

121 Care at Home Limited Support Service

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Type of inspection:

Unannounced

Completed on:

20 December 2019

Service provided by:

121 Care at Home Limited

Service provider number:

SP2012011911

Service no:

CS2012311012

About the service

121 Care at Home Limited was registered with the Care Inspectorate in June 2014. In 2019 the service asked for a variation to its registration to include younger people and is now registered to provide a support service to older adults and older people with physical/sensory impairment and/or memory impairment/dementia living in their own homes and in the wider community. This includes a maximum of 5 care packages for those 18 years and over.

At the time of the inspection the service was being provided to twenty-five individuals.

What people told us

We received five completed questionnaires from those using the service and/or their family members prior to the inspection taking place. We also visited five service users and two relatives in their homes to seek their views on the service provided.

From the questionnaires and discussions with people all indicated that they were very happy or happy with the care and support provided by the service. People told us that staff generally arrived on time and that they received the care and support documented in their personal care plans. People spoke highly of their staff teams and said that they often went above expectations in terms of what support was provided.

All said that they can contact the manager at any time to discuss any concerns and most knew when their last care reviews had taken place.

People commented on the improvements they had seen in themselves or their relatives since they started using 121 Care at Home. Two people spoken with, who had used previous care providers, commented that 121 was the best provider they had had and one person described the care received as excellent.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staffing?	4 - Good
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

People should be treated with compassion, dignity and respect. Those accessing the service and relatives spoken with confirmed that they had good relationships with staff and that they were offered the care and support, as detailed in their care plans, to meet their needs. People felt that they were treated with sensitivity, being supported to do as much as possible for themselves, with the assurance that staff were there to provide support as needed.

We observed staff who were genuinely respectful and interacted well with all those they supported in a professional and compassionate manner. This ensured people felt valued and respected which helped maintain their wellbeing. This was confirmed through feedback we received from those receiving support and family members.

Those using the service and their relatives had agreed times for care to be delivered and people told us that staff usually arrived on time and that staff stayed for their allotted time. No one felt rushed and stated that staff always checked if they needed anything else prior to leaving.

Although those using the service did not receive written confirmation of what staff were coming in, this was not an issue. All spoke about the small team of staff responsible for delivering their care and support, who would usually inform them who was coming in next to provide care. Management were looking at more formal ways to inform people of staff to expect, and we will follow-up if this has been achieved at the next inspection.

Those using the service and their relatives told us that they were able to influence the care they received through discussion with staff and management. People felt listened too and were able to discuss where changes had been made to their care packages at their request. One service user was able to discuss how their care plan had been changed and updated to reflect improvements in their own capabilities. The service manager was also proactive in contacting Social Work where they felt that a person's package needed reviewed due to changes in need. This helped to ensure that the care and support people received remained appropriate.

The majority of those using the service required support with their personal care and meals. Where meals were provided people were consulted about what they wished, and this was prepared by staff. People spoken with had no concerns around meals provided. Staff always ensured that people had access to plenty of fluids prior to leaving, ensuring people stayed hydrated.

People using the service should benefit from their care and support. From our discussions with those using the service and their relatives we noted that people were adequately supported to ensure their health care needs were being met in line with their care plans. Where specific guidance had been given by health professionals, this was incorporated into people's care plans for staff to follow and included areas such as medication and skin care. If needed staff would contact a person's medical professional either on their behalf or due to concerns, they had observed. This helped to ensure people obtained the right medical interventions quickly.

A range of different methods were in place to manage people's medications, we saw people being supported to self-medicate as well as those who needed staff assistance to administer their medication. Although records were in place where staff signed to say medication was given, we were concerned about the lack of staffs practical training and assessment of their competency in this area. We discussed where improvements could be made to reduce the risks with medication administration and signposted the manager to the care inspectorate guidance on medication administration (see requirement 1)

In line with previous findings we continued to identify that the information around what support people needed around the management of their medication was not clearly recorded within their care plan, or where changes had occurred the plan had not been updated to reflect this. This had the potential to lead to staff errors when assisting people with their medication and therefore poor outcomes for people (see area for improvement 1)

As an area for improvement the service needs to ensure that all handwritten references on medication recording sheets were appropriately referenced in line with best practice guidelines. This helps to ensure that records are appropriately maintained and accountable. (see area for improvement 2)

Requirements

1. The Provider must ensure that all staff who are responsible for administering medication have received the appropriate training and are deemed competent in this area. This has to be achieved by the 28 February 2020.

This ensures care and support is consistent with the Health and Social Care Standards which state that I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11) It also complies with Regulation 4(1)(a) – Welfare of Service Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. The service needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan.

This ensures care and support is consistent with the Health and Social Care Standards which state "if I need help with medication, I am able to have as much control as is possible" (HSCS 2.23).

2. The provider must ensure the health and welfare of residents by ensuring safe recording of medicines. To do this the service must adhere to best practice guidance in relation to handwritten entries and changes to medication recording sheets.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

How good is our leadership?

2 - Weak

In order to take positive steps in addressing areas for improvement identified in this report the service needs to develop a culture of continuous improvement with robust quality assurance systems.

We continued to identify issues in relation to quality assurance and improvements in this service. In part this was due to the provider/manager having to be out delivering direct care due to staff shortages and sickness. This ensured that people received the care and support that they required but had an impact on the overall management of the service, and this included ability to oversee improvements.

At the time of the inspection recruitment of staff was on going and the provider/manager advised that they planned to employ a manager for the service in order to develop more robust management systems.

At the last inspection we highlighted that the provider/manager had been developing quality assurance systems

for the service but that this needed to be further developed. Unfortunately, due to staffing issues, the provider / manager had not been able to continue to maintain or develop these systems, particularly over the past six months. As a result, there was a lack of overview of the service and this included key areas that needed to be addressed such as care planning, reviews and staff supervisions and development. This was acknowledged by the provider / manager (see requirement 1)

We continued to find that there had been few opportunities for those using the service, relatives and staff to comment on and influence service provision since the last inspection, with a lack of internal systems in place to capture people's views and opinions (see area for improvement 1). We noted that questionnaires were planned to be sent out soon and will follow up on the outcome of these at the next inspection.

There was no development / improvement plan in place identifying how the service planned to move forward. We discussed that this plan should be used demonstrate how the service was developing through making continuous improvement. This should be shared with those using the service, relatives and staff to show what the priorities would be for the service and demonstrate how and by when these would be addressed (see area for improvement 2)

People spoken with were aware of how to make a complaint, as this information was contained in the service handbook. However, we continued to find that although management investigated complaints / concerns made these were not well documented, with often the outcome not formally responded to the complainant. The service needs to ensure that they have systems in place that record all complaints and/or concerns raised with them and actions taken to address these (see area for improvement 3).

People using the service were provided with a handbook reflecting what people should expect from the service. People were also provided with a written agreement which highlighted what people's rights were and what to expect from the service.

Requirements

1. The provider must demonstrate how audit systems have helped improve the service namely:

- demonstrate that practices and processes have improved as a result of the audit
- improve records to reflect the actions required to address deficits identified through audit processes and assessments, this should include any missed visits
- record the reasons why if actions have not been taken where there are ongoing issues and
- reflect that the actions which had been identified had been taken.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 I use a service and organisation that are well led and managed.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 30 April 2020

Areas for improvement

1. The service need to re-establish ways to engage those using the service their relatives, friends and staff in seeking regular feedback and views on all aspects of the service.

This ensures care and support is consistent with the Health and Social Care Standards, which state I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HCSC 4.7) and I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HCSC 4.8).

2. The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with service users, their relatives and staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state I can be meaningfully involved in how the organisations that support and care for me work and develop (HCSC 4.6)

3. The service should develop more robust systems when responding to any complaints/concerns raised about service provision. This should include written reports highlighting complaints/concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21)

How good is our staff team?

4 - Good

People using the service should feel assured that staffing levels are right and staff work well together. They should also experience care that is not unduly rushed or delayed.

We had made a requirement at the last inspection in relation to staff being safely recruited. From looking at staff recruitment files and discussions with staff we can see that staff have been recruited appropriately and were registered with their appropriate governing body. Recruitment was on going in order to increase the staff base and to allow the provider to take on additional care packages.

The provider/manager had an overview of the care packages currently being provided and ensures that there are sufficient staff employed to cover these packages. They were clear that they would only take on additional care packages if they had the staffing in place to manage this. Currently the provider/manager was providing direct care due to recruitment issues, but this ensured that all existing service users received the care the service were contracted to deliver. We also noted that other staff could be flexible and also take on additional hours to ensure care was delivered as planned, and this was confirmed by only one missed visits.

All staff were provided with a weekly schedule detailing who and the time visits were planned. This ensured some consistency for service users, with staff working in geographical teams. From our discussions with some service users they confirmed that where possible scheduling had been adjusted at their request.

Those using the service told us that staffing levels were appropriate to meet their needs, there was a consistency in the staff team supporting them and they felt that they had very good relationships with staff providing their support, this included fairly new staff. All stated that staff had plenty of time to provide the care and support they needed and that they were able to build up positive relationships with their staff team. Our observations during the inspection highlighted very positive and warm relationships between staff and service users. Service

users confirmed that they were introduced to new staff and could provide any feedback on staff to the provider / manager on staff at any time.

Due to current staffing issues and the provider / manager having to provide direct care there had been few opportunities for staff to come together to discuss the service as well as take forward staff development. The provider / manager hopes to re-establish these as soon as there are sufficient staff in post. We noted that despite repeated correspondence a number of staff had failed to complete their annual mandatory training despite this being a requirement for their post. This had the potential to place both those using the service and staff at risk (see requirement 1)

Requirements

1. The provider must ensure that all staff undertake training essential to their roles and responsibilities. This has to be achieved by the 31 March 2020.

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

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

Care plans should give clear direction on how to deliver people's care and support and ensure that they are reviewed and updated, when there are any changes in their health or circumstances. The plans highlighted the care and support that each individual needed and this helped to ensure that staff promoted people's choices and independence. This was demonstrated in the staff practice and positive interactions we observed during the inspection.

However, we found examples where these plans had not been updated to reflect people's most up-to-date care and support needs. This meant that information in plans was at times contradictory and had the potential to have a negative impact on the care the person needed. We continued to identify that a number of these plans had not been reviewed at least once in the past six months in-line with legal guidance. The purpose of this was to ensure information relating to care and support remained relevant and plans were updated where needed (see requirement 1).

The service had good review documentation, that included seeking feedback from those using the service and their carers. This was however not being completed appropriately both to fully reflect discussions and the review as well as clear feedback. These were missed opportunities for the service in highlighting the good care that people say they receive as well as being able to evidence actions taken on feedback received (see area for improvement 1).

Appropriate risk assessments were in place and where a risk had been identified there was a plan in place

providing details on the management of this. This helped to ensure people's safety in areas such as the environment as well as assisting people to mobilise.

All those spoken with were aware of their care plans. People told us that they were involved in the development and review of their care plans, they were encouraged to read these and sign agreeing to the content.

Diaries were in each house as a way for staff to communicate and detail support given at each visit as well as keeping families up to date with care and support provided on a daily basis.

Requirements

1. The provider must ensure that all service users have a personal plan in place that accurately reflects their current care and support needs, these must be reviewed at least once in every six months. The provider must put in an effective system to update and review all personal plans by the 28 February 2020.

This ensures care and support is consistent with the Health and Social Care Standards which state 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) It also complies with Regulation 5 (1) and 5(2)(b) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. The provider should ensure that all review documentation is appropriately completed and any actions, feedback received appropriately actioned.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am fully involved in developing and reviewing my personal plan (sometimes referred to as a care plan) which is always available to me (HSCS 2.17)

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

Requirements

Requirement 1

The provider must ensure that all personal plans are reviewed at least once in every six months. The provider must put in an effective review system by the 31 January 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12). It also complies with Regulation 5(b) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 4 March 2019.

Action taken on previous requirement

See details under How well is our care and support planned.

Not met

Requirement 2

To ensure that staff are safely recruited the provider must ensure that staff have all the necessary checks returned prior to commencing employment. This must include relevant criminal convictions checks.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.23). It also complies with Regulation 9 (fitness of employees) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 4 March 2019.

Action taken on previous requirement

From examination of recruitment files staff are now appropriately recruited.

Met - within timescales

Requirement 3

The provider must meet their responsibility to submit relevant notifications to the Care Inspectorate by the 17 December 2018.

This ensures 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). It also complies with This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 4 March 2019.

Action taken on previous requirement

We are now receiving the appropriate notifications from the Provider.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan.

This ensures care and support is consistent with the Health and Social Care Standards which state "if I need help with medication, I am able to have as much control as is possible"

This area for improvement was made on 4 March 2019.

Action taken since then

We continue to find issues in relation to detail recorded in care plans around how medication is managed. This area of improvement has not been met

Previous area for improvement 2

The provider should ensure that all staff completes the necessary induction and training to allow them to carry out their roles and responsibilities.

This ensures care and support is consistent with the Health and Social Care Standards, which state 'I have the confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes of practice'(HSCS 3.14)

This area for improvement was made on 4 March 2019.

Action taken since then

We continued to find issues in terms of the current induction programme.

Management were aware that this needed to be reviewed and a more relevant and structured induction programme put in place. This area for improvement has not been addressed.

Previous area for improvement 3

The provider should continue to develop the services quality assurance systems and be able to show that where areas for improvement are identified these are acted upon.

This ensures care and support is consistent with the Health and Social Care Standards, which state 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 4 March 2019.

Action taken since then

We continue to find issues in relation to the quality assurance systems and have made a requirement in relation to this area in this report. See How good is our leadership for detail.

Previous area for improvement 4

The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with those using the service, their relatives and staff as well as taking into account any information obtained through the services Quality Assurance systems.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 4 March 2019.

Action taken since then

A development plan was not in place for the service and we have repeated this area for development. See How good is our leadership for detail.

Previous area for improvement 5

The service should develop more robust systems when responding to any concerns raised about service provision. This should include a written highlighting concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21)

This area for improvement was made on 4 March 2019.

Action taken since then

We continued to find issues in the way in which complaints/concerns were recorded and responded to and we have repeated this area for development. See How good is our leadership for detail.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good

1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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