

SSCN Healthcare Housing Support Service

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Service provided by:
Support and Social Care Network Ltd

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About the service

This service registered with the Care Inspectorate on 23 April 2014.

SSCN Healthcare is part of Support and Social Care Network Ltd which is a privately owned company. The service is registered to provide a combined care at home and housing support service to adults living in their own homes in various localities of Edinburgh. The service is managed from the registered office base in Longstone, Edinburgh.

At the time of the inspection the service was being delivered to approximately 36 people.

The service has a statement of aims and objectives which includes:

"We pride ourselves in delivering the best service to all our clients in the comfort of their own homes and in the community. We make the personalisation of social care a practical reality for you by supporting you to achieve your goals and lead your life the way you want.

We do this by working in partnership with you, your family, your carers and other people in your life. You will be at the centre of all we do and together we will find creative ways to meet your needs to achieve personal goals and aspirations."

What people told us

During the inspection we spoke with eight clients, two relatives and one former client's relative. This was to gather people's views about the quality of care they receive from SSCN.

The feedback we received about the quality of care experienced by people was mixed. People told us there were staff who they had built relationships with and trusted to support them well. They also told us certain staff did not always communicate with them in a way that made them feel valued and respected.

Comments made included:

"SSCN have been really good. My relative gets on well with their support worker and they spend time together doing things he likes and the carer is flexible depending on how he feels at the time. There have been problems with the times of support not suiting him but everything is sorted now and the social worker was involved. Pleased with the service. It's working well and they are good at keeping in touch with me if there is anything I need to know about."

"A few staff are very good; they pay more attention and I have praised them."

"There was a positive step change in SSCN's managerial and care capabilities in 2020..... a positive shift in both the quality of carers deployed and a significantly vast improvement in the management team and management practices. In 2020, SSCN moved to an online version of providing notes from each visit providing a facility to read the notes each day. we could see the superb care being provided... carers built up a rapport with my relatives, they respected their dignity and faced up to the challenges that arose from week to week."

"Things are OK just now. They have settled down. I feel safe with the majority of staff supporting me but there is one member of staff I don't feel treats me with respect. I don't feel as safe with them even though I am told they are one of the more experienced and well trained workers. I do worry that more new staff will come on board when it is holiday time. It would be good if they could come at the agreed time and not consistently 15 minutes later than agreed. It seems the visit before mine doesn't leave enough time for carers to get here. The staff tells me they have raised this with the manager. It is not their fault. They have started to call me though if they are running late beyond the agreed limits, so that's better than before."

"I don't want to rock the boat as I now have regular support worker but sometimes they say things that make me feel like I am being criticised because of my condition. They will say things that upset me but I have not said anything to the carer or the office staff about this - I think it might work out better if the carer understood my condition and how it affects me -The service is reliable though and usually carer comes at agreed time or I will get a call if any delays, which is really good as I don't like a lot of changes. I am hoping we can build a good relationship where my worker understands what I need without being judged."

"Some carers look pleased to see me and I like it when I see they are on my rota. Some are kind and caring. I feel more safe and happier with some than others."

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	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

The provider had received positive feedback about the quality of care and support. This demonstrated some people had experienced compassionate care and their health and wellbeing needs had been promoted.

The managerial staff had carried out spot checks and care reviews during the pandemic and recorded feedback from people supported across a range of areas relating to their health and wellbeing and care delivery.

This was positive practice in gathering people's views. What was less evident was how this feedback was used to improve practice. For example, we saw records indicating dignity and respect 'could be better' or staff were 'consistently late'. There was nothing to tell us what steps had been taken to rectify the issues raised in these reviews.

Stating what actions have been taken will demonstrate the service is continually improving outcomes for people in line with expressed views and choices.

People told us the majority of staff knew how to carry out the agreed support tasks and did this competently:

"Absolutely, the regular carers know what they are doing in terms of supporting my relative with their personal care." and

"A few staff are very good; they pay more attention and I have praised them."

We also heard of some negative examples of the way people's support had been carried out and had contributed to people feeling less safe and feeling their dignity was compromised. Some people did not feel willing to raise issues affecting them. It is important people are able to express any areas of dissatisfaction about their current support.

"Some carers look pleased to see me and I like it when I see they are on my rota. Some are kind and caring. I feel more safe and happier with some than others. One is always grumpy and never seems pleased to be here."

Improvements had been made to the way care was organised. The service had invested in technology which supported electronic care management and recording. This meant carers could record people's care notes directly into the Care IT system and managerial staff could monitor the visit times and print off daily care reports. This had led to improved outcomes for people, as they had more consistent care and were also contacted in most cases should carers be running late. Some staff needed further reminding to log in when visiting. There were still a few issues around timing of visits.

Carers had enough time to spend with people to provide the agreed level of support. This meant there was improved confidence in their care provider than previously. The provider had taken action to address previous concerns about late, short and missed visits. No missed visits had been recorded over the past 12 months. Spot checks were carried out to monitor the quality of care and support people experienced.

"Things are better than they were. I have regular staff and they let me know if they are going to be running late for any reason."

Feedback from clients about communication of changes was mixed – some people were phoned directly by the visiting staff member, however two people said they were not informed that staff would arrive earlier / later than the agreed times and this could make them anxious.

If visits are consistently later than scheduled, this should be discussed with the client and be re-scheduled. The system showed a few visits being shorter than scheduled. The provider should check the reasons for this are recorded. Visits to support people to get prepared for bedtime ranged in time. The provider should check regularly with people to see how any changes are impacting on their lives.

People we consulted considered the agreed tasks were carried out well and were happy with the majority of staff who supported them. However, there were still some issues with certain staff and their lack of engagement when supporting people. Some people expressed that the quality of some staff could be improved, particularly in relation to their communication skills and attitude towards them.

Language used should be enabling by describing how people are behaving and exploring any factors which may be causing them to feel stressed. We saw people being labelled as 'aggressive' and 'naughty' and one person getting their 'pocket money' for example.

People told us it depended which staff were supporting them as to whether they experienced a consistently good quality of care and support and felt valued and respected.

One person expressed they sometimes felt like a 'product' with tasks being done to them, rather than being supported in a caring, compassionate manner.

"Some of the team are excellent, one is an absolute angel - spot on - others are adequate - they can complete the care tasks but there is a lack of interpersonal skills which are so important to see in a good care worker."

We have continued aspects of a previous requirement in relation to staff learning and development under areas for improvement - 3.2 (Quality of Staffing) section of this report. We considered training in person centred practice and personal outcomes approaches are key to promoting consistently positive outcomes for people supported and future service improvement. This will enhance staff skills and confidence in providing person centred support and empower people to have increased control and choice in how their care and support is provided.

How good is our leadership?

3 - Adequate

The management team had worked hard to address requirements arising from inspection and complaints activity. The detailed action plan told us how the service had addressed requirements and areas for improvement and about areas of practice in progress.

The quality assurance policy was limited in scope. It could be developed to include self evaluation and service improvement planning, and as well as more detail about workforce development, the Health and Social Care Standards (HSCS) and Scottish Social Services Council (SSSC) Codes of Practice for Employees and Employers.

The managerial staff team had been strengthened. Care coordinators had carried out spot checks and care reviews during the pandemic, recording feedback from people supported across a range of areas relating to their health and wellbeing and care delivery. Office staff were accessible. There was cover over weekends and out of hours should people need any support or assistance.

The provider should continue to gather feedback from people supported and involved professionals and use this to inform the service improvement plan. There had been a significant reduction in the level of complaints made to the service and the Care Inspectorate since the previous inspection/complaint investigations.

There was a formal complaints procedures in place but all service users need continued assurance their feedback will be acted upon should any aspect of their service not be of the highest standard. There was limited complaint and concerns information recorded since the last inspection. We heard a lot of issues are sorted out via telephone but perhaps not formally recorded as concerns. More formal methods such as email and writing out to service users would strengthen current processes.

This was a previous area for development that we consider needs further development to be met in full. Some of the issues shared with us during this inspection would warrant being recorded and actioned. (See area for improvement 1).

The service should consider how it could engage people supported in their policy development and review. This helps to put people at the centre of care service planning and delivery.

Other policies and procedures, such as the aims and objectives and the management of service user finance policy, which underpin service delivery, needed updated in line with current best practice documentation. There was still a considerable amount of improvement work to be done in this area and we have signposted the provider to best practice documentation that will support them with policy and procedure development. (See area for improvement 2).

The provider's continuous improvement plan has a range of areas identifying what actions they had taken to improve the service, which was positive to see. There was limited forward planning information and dates to review stated actions. This is an area that needs progressed moving forward. The organisation's website should be updated to reflect what the service provides and include the reviewed aims and objectives once complete.

Areas for improvement

1. In order that people have their concerns addressed and responded to on a consistent basis, the provider must ensure that all concerns raised whether informally or formally are recorded and responded to in a way that makes them feel listened to, valued and well supported. All care staff should know about the complaint and concerns procedures to enable them to support someone if they wish to raise a concern.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS 4.2) which state that:

"If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

2. In order that policies, procedures and aims and objectives of the service reflect current best practice guidance and reflect the principles of the Health and Social Care Standards: My Life the provider should update service documentation and share the reviewed policies with staff to guide them in their work. Staff and service users could be involved in shaping the aims and objectives and other policies. This recognises people supported as being the experts in how care and support should be delivered.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS 4.1) : "My human rights are central to the organisations that support and care for me" and (HSCS 4.7) : "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership"

How good is our staff team?**3 - Adequate**

There was now a more stable and consistent staff team. This meant people, where possible, had regular staff supporting them with fewer changes than previously. Staff told us they had received training and refresher training in key areas such as continence care, catheter care and practical moving and handling training. This meant they had more confidence when supporting people with their personal care and promoting their safety and wellbeing.

As there had been limited recruitment of staff over the past year, we could not check on recent recruitment records or the quality of induction records in meeting key competencies. We will review these areas at subsequent inspections.

Staff training had been limited and a large range of topics had been covered in a day. It is important staff have continuous training opportunities and that staff training is linked more closely with the needs of supported people. We made a requirement about this at the previous inspection and found some areas had not been fully met. We have continued these as areas for development in this section of the report.

Staff had not received training about the specific physical and mental health conditions. This would help them to understand the needs of the people they support better and the impact their conditions can have on their daily lives and functioning.

The staff training plans evidenced basic training had been provided to staff to undertake the care people required. However, there was an overall lack of qualified staff at all levels within the organisation. There was limited evidence to show staff were being supported in their continuous professional development. There was a lack of knowledge about the Health and Social Care Standards which should underpin the work of social care staff. We would expect staff to have a better understanding of underpinning values in social care, the role of SSSC and the Codes of Practice for Employees. These should be outlined in the staff handbook and discussed in supervision and in staff meetings when they can take place. (See area for improvement 1).

Staff supervision records were very basic and did not show staff were engaged in reflective practice. The frequency of supervision was not in line with the organisation's policy. Where issues had been raised about staff practice, we could not see any discussions being recorded with them about how they might improve the support they provide to people.

Supervisors would benefit from further training in reflective supervision to support staff learning and development. Staff at each level within the organisation should receive regular supervision and appraisal. This is to assess their current competency in the tasks they perform and identify future training needs. (See area for improvement 2).

Employers must ensure all staff are suitably registered with the Scottish Social Services Council (SSSC) within the required timescales. At this inspection we initially found an outstanding requirement to ensure this took place had not been met. During our inspection time period the service took actions to rectify this for the requirement to now be met. The administrator requires further support to effectively monitor and track the registration of staff with the SSSC. (See area for improvement 3).

Some staff require further support to understand what the SSSC function is and what Scottish Vocational Qualifications are.

Employers have a duty to support staff to gain the required qualifications within the stated timescales once staff are registered. SSCN had a largely unqualified workforce at all levels within the organisation. The provider should ensure this is addressed in a staff learning and development plan, taking into account timescales for meeting SSSC registration requirements. (See area for improvement 4).

Areas for improvement

1. In order that people supported can be assured that staff training is continuous and staff have the right skills, training and knowledge to meet their individual assessed needs, the provider should develop a training plan that focuses on specific conditions. The provider should ensure staff undertake effective and appropriate training in:

- (a) Dementia - to the level of the Promoting Excellence training resource - linking staff training and role within the organisation to the Promoting Excellence framework
- (b) Palliative care - based on best practice guidance
- (c) Client specific training where appropriate. For example, Parkinson's; stroke awareness; multiple sclerosis; dysphagia; specific mental health conditions; training specific to supporting people with learning disabilities.

This ensures carers are trained, knowledgeable and skilled to undertake their designated roles and is consistent with the Health and Social Care Standards (HSCC) 3.14 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."

2. In order that people supported can be assured that staff training is continuous and staff have the right skills, training and knowledge to meet their individual assessed needs, supervisors should be supported to develop their skills in providing reflective supervision. Staff should have regular, reflective supervision opportunities where they can discuss the way they support people and have their training needs recorded and planned for. Supervision records should link to the staff appraisal system and include discussion to raise awareness of SSSC Codes of Conduct, ongoing reflective discussion about how they are implementing the principles underpinning the Health and Social Care Standards in the support they provide, and the support for staff to achieve any qualification conditions for their registration with the SSSC.

This is to ensure that people can be confident that staff are supported in their continuous professional development and is consistent with HSCC 4.19 "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

3. In order that people supported can be confident staff employed to work in the care service are duly registered with the Scottish Social Services Council (SSSC) where legally required to do so, the provider should have an effective system in place to monitor and track the registration of staff with the SSSC.

This is consistent with the following Health and Social Care Standards:

"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).

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

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

It also complies with The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013.

4. In order that people supported can be confident staff employed to work in the care service are suitably qualified, the provider should support staff to achieve their qualification through individual learning and development plans. Plans to take into account timescales for meeting SSSC registration requirements.

This is consistent with the following Health and Social Care Standards:

"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).

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

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

How well is our care and support planned?

3 - Adequate

Assessment of needs information was used to plan people's care and support. The service engaged well with external agencies such as social workers when people's assessed support needs were changing. This meant support being provided was now more responsive to people's changing needs.

The electronic care planning system was used well to formulate support plans and to check people were being supported in line with their agreed support hours. This meant people could have improved confidence that their care provider was checking their support was being provided as planned.

Risk assessment and outcomes information was limited. For example, where someone is at risk of skin damage, ensuring all factors relevant to reducing the risks to them are clearly set out for staff to follow. Risk assessments needed more detail, to be regularly reviewed and show how the support provided has led to improved outcomes for people. This is so people can be confident any identified risks to their health and wellbeing are detailed and regularly assessed. (See area for improvement 1).

There was limited information in support plans to reflect people's preferences, interests and aspirations and how they liked their care and support to be delivered. Staff who had built relationships with people had some good knowledge of the person and what worked well for them. The most positive feedback we heard was about staff who had got to know people well. This made people feel valued when staff engaged with them while being supported and provided their support in a consistently friendly, caring and compassionate manner.

This information should be included in each person's support plan and demonstrate people have been involved in their support planning and in reviewing their outcomes. The outcomes section of the support plans contained limited information about what people had identified as being important to them and how the service could work with them towards achieving these goals. The provider has been signposted to personal outcomes training to support them in developing plans in a more person centred, outcome focussed way. (See area for improvement 2).

Some people told us they did not know what was being recorded about them and had not received copies of their reviews or updated support plans. People have the right to receive this information at the right time and in a way that includes them. This will support people to understand their own care documentation and empower them to have more control over how their support is delivered. (See area for improvement 3).

Areas for improvement

1. In order that people's plans provide sufficient detail about any risks to them, the risk assessment information should be more detailed and show involvement of people as to how they want their care delivered and what works best for them. Risk assessments outcomes should be reviewed regularly to assess how the planned support is working out in practice and identify any further adjustments needed to the support plans.

This is consistent with the HSCS 1.15 : "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."

2. In order that people's choices, interests and wishes and personal histories are taken account of in planning their care and support, the provider should involve people in planning their support and review people's outcomes information on a regular basis.

This is consistent with the HSCS 1.12 which states: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change."

3. In order that people know what is recorded in their reviews and daily care recordings, the provider should look at ways to involve people more in their support planning.

This is consistent with the HSCS 1.12 which states: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change."

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

The service had endeavoured to ensure small teams of care staff visited people as per COVID-19 guidance. This consistency had mainly been achieved well. Continuity of care enabled trusting relationships to develop and most people knew who would be undertaking their care visits and were phoned in advance in most cases, if there were changes to the planned staffing.

The provider had linked staff to training in infection control and prevention best practice guidance for domiciliary care during the COVID-19 pandemic, including video links to the good practice resources and guidance for staff to view. Staff told us they had received Personal Protective Equipment guidance, Infection Prevention and Control and COVID-19 awareness training and felt confident in applying the training in practice. This means people experiencing care were offered protection by those staff who were consistently following the guidance.

There were no systems in place to monitor whether staff had read and understood the guidelines. The provider should record these discussions and have further quality assurance monitoring discussions with staff to ensure they are providing safe care procedures at all times.

Carers told us there were always sufficient stocks of PPE available for them. Carers told us how they maintained good hand hygiene and wore PPE appropriately. Most people told us carers were wearing appropriate PPE when they visited their home and when providing care and support:

"I feel safe. The carers are all dressed in their PPE, masks, apron gloves. The manager phoned me to explain everything."

"PPE worn and I've seen hand washing."

"Sometimes my carer takes the mask off and they are close to me. I'm not sure when they should be wearing their masks."

"They are always vigilant with their PPE."

People told us the majority of staff wore their Personal Protective Equipment (PPE), though we heard two members of staff were not wearing their face masks consistently. This could be putting people at risk of contracting COVID-19.

The care provider responded quickly when informed of this and reiterated to all staff they must follow best practice guidance at all times.

The care provider should also check again with people supported that they are clear about the infection control and prevention measures staff should be following when supporting them in their homes.

Some staff were unaware of the waste disposal measures that should be followed should they be supporting a person affected by COVID-19.

We have asked the care provider to revisit the guidance so all staff are aware of the procedures to follow and record when this has been carried out in the staff training records.

We also heard some staff were car sharing and we have asked the provider to remind staff of procedures to follow if car sharing is considered absolutely essential.

Plans we sampled had not been updated over the COVID-19 pandemic to reflect the change in delivering care in a different way, for example recording where personal protective equipment (PPE) was stored, hand hygiene that staff should follow and whether they could have access to handwashing facilities and using their own paper towels within people's homes. This should be more clearly stated in each person's COVID-19 support plan. (See area for improvement 1)

Areas for improvement

1. To further protect people from being exposed to COVID-19 the provider should implement the following measures:

1. Review infection control procedures with all staff and regularly check with people supported that staff are continuing to follow infection control procedures at all times.
2. Check that all staff are aware of waste disposal measures if someone is symptomatic or has tested positive for COVID-19.
3. Develop specific COVID-19 care plans which set out the special measures that are in place during the pandemic to protect people from the virus, including hand hygiene and arrangements that are in place to support good infection control practice within people's homes.
4. Ensure that staff are car sharing only if absolutely essential and, if so, that they are following the best practice guidance to reduce the risk of exposure to the COVID-19 virus.

This is consistent with the following Health and Social Care Standards:

"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).

"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).

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

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

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

Requirements

Requirement 1

In meeting this requirement people will be confident that staff employed to work in the care service are trained, competent and skilled to undertake their designated roles.

By 7 November 2019 the provider must ensure (though not be restricted to) the following:

- a) The induction process is reviewed and revised to ensure it provides sufficient information and opportunities for discussion about all aspects of the caring role and responsibilities, including best practice guidance, for example the Health and Social Care Standards and SSSC codes of practice.
- b) All care staff undertake appropriate and sufficient training on an on-going basis to effectively develop their skills, knowledge and continuing competencies appropriate to the work they are to perform, this to include practical moving and handling.
- c) The registered manager is assured that agency staff have the skills, competencies and up to date knowledge to provide care and support to people using the SSCN Healthcare registered service.
- d) Training in the service's SSCN medication policy and procedures is delivered to all staff.
- e) Office based staff, including coordinators, are given appropriate training in all aspects of their role including recording, reporting and managing incidents and accidents, responding to expressions of dissatisfaction, concerns and complaints.
- f) Training is monitored and tracked by a nominated person and records kept and updated on a continuous basis.

This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) (b) regulations which state that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users and that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

The following Health and Social Care Standards have been taken account of in making this requirement:- "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) "I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27).

Relevant evidence based practice/recognised training may help guide the service in meeting this requirement. For example:

The Scottish Promoting Excellence Framework training resource available @ <http://www.sssc.uk.com/workforcedevelopment/supporting-your-development/promoting-excellence-in-dementia-care>.

This requirement was made on 29 January 2020.

Action taken on previous requirement

The provider had taken action to meet most aspects of this requirement. Moving and handling practical training had been provided to staff and staff reported that they felt competent in using the equipment in people's homes to support them with their mobility needs.

Training was being evidenced on tracking sheets and staff had received training in SSCN's medication policy. Staff had received basic training in dementia. We considered that basic training was in place but further ongoing development of staff was required to ensure that all staff practiced in a way that promoted positive outcomes for people.

There remained a lack of reflective practice in supervision records to discuss the care and support given to people. We could not evidence how well the induction process and competency framework had been developed due to there being limited recruitment since the previous inspection (due to the pandemic). However, some staff consulted were unaware of Scottish Vocational Qualifications for Health and Social Care and had very limited knowledge of the Health and Social Care Standards. As the majority of aspects have been met, we have identified specific areas for development where we assessed that further staff development is needed. (See Key Question 3. Quality Indicator 2.2)

Met - within timescales

Requirement 2

In meeting this requirement people will be confident that staff employed to work in the care service are duly registered with the Scottish Social Services Council (SSSC) where legally required to do so.

By 27 September 2019 the provider must develop an effective system to monitor and track the registration of staff with the SSSC so they ensure all staff comply legally with relevant legislation and register with the SSSC when required.

In meeting this requirement the organisation will be complying with Regulation 5 (2)(3a) of The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013.

The following Health and Social Care Standards have been taken account of in making this requirement:

"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), "I use a service and organisation that are well led and managed". (HSCS 4.23) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

It also complies with The Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013.

This requirement was made on 21 January 2020.

Action taken on previous requirement

During the course of this inspection the service took appropriate actions to ensure staff were now registering with the SSSC. The administrator requires further support in knowing how to check the registers and ensuring all numbers on the sheet link to the SSSC register. We have made this an area for improvement. See Quality Indicator 3.2.

Met - within timescales

Requirement 3

In meeting this requirement people will have confidence that the service has robust and transparent quality assurance processes to support a culture of continuous improvement and learning.

By 10 October 2019 the provider must develop appropriate quality auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing and quality assuring:

1. missed visits
2. completed financial transaction records
3. care reviews
4. care and support plans
5. risk assessments
6. recruitment and induction process
7. staff appraisal, one to one supervision
8. staff competency observations and spot checks
9. training undertaken
10. registration with SSSC
11. accidents and incidents
12. complaints and expressions of dissatisfaction.

This is in order 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).

The following Health and Social Care Standards have been taken account of in making this requirement. "I use a service and organisation that are well led and managed". (HSCS 4.23) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

This requirement was made on 21 January 2020.

Action taken on previous requirement

The provider had taken action to address some aspects of this requirement but there remained areas outstanding still to be addressed - including auditing of financial records, the quality and frequency of staff supervision and appraisal, how concerns raised by people were followed up and recorded, the quality of care review information and how feedback from people during their reviews had been recorded and addressed and used to improve their care and support and staff registration with the SSSC.

We have judged this requirement to have been met but have highlighted specific areas for further improvement in this report, including an existing requirement relating to registration with the SSSC (See Key Question 3. Quality Indicator 2.2)

Met - within timescales

Requirement 4

In meeting this requirement people will have confidence that the service ensures the health, welfare and safety of service users.

By 27 September 2019 the provider must ensure:

- a) Management and office based staff and supervisors are aware of what events are considered "incidents."
- b) Incidents are progressed through organisational reporting and recording systems and procedures - this to include missed visits and medication errors.
- c) All incidents and events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting.
- d) Incidents are audited on a monthly basis to identify any trends and to gain additional learning to improve care and support delivery.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users. This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

The following Health and Social Care Standards have been taken account of in making this requirement. "I use a service and organisation that are well led and managed". (HSCS 4.23) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19).

This requirement was made on 21 January 2020.

Action taken on previous requirement

Carers were aware of the need to report concerns to the office and confident the officer would deal with these. Office based staff had guidance on reporting recording, incidents, and errors in order to take appropriate action. The manager ensured reporting of incidents and accidents and all other notifiable events.

This requirement has been met. We would expect to see these improvements to be sustained and we will revisit incident recording and reporting at subsequent inspections.

Met - within timescales

Requirement 5

The service must ensure that the agreed care tasks (showering) are carried out, providing good healthcare outcomes for the person receiving care.

This requirement was made on 27 February 2020.

Action taken on previous requirement

We saw that agreed personal care tasks were documented and the provider used daily reports to check that tasks outlined in the support plan were carried out. The provider should continue to sustain improvements made in this area and continue to check that the required care has been provided as stated on each person's plan.

Met - within timescales

Requirement 6

The service must ensure that agreed care tasks (the provision of food) are carried out as agreed, ensuring good healthcare outcomes for the person receiving care.

This requirement was made on 27 February 2020.

Action taken on previous requirement

The service had taken action to address this requirement and there were no issues identified in relation to the provision of food at this inspection. Some people expressed they would like more home cooked food and others 'people who can cook'. However, staff were recording that people had eaten and some records provided more detail about food and fluid consumed.

Met - within timescales

Requirement 7

The service must ensure that they are in a position to verify that scheduled care visits take place as agreed and required and that any gaps in attendance are quickly identified and resolved. This must be properly recorded. This is to ensure that care visits take place and to give people receiving care confidence in the provision agreed.

This requirement was made on 27 February 2020.

Action taken on previous requirement

The service now had improved quality assurance systems in place to monitor scheduled visits and were using the electronic system to check that visits were carried out as planned.

Met - within timescales

Requirement 8

The service must provide a method and standard of staff training in key subjects which ensures that staff achieve a safe level of competence and knowledge which can be assessed in practice. This should include 'face to face' training in key subjects. With regards to medication training it would also be good practice to involve an accredited third party to support this training.

This requirement was made on 21 January 2020.

Action taken on previous requirement

The level of face to face training had been limited due to the pandemic but staff had received a day's face to face training including practical moving and handling skills. Medication training had also been provided to staff. We have discussed development of the workforce under section 3.2. of this report.

Although we have judged this to have been met, we will be looking at the quality of training and monitoring of how well training has been applied in practice at future inspections.

Met - within timescales

Requirement 9

The service must ensure that the care visits agreed and required take place and employ a system which accurately records such visits and identifies when these do not take place as agreed. Such a system must be monitored to confirm compliance.

This requirement was made on 27 February 2020.

Action taken on previous requirement

The service had taken action to address this requirements and had systems in place to monitor and record visits.

Met - within timescales

Requirement 10

The service must ensure that written records completed by care staff to document when and how care and support was given are completed fully, accurately and legibly in order that such records can be referred to by others providing a picture of the care and support provided. The maintenance of such documents is a legal requirement.

This requirement was made on 27 February 2020.

Action taken on previous requirement

This requirement had been actioned and care coordinators ran off daily care reports to check what care and support had been delivered and when. Staff used mobile apps to record the care and support they delivered.

Met - within timescales

Requirement 11

The service must ensure that the agreed and required care tasks are carried out in accordance with the assessed needs of the person receiving care, thereby maintaining their wellbeing and dignity.

This requirement was made on 27 February 2020.

Action taken on previous requirement

This service had methods to check that the agreed tasks had been carried out. We have discussed areas for further improvement in relation to dignity and people's involvement in how they want their support delivered in the main body of this report.

Met - within timescales

Requirement 12

The service must ensure that carers attend at every agreed visit time and do so for the required duration to facilitate the completion of all care tasks which are agreed or may arise. This is to ensure that the person receiving care is not left without care for unacceptably long periods of time.

This requirement was made on 27 February 2020.

Action taken on previous requirement

The service had systems in place to check that visits were being carried out at the agreed times. We did not find any large gaps between visiting time in the care monitoring records.

Met - within timescales

Requirement 13

The service must ensure that when care tasks require the safe transfer of the person using two staff members, that number of staff attends to ensure that not only are the required tasks carried out but that they are done safely.

This requirement was made on 27 February 2020.

Action taken on previous requirement

Care was being delivered by two staff for the safe transfer of people where this was stated in their moving and handling plan. The care monitoring system was used to check that 2:1 support had been provided. Staff should be reminded to log in and out at every visit.

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 provider should ensure people experience care provision in accordance with the agreed times.

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

"If I am supported and cared for in the community, this is done discreetly and with respect". (HSCS 1.5)

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

This area for improvement was made on 21 January 2020.

Action taken since then

There had been significant improvement in this area. We heard of some instances where staff were either very early or consistently 15 minutes later than the agreed times but overall we judged this recommendation to have been met.

Previous area for improvement 2

The provider should make the following improvements to care planning:

1. Ensure care plans hold sufficient detail. This to include:
 - a) information in relation to people's routines and preferences when undertaking tasks
 - b) how mobility support is provided, including what and how equipment is used
 - c) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions.
2. Ensure all staff read the care plan prior to providing care and support to people
3. Ensure care plans, risk assessments and associated documentation are dated and signed.

This is to ensure 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),

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23),

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

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

This area for improvement was made on 21 January 2020.

Action taken since then

The service had made some progress in care planning to include more information and to ensure carers have up to date information; however, further development is needed to ensure full information is recorded, and progress in working towards personal outcomes is evaluated. See Key Theme 5, Quality indicator 5.1 - areas for development

Previous area for improvement 3

The provider should ensure all staff undertake effective and appropriate training in:

- a) nutrition and hydration
- b) Dementia - to the level of the Promoting Excellence training resource
- c) palliative care - based on best practice guidance
- d) client specific training where appropriate. For example, Parkinson's; stroke awareness; multiple sclerosis; dysphagia.

This ensures carers are trained, knowledgeable and skilled to undertake their designated roles and is consistent with the Health and Social Care Standard 3.14 which states "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 area for improvement was made on 21 January 2020.

Action taken since then

Not met. See Quality Indicator 3.2. - areas for development

Previous area for improvement 4

The service should ensure that the required medication routine to meet the needs of people receiving care and support is established, recorded and followed by the carers providing care.

This area for improvement was made on 27 February 2020.

Action taken since then

The electronic care planning system now includes electronic recording of support with medication. The office is alerted when medication support has not been completed, enabling managers to speak with the carer. This new system has resulted in reduced medication errors or missed medication support. We asked the manager to ensure that audits confirm that the timing of medication administration is appropriate and meets the prescriber's instructions.

Previous area for improvement 5

The service should create a system of communication which provides a response to concerns raised by telephone or otherwise by people receiving care or their family. This will give assurance that the service is open and receptive to any areas of concern and are willing to look at these and respond appropriately. Such contact should be properly recorded for quality assurance purposes.

This area for improvement was made on 21 January 2020.

Action taken since then

This area for development was not well evidenced during this inspection and we heard of some areas of concern that were not well detailed in the concerns log. Similarly, when issues were raised in reviews about any aspect of support these should be linked to the concerns log in order that outcomes can be tracked. This is continued in this report under Key Theme 2. Quality Indicator 2.2.

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	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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