procedures for management of heavily soiled items to ensure this is in-line with best practice.

This is to ensure 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).

**This recommendation was made on 12 August 2019.**

## Action taken on previous recommendation

This recommendation was made as a result of an upheld complaint. The service has circulated guidance to all front line staff to remind them of their responsibilities in relation to infection control. We have asked that the management of soiled items be discussed with individual service users and family members where appropriate. Agreed actions to support the service user should be documented within their support plans.

**This has been met.**

## Complaints

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

## Enforcement

An Improvement Notice was issued to the service on 17 December 2019.

## Inspection and grading history

Date	Type	Gradings
18 Mar 2019	Unannounced	Care and support Environment Staffing Management and leadership 1 - Unsatisfactory Not assessed 2 - Weak 1 - Unsatisfactory
21 May 2018	Unannounced	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 3 - Adequate 2 - Weak
11 Aug 2017	Unannounced	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 3 - Adequate 2 - Weak
29 Jul 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
24 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 4 - Good 3 - Adequate
9 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 3 - Adequate 3 - Adequate
28 Mar 2014	Unannounced	Care and support Environment 3 - Adequate Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good 3 - Adequate
29 Mar 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
23 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good 5 - Very good
17 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
11 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
4 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

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