

Community Alarm Service Housing Support Service

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Lanarkshire
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Telephone: 01236 622400

Type of inspection:

Unannounced

Completed on:

17 February 2020

Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

Service no:

CS2004071319

About the service

The Community Alarm Service is based in Coatbridge and is provided by North Lanarkshire Council across six locality areas: Wishaw, Motherwell, Bellshill, Cumbernauld, Coatbridge and Airdrie. The service provides a 24 hour alarm service to people living in their own homes and those who are tenants in sheltered housing complexes. Community alarms potentially can be installed in the home of anyone in North Lanarkshire.

The service has a large number of people who use it. At the time of inspection there were approximately 9500 people using the service.

Response advisors based in the call centre in the Coatbridge base respond to alarm calls from the unit installed in a person's home, via the two-way speaker system. They provide triage, advice and reassurance to the caller. The response advisor will then contact a relative, ask a mobile support worker to make a visit or contact emergency services.

The response advisor, when requesting a home support worker to visit someone, will be able to give them information about them from that stored on the computer system. The system has been developed to incorporate additional technology, for those assessed as needing it, alerting the call centre to doors being opened, for example, where someone with dementia may leave their home during the night.

What people told us

We received 31 completed questionnaires from people using the service. People who chose to leave comments included:

"Valuable service"

"Staff are always pleasant and cheerful"

"Happy with service"

An issue surrounding the scope of the service was raised and a few people responded that they did not know about the complaints procedure.

We spoke to a further five relatives/ people using the service by telephone and comments they made included:

"The service is amazing"

"I am delighted with the service" and "could not live at home without it"

"When it is busy sometimes we have to wait over an hour"

"Staff are always pleasant"

Overall, comments were very positive about the service provided with some people reporting delays in receiving help and some confusion about the scope of the service (what tasks can be done). This causes us no significant concerns.

Self assessment

This was not required in this inspection year.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

As support the service provided is in response to crisis, we did not visit people at home during the inspection. The focus was therefore on how the service functioned and people's experiences of support following alarm activation. We telephoned a small number of people to establish their views on the service.

People should receive care and support that meets their needs and is right for them. People told us that they are happy with the service provided and it meets their needs. Some people told us it is a 'lifeline' and they could not continue to live at home without it. This assured us that the service was meeting people's health and wellbeing needs albeit in emergency situations.

People should experience high quality care and support because staff have the necessary information and resources. The service (in as much as it provides a response service only) had limited but sufficient information to meet people's needs. The service had increased its staffing level and number of vehicles leading to improved response times in line with the requirement made at the previous inspection. At inspection people told us they were happy with the response times and their needs were being met.

People's views should be sought, and their choices respected. The management team and a dedicated worker undertook home visits to people to gather their views and update information. These visits also included signposting and referral to other services where appropriate. The service completed an annual survey requesting feedback on care received and information updates to ensure they hold accurate details for people. The feedback received through this process was positive with good response rates reported.

People should receive care and support that meets their needs and is right for them. We were told that staff often cover scheduled home care visits. This may impact on the response time for alarm calls. It is important that calls are responded to properly to reduce potential harm to people. (See recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should ensure that staff respond to alarm calls as a priority and do not regularly cover planned homecare visits.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 1.19 My care and support meets my needs and is right for me.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People should be spoken to and listened to in a courteous and respectful way. People told us they were satisfied with how staff interacted with them. They commented that staff are pleasant, cheerful and a great support. This reassured us that people were experiencing a good service.

People should experience high quality care and support because staff have the necessary information and resources. We found that additional staff had been recruited to the service in response to the previous requirement. The staff had the opportunity to attend regular team meetings. We noted however, that attendance was quite low and asked the service to consider how this could be increased. Staff told us that minutes from meetings were circulated to ensure they were informed of the content of these meetings.

Staff should be trained, competent and skilled. The service had a training plan showing relevant training courses and dates training was completed. There was induction training for newly recruited staff including shadowing time and observations of practice. We found some staff were overdue for refresher training in a number of key areas.

It is important that staff receive refresher training in order to maintain their competence and provide safe care to people. This ensures people's health and wellbeing needs are fully met by competent staff. The previous recommendation for this had not been met.
(See requirement 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We found that the service completed regular audits of performance which were analysed to identify improvements. The management team had introduced an auditing role where staff made home visits to assess quality and address needs. The audits led to elements of the service being improved, reduced response times and provision of an improved service to people.

The service and organisation people use should be well led and managed. We interviewed several staff during the inspection and they commented that the management team is approachable, accessible and supportive. There was a supervision and appraisal system in place to evidence when staff had received supervision, appraisal and practice observations to assess their competency. We found that a number of staff had not received supervision or practice observations in line with organisational policy. This meant staff competency and practice was not being effectively monitored, potentially leading to negative outcomes for people using the service. (See recommendation 1).

Any treatment or intervention experienced should be safe and effective. We found that in situations where staff contact emergency services for people this was not being notified in line with Care Inspectorate guidance. We discussed this with the management team and provided a copy of the relevant guidance. This will be monitored on an on going basis and reviewed at the next inspection.

We were told that the service will be moving to a new base in the coming year and will be co-located with the wider home care team. This may have an impact on the working arrangements for the service. We will review this on an on going basis and at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should ensure that staff receive regular supervision meetings and practice observations in line with organisational policy.

This is in order to ensure that the 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.

Grade: 3 – adequate

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

Previous requirements

Requirement 1

The provider must decide on the scope, aims and objectives of the service. Those that use the service must be made aware of the scope aims and objectives of the service.

There must be an agreement in place between the service and those that use the service as to what the alert can be used for and what will be provided to them in the event of an alarm activation.

SSI2011/210 4 Welfare of users

4.(1) A provider must:

(a) make proper provision for the health, welfare and safety of service users;

Time Scales - to be completed by 30th June 18

This requirement was made on 19 February 2018.

Action taken on previous requirement

We saw a copy of the service's revised aims and objectives. The service is subject to further change in the coming year and this may change further. This will be reviewed at the next inspection. As described in the Management and Leadership section of this report.

Met - outwith timescales

Requirement 2

The provider must have a written agreement with both external and internal health and social care partners, operating within the care base, such as the Out of Hours Management and Social Work Services, stating what the arrangements are in the event of them not being able to staff these positions. This is to ensure that Response Advisers are not carrying out aspects of additional roles of others, placing additional strain on the core service.

SSI2011/210 4 Welfare of users

4.(1) A provider must:

(a) make proper provision for the health, welfare and safety of service users;

Time Scales - to be completed by 30th June 18.

This requirement was made on 19 February 2018.

Action taken on previous requirement

We were provided with a copy of the out of hours agreement for the service. The upcoming service changes may impact on this however we have made a further recommendation regarding the service covering planned homecare visits in this report.

Met - outwith timescales

Requirement 3

The provider must review the staffing numbers, transport availability and vehicle down time, to ensure that the needs of those using the service can be met within the time scales set out by the service, as agreed with those that use the service.

SSI 2011/210 15 Staffing

15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users;

(a)ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users;

Time Scales - within 12 weeks of the publication of this report.

This requirement was made on 19 February 2018.

Action taken on previous requirement

We saw evidence that the service had increased the number of staff and vehicles available to cover support. This had a positive impact on service provision.

Met - outwith timescales

Requirement 4

The provider must ensure that sufficient staff and equipment are deployed within the service to ensure that it meet identified standards.

This relates to national health and social care standards

3: I have confidence in the people who support and care for me, responsive care and support:

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

SSI 2011/210 15 Staffing

15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users;

(a)ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users;

This is to be actioned, as agreed, immediately as temporary posts and to be ratified when appropriate after information is produced and used for planning within 20 weeks of receiving this report,

This requirement was made on 24 April 2019.

Action taken on previous requirement

We saw evidence that the service had increased the number of staff and vehicles available to cover support. This had a positive impact on service provision.

Met - outwith timescales

Requirement 5

The provider must regularly audit the service's performance against agreed standards and performance indicators.

This relates to National Health and Social Care Standards

3: I have confidence in the people who support and care for me, responsive care and support:

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

SSI 2011/210

4.(1) A provider must:

(a) make proper provision for the health, welfare and safety of service users;

within eight weeks of receiving this report to enable a period of information gathering

This requirement was made on 24 April 2019.

Action taken on previous requirement

We found evidence of quality audits and response time analysis taking place. A reviewing role had been established in efforts to ensure people's needs were being met.

Met - outwith timescales

Requirement 6

The provider must work with service stakeholders to identify and publish performance indicators which identify the quality of the service performance.

This relates to national health and social care standards

3: I have confidence in the people who support and care for me, responsive care and support:

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help. This relates to national health and social care standards

and

SSI 2011/210

4.(1) A provider must:

(a) make proper provision for the health, welfare and safety of service users;

within 16 weeks of receiving this report to enable information to be produced and used for planning

This requirement was made on 24 April 2019.

Action taken on previous requirement

We found evidence of quality audits and response time analysis taking place. A reviewing role had been established in efforts to ensure people's needs were being met.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

That the service examines how staff access training to ensure that there are no barriers to them completing the training they require to operate safely.

This is to comply with national 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 24 April 2019.

Action taken on previous recommendation

We found on inspection that this recommendation had not been met and have made a requirement in this report accordingly.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
6 Dec 2018	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
5 Dec 2017	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
25 Jan 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
29 Feb 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
16 Aug 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
24 Aug 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
10 Nov 2010	Announced	Care and support 5 - Very good Environment Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed Not assessed
22 Jan 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
19 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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