

Home Care Service - Care at Home Support Service

Home Care -Care at Home
Council Headquarters
High Street
Elgin
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Telephone: 01343 563928

Type of inspection:

Announced (short notice)

Completed on:

12 February 2020

Service provided by:

The Moray Council

Service provider number:

SP2003001892

Service no:

CS2004085958

About the service

Home Care Service - Care at Home is provided by The Moray Council and registered with the Care Inspectorate on 1 April 2011 to provide a support service to people in their own homes. The service provided care and support within the Moray local area and had local offices located in a number of towns within the area.

The service aimed to:

Provide high quality service on an individual person centred basis to support people to remain in their homes within local communities for as long as possible.

- I experience high quality care and support that is right for me;
- I am fully involved in all decisions about my care and support;
- I have confidence in the people who support me and care for me;
- I have confidence in the organisation providing my care and support.

What people told us

For this inspection we gathered people's views in a variety of different ways. In October 2018, the manager was asked to distribute some questionnaires to people who experienced support and to staff.

We received forty-seven completed questionnaires out of the hundred distributed from people who use the service.

Feedback was positive and people agreed that they were happy with the quality of care and support provided.

During the inspection we spoke with several people who were supported by Home Care Service - Care at Home. The majority were happy with the care and support and the staff who worked for the service.

People receiving care at home said:

"A wonderful service with excellent highly qualified, friendly very kind carers."

"A vital service to allow mother to live at home. The carers are kind, caring, friendly and helpful

"Inconsistency in caring staff."

"We are very lucky, delighted with the care. Brilliant service."

"All very professional."

"Do an excellent job within time constraints. We don't always know the names of the staff but volunteer name on request."

"The time in the morning I think could do with more time as they never seem to finish all the tasks."

"I am very happy with the team but I don't like strangers on shower days."

We received twenty-eight completed staff questionnaires of the ninety issued from people who work for the service. Responses were on the whole positive, however there were a few concerns about lone working.

Staff members said:

"My job feels great. Could not ask for better boss."

"Enjoy job, feel supported mostly."

"I find the focus on phone clocking in and out....highly problematic as I work in rural areas when phone signal are weak or limited."

Self assessment

Self-assessments are not requested from this type of service. During the inspection we considered their improvement and development planning. This was found to have identified various areas the provider intended to develop.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

People's experience of their care and support was of a good standard. This evaluation meant the service showed important strengths, however improvements were required.

People should experience warmth, kindness and compassion.

People told us they had good support from this service and experienced care and support which was seen to be warm and nurturing. We saw positive relationships between staff and people in receipt of care and support.

They described effective communication between the staff team and people. Those who used the service enjoyed their company and people told us they appreciated the support they received. All the service users we spoke to said they felt respected and were treated with dignity in their own homes.

People described care and support that met their needs and was provided in a planned and safe way. This meant outcomes were good for people. They said they found it to be a very good service which was enabling them to be as independent as possible in their own home.

People were happy with the communication between Home Care Service - Care at Home and themselves.

We found that health needs were well supported and there were positive links with other health professionals who provided support with people's health outcomes and care at end of life.

Those who received personal care reported that their privacy and dignity was always protected. Their preferences were clearly identified, for example their favoured meals, drinks of choice and support to be as independent as possible. This meant good outcomes for people who were able to eat and enjoy their food and drink.

Care and support should meet individual's needs and be right for them. We found that people were involved in agreeing their care plan which the service called a 'service delivery plan.' The plan sets out people's personal histories, what was important to them, as well as their care and support needs. This meant that staff were fully informed about people's past.

The plans were formally reviewed every six months and were outcome focused. People were supported to give feedback on how they experienced their care and support as part of the review.

People should be protected from harm and the service alert and responsive to risk of harm. Those in receipt of the service had up to date risk and moving and handling assessments. These were reviewed regularly following an incident or formal review.

It is important that care planning is a dynamic process which informs all aspects of the care and support people require. We found that staff who knew the people in receipt of care were able to recommend potential changes to people's service delivery plans.

We saw the care provided by the staff team was safe and effective which led to better outcomes for people being supported. This included helping people with their medication. The service was committed to ensuring staff were well trained in the safe handling and administration of medicines.

The quality of management and leadership of the service was of a good standard. This means there are a number of important strengths, however improvements were required.

People need to be assured and confident that staff who support and care for them have been appropriately and safely recruited. We found the service had improved their recruitment processes since the last inspection. Shadow shifts with experienced staff were undertaken on completion of an induction course and a quality check undertaken by the manager after six weeks in post.

Staff had regular support and supervision from their manager who undertook practice observation visits with each member of staff twice a year. Staff training needs were recorded and there was a good training plan with opportunities to achieve the required vocational qualifications. Staff were appropriately registered with the Scottish Social Services Council (SSSC) the regulator for the social service workforce. This meant that people can have confidence that those who support them have been trained, are competent and skilled.

Feedback we received from people and staff about the managers and leaders of the service was generally positive. Staff enjoyed their role, although some staff raised concerns about changing rotas. This meant people in receipt of care and support did not always know who provided their care on a day to day basis.

What the service could do better

People should experience stability in their care and support from people who know their needs, choices and wishes, even if there are changes in the service or organisation. We found that people commonly did not know the carers who provided their care and support on a day to day basis. They did not have a say in who would visit them. It is important that people can build a trusting relationship with the person supporting and caring for them in a way that they both feel comfortable with.

This meant there were examples where people felt there were too many different carers providing their care. People spoke about how important it was for them to know the care staff and they told people their name. This means people know who provides their care and support on a day to day basis and what they are expected to do.

The service recognised the lack of consistency and stability in how people's care and support was provided. This was discussed during the inspection and the service said there were plans to change the way rotas were allocated, moving to smaller teams and a personal outcomes based approach to home care. **(See recommendation 1).**

It is important that people have time to support and care for those in receipt of care and speak with them. In general, people said that the carers stayed for their allotted time. However, some people we spoke with said they felt the carers did not always have enough time and their care felt rushed.

Staff also felt they did not have the time to read the service delivery plan when they were supporting someone new to them. This was particularly an issue for those staff who provided peripatetic shifts and had the potential to adversely affect outcomes for people.

It is important that care planning consistently informs all aspects of the care and support people need. This ensures the written plan of care or risk to people is reflected in any changes to people's care needs. There was evidence of regular review, but the delivery plans did not always give detail for staff about how to care for and respond promptly, for example people's skin or pressure area care. This meant the standard of care planning was inconsistent and did not always inform staff practice and approaches to care and support.

This could be improved by supplying clear guidance for all staff so they know what they are expected to do. This was discussed during the inspection and we were advised that a new personal outcome care planning record was being trialled.

However, there is an immediate need to focus on the development of a person centred care planning approach which sets out how people's needs will be met to inform staff practice, guide care and support. To ensure care planning informs all aspects of current care and support experienced by people, the service should review the process for audit of care plans and record keeping. This should include feedback to staff to support continuous improvement. **(See recommendation 2).**

People benefited from a good medication management system, although the Health and Social Care Moray Medication Management Guidelines was out of date.

Staff need to be aware of the legal requirements for recording care. We found that in some cases the use of topical medications were unsigned on the Medicine Administration Record (MAR) sheet. To ensure people can be confident that their medication was administered safely and their wellbeing promoted, the manager should introduce body maps for recording the use of topical medications. If people are receiving medication on an 'as and when' basis, evaluation of the effect after administration should be undertaken and recorded. This will ensure people receive help from their 'as and when' medications. **(See recommendation 3).**

We found that medicines administered were recorded on different MAR sheets. This was identified as a risk during the inspection. A new national MAR is planned to address this risk. Senior staff should increase auditing of completed MAR sheets in light of the multiple MAR sheets used. The review of the Health and Social Care Moray Medication Management Guidelines was discussed during the inspection. The service advised that this would be completed by March 2020. **(See recommendation 3).**

Pressure-relieving devices were being used to prevent people developing pressure damage which was good practice. The correct setting was determined by the weight of the individual lying on the mattress. We found that this was not recorded in the plan of care.

The service should seek guidance and support from local health professionals about having a record of the correct pump settings of pressure-relieving devices in people's care plans. This would enable the care workers to check the setting as part of people's care and support, reducing the risk of an incorrect setting which could put a person at risk of pressure damage. **(See recommendation 4).**

People were supported to give feedback on how they experienced their care and support as part of their individual reviews, however there was limited recent service user feedback which the organisation could use as learning to improve. The provider should gather comments and ideas from service users and families on how to improve the service in the near future.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. To ensure people experience stability in their care and support from people who know their needs, choices and wishes, even if there are changes in the service or organisation, the service should:

- Progress their plans to change the way rotas are allocated.
- Move to smaller teams.
- Progress the personal outcomes based approach as soon as possible to improve stability and consistency in people's care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "People know who provides their care and support on a day to day basis and what they are expected to do." (HSCS 3.11) and "It is important that people can build a trusting relationship with the person supporting and caring for them in a way that they both feel comfortable with." (HSCS 3.8).

2. In order to ensure people's physical, emotional, social and psychological needs are being met and staff know what they are expected to do, for example in people's skin or pressure area care, the provider should:

- Review the title and layout of their 'service delivery plan' to ensure the plan sets out how people's care needs will be met.
- Review the process and regularly audit people's care plans to ensure care planning informs all aspects of current and support experienced by people.
- Include feedback about the results to staff to support continuous improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24) and "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).

3. To ensure people can be confident that their medication was administered safely and their wellbeing promoted, the service should:

- Introduce body maps for recording the use of topical medications.
- Following administration of people's 'as and when' medications, evaluation of the effect should be undertaken and recorded.
- Increase the numbers of audits of completed Medicine Administration Record (MAR) in light of the multiple MAR sheets in use.
- Complete the review of the Health and Social Care Moray Medication Management Guidelines within the timescale advised by the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.3).

4. The service should seek guidance and support from local health professionals about the potential to record all pressure-relieving device pump settings in people's care plans. This will enable the care workers to check the setting as part of people's care and support and therefore reduce the risk of an incorrect setting which can put a person at risk of pressure damage.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

Complaints

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

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

There are no outstanding recommendations.

Inspection and grading history

Date	Type	Gradings
12 Sep 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
21 Dec 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
30 Nov 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
3 Sep 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
30 Jul 2014	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
24 Jul 2013	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 2 - Weak

Date	Type	Gradings	
		Management and leadership	2 - Weak
18 Sep 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Oct 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
19 Mar 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Sep 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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