

Clyde Health Care - Home Care: Supporting People Housing Support Service

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Telephone: 0141 427 3665

Type of inspection:

Unannounced

Completed on:

28 November 2019

Service provided by:

Clyde Healthcare Limited

Service provider number:

SP2003002390

Service no:

CS2010248902

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Clyde Health Care - Home Care: Supporting People provides a care at home and housing support service to people living in their own homes.

At the time of our inspection, the service was operating in East Dunbartonshire and Renfrewshire. The service was providing personal care and support to approximately 340 people in their own homes at the time of this inspection. The service operates from an office base in Hillington, Glasgow.

The service's website states that:

"Our Care at Home service adopts a person-centred approach where you can choose the kind of support you need and when you want it.

We will create a person-centred care plan that is designed specifically for you, so that your carer will know exactly what you need when they arrive at your home." (<https://clydehomecare.com/care-at-home/> accessed 22/12/19).

What people told us

For this inspection, we received the views of 33 people who were using the service and 18 relatives of people who used the service. This included face to face meetings, telephone interviews and questionnaires.

In addition to this, we took account of the initial feedback from the service's own home care survey for 2019. We looked at the responses from 22 people who used the service.

Overall, people expressed positive views about the quality of care and support the service provided. However, some people commented that the standard of service was variable especially when their regular carers were not working or on holiday. We received other comments that indicated that the information in personal plans was not always up to date.

People who used the service, including relatives, made the following comments:

"The care provided allows me to remain at home."

"I now have regular staff. This has taken a long time coming but it is very nice and much appreciated."

"Its taken a lot of stress off my husband. Was impacting on his health."

"The service are haphazard with cover. I have no regular carers and no consistent approach to what they can and can't do for me."

"Most of the carers are of a very good standard and I appreciate this."

"My regular carers are excellent; however, on the occasions when they are not available it is upsetting not knowing who is coming or when."

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We found that the service provided good quality of care and support overall. Most people that we spoke with who used the service and who participated in the service's own feedback survey supported this view. From our own questionnaires, (30 responses), 15 people strongly agreed, and 14 people agreed that overall, they were happy with the quality of care and support the service gave them. One person strongly disagreed with this statement.

People valued the service that they received. One person commented, "My husband is so grateful for all that is done for him."

Another person described how the service helped them achieve positive outcomes for their relative:

"The carers are both excellent with my mum and they both demonstrate the type of care that anyone would wish their relative to receive."

We looked at how the service used personal plans to inform the support they provided to people. Our evaluation was that the service was not using personal plans consistently and that they lacked detail. Staff relied more on the use of information provided in hand-held devices and diaries to inform their practice. However, this information was more task focused than person-centred.

The variable quality of information in care plans meant there was a risk that staff, especially new or temporary staff, were not using the most relevant or up to date information to inform how they provided person-centred support to people in their care. (See recommendation 1). This was also reflected in some comments from people who used the service. For example, one relative said, "Some information recorded in the care plan is not accurate." Another stated, "the personal plan for my husband has required updating for some time to reflect his changed needs."

We also identified that the service was inconsistent in when it reviewed people's care needs with them. It is important that the service reviews people's needs regularly, (at least six monthly), and where there is a change to their planned care. Such reviews should include the participation of the person using the service and/or their representative. (See recommendation 2).

The service did not always inform people in advance if there was a change of staff or if staff were running late. For most people, this was not an issue as they were confident that someone would arrive that was able to support them well. However, some people told us that it was important for them to know about any changes to their schedule or the staff that were supporting them.

We asked the service to revisit this with all clients so that they could identify where it could improve communication and where necessary detail how people wanted to be contacted about any changes to their care. The service agreed to do this.

We use an inspection volunteer to conduct telephone interviews with people who used the service. An inspection volunteer is a member of the public who have used a care service, have used a care service in the past or care for someone like a family member or friend who has used a care service. Volunteers help the Care Inspectorate get the views of people using care services.

Our inspection volunteer noted that people were generally happy that the service was meeting their desired outcomes and were happy with their care. The exception to this was when regular staff were not available. When this happened, some care practices changed and staff appeared less informed of people's care needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service must ensure that people are provided with care plans that provide full information on their assessed needs and the supports that will be provided.

This ensures that care and support is consistent with the Health and Social Care Standards which state,

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

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

2. The service should ensure that it reviews the care provided to people no less than every six months. People supported should be actively involved in reviewing their care and support. Copies of reviews should be available to people in their own homes.

Where risk assessments are in place, these should be reviewed at least every six months or when changes to people's care and support take place.

This ensures that care and support is consistent with the Health and Social Care Standards which state,

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.23)

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

Grade: 4 – good

Quality of staffing

Findings from the inspection

Most people who used the service were very positive about the quality of staff that cared for them. People consistently told us that staff supported them in a way that was respectful and dignified. Some of the comments people made about the quality of staff included:

"Two carers are excellent. Couldn't do without them."

"The carers are really very helpful and trustworthy."

"Always very friendly, caring and helpful."

Staff that we spoke with were knowledgeable about people's care needs. Staff were also confident about reporting and addressing concerns about the wellbeing of people in their care. We saw good examples of this in practice. This included adult protection concerns. We recommended that adult protection training extend to all office-based coordinators. This is because they may be the first point of contact when people raise potential adult protection concerns with the service.

Having well trained staff is key to providing good quality care. The provider had recently appointed a new trainer and, where appropriate, also used external training providers. Staff spoke positively about having regular training but also identified where they thought the service could improve training further. For example, some staff told us that initial training and shadowing, particularly for staff that had not worked in care before, was not always enough for the role. This only became evident to staff after they were working with service users after a period.

Most home care staff support people with dementia on a regular basis. Scotland's Promoting Excellence framework details the knowledge and skills all health and social services staff should aspire to achieve in relation to the role they play in supporting people with a diagnosis of dementia. The 'Dementia Skilled Practice Level' describes the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia. There was limited evidence that the service had this in place. The provider was aware of this and was taking action to address this. We will follow up the service's progress with this at the next inspection.

Most staff were registered or in the process of registering with the Scottish Social Services Council, (SSSC). This process was ongoing. The SSSC is responsible for registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development.

Although some staff supervision was taking place the provider did not have a robust supervision policy. Not all staff were trained on how to conduct supervision. This meant that the frequency and quality of supervision was

inconsistent. Staff supervision meetings can be good opportunities for staff to meet with their managers, discuss client needs and progress their professional development goals. (See recommendation 1).

An area for improvement was the need for the service to properly evaluate staff practice. Whilst there was good evidence of staff training taking place there was little evidence that the service was assessing how staff applied training in their day-to-day practice. The provider was in the process of recruiting staff that would include this as part of their role. We will review progress with this at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that:

Staff should participate in supervision on a regular basis, in keeping with the service's supervision policy. This should be scheduled in advance with discussions and decisions being clearly recorded.

Observed practice visits take place, in keeping with the service's policy. The results of practice observations should be shared with staff, recorded and be part of staff supervision when appropriate.

This ensures care and support 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)

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

The service manager was well liked and supportive of staff. We received positive feedback from a range of staff about the support they received from senior staff.

The provider had recently appointed a business support manager. This was a positive move and should help support the business operation and the service manager.

We looked at how the provider recruited staff to the service. We were satisfied that the provider did this safely and in line with current best practice. The business support manager had recently revised recruitment procedures to eliminate previous practices that were not in line with good practice and to better evaluate the competency of candidates.

The way that the provider recorded and investigated complaints and concerns was not in line with best practice. This included how the provider handled complaints from people using the service and how it investigated

allegations of staff misconduct. There was no clear policy and procedures for this when there should have been. The manager was doing her best to respond to complaints, but this was difficult with no clear procedures in place. We provided the service with current best practice guidance on complaints handling. (See recommendation 1).

We sampled how the service was managing and reporting accidents and incidents. The service was managing these appropriately but under-reporting them to the Care Inspectorate. We reminded the provider of our reporting requirements and shared copies of this guidance with them.

As detailed earlier in this report, the quality of care planning was variable and needed to improve. This indicated to us that the provider's current system of evaluating the quality of care plans was not effective. We asked the provider to address this and we will review progress with this at the next inspection.

In our view, the provider needed to review and improve the overall quality of record-keeping. This included written records of complaints, care plans, care reviews and staff supervision. (See recommendation 2).

We did not receive action plans following the publication of our last inspection report and two upheld complaints. The provider acknowledged that they should have completed these and committed to taking action to address this in future.

The provider has also agreed to update and share the service's improvement plan with us once it has started to address all the areas for improvement we have identified in this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should ensure that it implements appropriate procedures to investigate and report on complaints and concerns in a timely way. This should be based on current best practice guidance.

The provider should also review who investigates complaints and concerns to make sure that staff are competent to do this.

This ensures that management and leadership is consistent with the Health and Social Care Standards which state:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.21)

"I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made." (HSCS 3.22)

2. The provider should review and improve the overall quality of record-keeping in the service. This includes, but is not limited to, written records of complaints, care plans, care reviews and staff supervision.

This ensures that management and leadership is consistent with the Health and Social Care Standards which state,

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

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

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should ensure each person supported has an appropriate care plan and risk assessment in place. Care plans should be:

1. Person centred and reflect the individual's experiences, abilities and what outcomes will be achieved through the service's support;
2. Be agreed and signed by the individual or their representative;
3. Detail what supports are to be provided, including the person's preferences;
4. Be reviewed no less than six-monthly or more often if required.

Risk assessments should be:

1. Person centred;
2. Be agreed and signed by the individual or representative, where appropriate;
3. Identify potential risks or hazards;
4. Detail how risks or hazards might be avoided or reduced;

5. Detail the actions to be taken if not avoidable
6. Be reviewed at the same time as care plans, or more frequently if appropriate.

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

'I am fully involved in assessing my emotional, psychological and physical needs at an early stage, regularly and when my needs change.' HSCS 1.12

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' HSCS 1.15

This recommendation was made on 18 February 2019.

Action taken on previous recommendation

This recommendation has not been met. A revised recommendation has been made. See the theme "Quality of care and support" in this report.

Recommendation 2

Staff must ensure all accidents/incidents are recorded and reported.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14:

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.

This recommendation was made on 8 August 2019.

Action taken on previous recommendation

This recommendation has been implemented.

Recommendation 3

The manager should ensure relatives/next of kin/carers are informed of all accidents or incidents which occur.

This is to ensure care and support is consistent with Health and Social Care Standard 3.21:

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.

This recommendation was made on 8 August 2019.

Action taken on previous recommendation

This recommendation has been implemented.

Recommendation 4

Communication should be reviewed to ensure all staff are aware of any care plan changes.

This is to ensure care and support is consistent with Health and Social Care Standard 3.19:

My care and support is consistent and stable because people work together well.

This recommendation was made on 18 September 2019.

Action taken on previous recommendation

This recommendation has not been fully implemented and remains an area for improvement. The provider is taking action to address this. We will review progress with this at the next inspection.

Recommendation 5

Staff must follow the agreed protocols and procedures when clients are not at home.

This is to ensure care and support is consistent with Health and Social Care Standard 3.23:

If I go missing, people take urgent action, including looking for me and liaising with the police, other agencies and people who are important to me.

This recommendation was made on 18 September 2019.

Action taken on previous recommendation

This recommendation has been implemented.

Recommendation 6

Record keeping should be carried out in accordance with best practice guidance.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14:

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.

This recommendation was made on 18 September 2019.

Action taken on previous recommendation

This recommendation has not been met. See recommendation two under the theme "Quality of management and leadership" in this report.

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
18 Feb 2019	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 3 - Adequate 3 - Adequate
20 Mar 2018	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 3 - Adequate 3 - Adequate
31 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed 5 - Very good
24 Jul 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
29 May 2014	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good
11 Dec 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 5 - Very good
16 Aug 2011	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good Not assessed
30 Sep 2010	Announced	Care and support Environment Staffing 4 - Good Not assessed Not assessed

Date	Type	Gradings	
		Management and leadership	4 - Good

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