

Lanarkshire Care Partners Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
26 April 2021

Service provided by:
Lanarkshire Care Partners

Service provider number:
SP2011011563

Service no:
CS2011286847

About the service

Lanarkshire Care Partners (LCP) aims to provide tailor-made care packages to suit the needs and requirements of the individual. They aim to provide flexible support to people throughout different times of the day and night, and where requested, will support people to go on holidays and short breaks.

They aim to support people to engage in a range of activities of their choice based on their identified needs.

The service was supporting 30 people at the time of inspection.

What people told us

Due to Covid-19 restrictions we were unable to carry out home visits to people's homes to ask their opinions or observe staff practice. As an alternative we contacted 16 people using the service or their families/carers to find out their views on the care provided. Comments made included:

"I'm so glad to have them. It's really a Godsend. I can relax knowing they are there."

"Things do get missed although the carers themselves are really good."

"Communication with management used to be good but it's been very patchy over the past 6-months."

"Continuity of carers wasn't great during the pandemic but [my relative] kind of expected that."

"There have been times when the family have been called and asked to cover as they haven't had anyone available."

"The company is absolutely fabulous, we couldn't have survived without them."

"They keep [my relative's] home immaculate and encourage [people] to cook and do things for themselves."

"There's no contingency plan for emergencies and sometimes [my relative] has been left without a carer."

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak
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?

2 - Weak

We spoke to 16 people and/or their families who were receiving support from this service. Some people told us that staff were pleasant and supportive and treated them with dignity and respect. They also said that they could not cope without the help and relied on it greatly. People were generally complimentary about the staff however, a number of those we spoke to were unhappy with the organisation and the standard of care provided.

Some people told us that their support times were often cut short, cancelled or changed at the last minute. Some said at times they had been left without support, with one carer rather than two or with relatives being asked to step in and cover their care at short notice.

A number of those we spoke to told us that sometimes medication was not given at the correct times and tasks were not carried out or recorded fully. This included not knowing if continence care had been provided or food and drinks had been given. Some of the people using this service are unable to verbally communicate their needs and families/carers rely on knowing what support has taken place in order to keep them safe.

Whilst some people had family and carers who were able to assist by stepping in and covering supports, others were reliant on the care provided by the service for daily living needs. We were concerned that people could be harmed by not receiving the care they should be provided with. Medication should be given as prescribed and care tasks including continence care, eating and drinking are necessary for health and wellbeing. We made this a requirement (See requirement 1).

A number of families told us there had been a lot of changes of staff over the past year. They said that they understood the impact of the Covid-19 pandemic but that a number of different and sometimes unknown staff were attending to provide care. They told us this had been distressing for their relatives to experience.

People said they would like to have a stable care team and be provided with a rota that would let them see who will be attending to provide their care and support each week. They also said they would like communication with the organisation to improve as some families had experienced little or no communication when changes and cancellations had been made.

It is important that people know who will provide their care and that visit times meet their needs.

Communicating changes in advance is important to help people plan and reduce any distress. We made this an area for improvement (See area for improvement 1).

Requirements

1.

People must receive support that is right for them and benefits their health and wellbeing. In order to achieve this the provider must ensure that support provided is in line with agreed times and that care tasks are carried out correctly.

By 21 June 2021 the provider must ensure that:

- a) Support is provided to people at the agreed times and durations; and
- b) Medication supports and care tasks are undertaken correctly in order to keep people safe.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (1.19) and "Any treatment or intervention that I experience is safe and effective" (1.24).

This is in order to comply with Regulation 4 (1) (a) The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should ensure that people know who will provide their care and support on a day-to-day basis and any changes to arrangements should be communicated effectively.

In order to achieve this the provider should ensure accurate rotas are provided to people using the service in advance. Any changes should be quickly and effectively communicated.

This is to ensure care and support is consistent with: Health and Social Care Standards (HSCS) which state that "I know who provides my care and support on a day to day basis and what they are expected to do" (3.11) and "If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative" (4.22).

How good is our leadership?

2 - Weak

We saw that the managers were gathering information on various aspects of the service but there was no clear audit system in place. Information had been collected but had not been reviewed fully for some time. Therefore, the management team was unsure of what relevance it had to the current running of the service.

Due to this, we found that the management team lacked understanding of the key issues affecting the service. They did not have good oversight in a number of areas. We also found that there was no service development plan to target and monitor improvements.

An organisation should have a clear audit system where all aspects of the service can be monitored and reviewed by the management team. This provides oversight of the service and identifies issues and plans improvements for the future. We made this a requirement (See requirement 1).

People told us there had been a lot of changes within the management team over the past year. A few people told us they had no problem contacting the manager and always got a response. However, several of those we spoke to told us they had experienced difficulty in making contact and when they had raised concerns no one called back to discuss it with them.

We found that there was a new management team at the service and they were getting to know the systems needed to run the service effectively. However, due to short staffing managers were often covering care visits. As a result, there had been times when they were unable to complete management tasks including rotas, staff support, reporting and responding to queries.

People using the service need to know who the manager is and how to make contact should they have any concerns. Not being responded to may leave people feeling let down by an organisation and importantly, if people need help in a crisis and receive no response they can be left at risk of harm. We made this an area for improvement (See area for improvement 1).

Requirements

1. People should experience a service that is effectively managed and led. By 21 June 2021 the provider must develop a clear audit system that evidences good management oversight and improvement actions to address issues.

In order to achieve this the provider must ensure that the current system is reviewed and improved and clearly links to a service development plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that is well led and managed" (4.23).

This is 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).

Areas for improvement

1. People should know who to contact when they have any concerns or issues with their support and be responded to effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people respond promptly, including when I ask for help" (3.17).

How good is our staff team?

2 - Weak

Some staff told us they found working for the organisation to be fulfilling and thoroughly enjoyed their roles whilst others found it to be challenging.

Some of the staff we spoke to told us that due to the short staffing, a number of staff leaving and rotas changing too much it was difficult to do their job well. Some said they did not have enough time to fully complete tasks or care notes as they had to rush to the next visit. This left them worried that people were not getting the right care.

The short staffing situation was clearly impacting on people receiving their full support time and all care tasks being completed. This could lead to errors due to care notes not being up to date and information not being communicated properly. A service should ensure they have adequate staffing to cover care visits. We made this a requirement (see requirement 1a).

We found there had been some recent concerns regarding staff practice in a number of areas including medication support, making timely adult protection referrals and safe moving and handling practice. When we looked at training records, we found that a number of staff were overdue for refresher training in several key areas and that some training had been reviewed and outsourced as it was not sufficient for safe practice.

Medication errors or poor moving and handling practice could lead to serious accidents or injuries for people. Care tasks need to be undertaken by skilled and competent staff to ensure people's health and wellbeing is not adversely affected. We made this a requirement (see requirements 1b and 1c).

Some staff told us they had been receiving regular supervision and care team meetings via video and telephone calls. These staff also told us they felt the new management team were making improvements to the service and they were optimistic about the future of the organisation. Other staff told us they had not received regular supervision or attended team meetings for some time and described feeling there was poor communication from the management team.

We could see that whilst some staff felt well supported others did not. Staff should benefit from supervision and team meetings to discuss any issues affecting safe care being provided to people and support to develop their skills and good practice. We made this an area for improvement (see area for improvement 1).

Requirements

1. To ensure that people using the service can be confident that they experience safe care and support the provider must by 21 June 2021 ensure that:

- a) there are sufficient staff to meet support requirements of people ; and
- b) staff receive all mandatory and associated refresher training in line with company policy.
- c) training should be provided to all care staff in key areas including medication support, adult support and protection and moving and handling practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that 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" (3.14).

This is to comply with Regulation 4 (1) (d) and 15 (b) (i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1.
The provider should address communication issues in the staff team to ensure support is provided safely with any issues regularly addressed.

This includes providing regular supervision sessions and team meetings for staff.

Through addressing this, staff will be supported to develop and improve their practice and be able to discuss relevant issues for those they are supporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that 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" (3.14) and "My care and support is consistent and stable because people work together well" (3.19).

How well is our care and support planned?

2 - Weak

Some people told us that their relative did not have a personal plan in their home. Others said there was a plan but it was not up to date and did not reflect their needs or outcomes. When we sampled personal plans and care notes we found incomplete and out of date information. This included individual risk assessments for people's health conditions.

We also noted that there were no records of individual planning for Covid-19 or anticipatory care plans. This means that should people experience a deterioration in their health staff would not have adequate records of their needs and choices. This would also apply to end of life care.

Most people's care had not been reviewed at a minimum six monthly interval. Some of the people we spoke to told us that requested changes to their care had not elicited a response or an update to their personal plans.

People should have an up to date personal plan that reflects their needs and preferred outcomes. This is necessary to provide guidance to individuals, their families/carers and staff providing care to ensure needs are up to date and the right support is being provided. They are also necessary to plan people's progress and outcomes they wish to achieve. Not having an up to date plan can lead to unnecessary or harmful practice that impacts on people's health and wellbeing. We made this a requirement (see requirement 1).

Requirements

1. In order that people receive care which is suitable for them, the provider must ensure that personal plans are relevant and reflect individual needs, preferences and outcomes.

By 21 June 2021 the provider must ensure that:

- a) Personal plans contain key information about individual choices, preferences and outcomes. This should include Covid-19 and anticipatory care plans.
- b) Reviews are undertaken at a minimum of six-monthly intervals and involve people and their representatives

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "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) and "My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)

This is also in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

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

3 - Adequate

People told us that staff always attended their homes wearing personal protective equipment (PPE). We found that there was a good system to ensure staff had ongoing access to a stock of PPE and training in infection prevention and control. The management team had an observational check system and would observe whether staff were using PPE properly when on duty.

When we interviewed staff we found that some had a good knowledge of Covid-19 and up to date guidance on infection prevention and control. However, some staff were unclear of how to safely put on, take off and dispose of PPE. We also found that training was overdue for infection prevention and control for some staff, there was no specific Covid-19 training and several staff told us they would like practical training in PPE use.

Poor infection prevention and control practice could pose a risk to people using the service and expose them to Covid-19. We made this an area for improvement (see area for improvement 1).

Areas for improvement

1. To ensure that people experience safe care and support from staff who adhere to the necessary infection prevention and control standards the service should ensure that:

- a) All staff have access to the relevant guidance for infection prevention and control.
- b) All staff receive training, development and practice observations to maintain safe care in the use of and safe disposal of PPE.

This is to ensure that care and support is consistent with 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 4.11).

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 should provide care plans that are completed on a standard format, that are detailed, succinct and person-centred. Information needed to effectively support people should be made readily available to staff when supporting people in their homes and in the community.

This is to ensure care and support is consistent with Health and Social Care Standards: 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."

This area for improvement was made on 14 January 2020.

Action taken since then

The service had failed to meet this area for improvement and people's outcomes were impacted. We made this a requirement.

Previous area for improvement 2

People's risk assessments should be regularly reviewed and updated. Working documents should be accurately and clearly annotated to reflect this.

This is to ensure care and support is consistent with Health and Social Care Standards: 1.24 "Any treatment or intervention that I experience is safe and effective."

This area for improvement was made on 14 January 2020.

Action taken since then

The service had failed to meet this area for improvement and people's outcomes were impacted. We made this a requirement.

Previous area for improvement 3

The service should ensure that service reviews take place on request, when needs change and at least once every six months. Records of review meetings should be detailed and an accurate, full account of the meeting and any resulting actions or changes.

This is to ensure care and support is consistent with Health and Social Care Standards: 2.17 "I am fully involved in developing and reviewing my personal plan, which is always available to me."

This area for improvement was made on 14 January 2020.

Action taken since then

The service had failed to meet this area for improvement and people's outcomes were impacted. We made this a requirement.

Previous area for improvement 4

Care staff should receive regular supervision meetings with appropriately trained and registered senior staff.

This is to ensure that care and support is consistent with Health and Social Care Standards: 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 area for improvement was made on 14 January 2020.

Action taken since then

The service had made some progress however it was not sufficient to meet this area for improvement. Therefore we repeated this area for improvement.

Previous area for improvement 5

The service should ensure that it's audit, review and quality assurance activities are completed regularly by senior staff who should be provided with sufficient time to effectively carry out these processes.

This is to ensure care and support is consistent with Health and Social Care Standards: 4.23 "I use a service and organisation that are well led and managed."

This area for improvement was made on 14 January 2020.

Action taken since then

The service had failed to meet this area for improvement and people's outcomes were impacted. We made this a requirement.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

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

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate

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