

Karma Healthcare Support Service

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Type of inspection:
Unannounced

Completed on:
8 July 2021

Service provided by:
Karma Healthcare

Service provider number:
SP2007009334

Service no:
CS2007166441

About the service

This inspection was carried out by two inspectors from the Care Inspectorate.

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. We carried out a full Covid-19 inspection of Karma Healthcare.

Karma Healthcare was registered with the Care Inspectorate on 1 April 2011.

Karma Healthcare is a care at home service providing support to people in their own homes in Inverclyde and North Ayrshire. The service operates from an office base in Gourrock.

The service aims to offer varied and individualised support to meet the needs and outcomes agreed between the service user and Karma Healthcare. Support can be delivered over a 24 hour period with an on call system in place which staff and people using the service have access to. Services can range from small packages of care to more significant support such as personal care, house work, food preparation, outings and health appointments.

At the time of inspection, Karma Healthcare provided support to approximately 240 people. There was a positive outbreak of Covid-19 with people experiencing the service.

Karma Healthcare states that its home support services, "offer personal and practical care with skill, compassion and respect, allowing people in need to maintain their dignity".

Due to serious concerns identified at this inspection we issued an Improvement Notice on 14 July 2021 and regraded the service to unsatisfactory for care and support during the Covid-19 pandemic.

What people told us

During the inspection we spoke with 13 people who experience the service and their relatives. Overall the views on the quality of the service were mixed. We raised people's concerns with the provider and manager to ensure action was taken to improve the service and promote good outcomes for people experiencing the service. Comments included;

"The girls are lovely, they all couldn't be nicer to me"

"They are very nice, but some come early, some come late"

"Staff are very respectful"

"They never come on time; all different people come"

"The timings are the main issue, they don't let me know if times change"

"I don't like strangers in the house"

"They kept sending men out and I kept saying don't"

"I get the same folks, 4 on and off and the same people"

"Sometimes we don't know who's coming in and they get shifted about"

"I end up having a sandwich and soup due to timings of this as the tuck can be early"

"Happy with the care, but the times they come is the issue"

"If it is someone I don't know I have to keep them right"

"Important information is not being passed on"

"No one takes responsibility to sort our concerns"

"Sometimes the morning call can be very late"

"The care staff themselves are nice, and main issue is the operation in the office"

"The actual care being given is good"

"The key safe was left exposed which left my Mum at risk"

"The other night only one carer came to put them to bed, it should have been two"

"We are appreciative of the service as it helps keep him at home, but the turnover of staff is not great"

"Also there is no continuity of care, different people all the time, they don't know what needs to be done".

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

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

1 - Unsatisfactory

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

People's health and wellbeing needs were being supported to an unsatisfactory standard at this inspection.

People's personal plans and risk assessments did not reflect the current care and support people required. This meant we could not be assured people's health and wellbeing was being supported and put them at risk.

Upon the examination of the care plans we found them to be of poor quality and contained inaccuracies. This meant staff could not be confident in knowing what care was required. It is expected that personal plans are reviewed every six months in line with legislation, however many reviews were out of date. We did not find evidence of people being involved in the process and their views were not reflected which can have a negative effect on people's wellbeing. (See requirement 1)

We looked at daily visiting schedules and the tasks to be completed at each visit. Staff told us daily schedules were used instead of a personal plan. The schedules we looked at contained incorrect information. Staff told us they often had to ask people being supported what care was needed which could cause distress to individuals. This also raised significant concern as this puts people at considerable risk as essential care tasks could be missed. We found some people were at risk from the poor management of key safes which increased people's vulnerability.

Some people being supported and their relatives felt the care was good, however this was inconsistent across the service. The quality of people's experiences was negatively affected because due to a lack of continuity in staff being sent out to make visits there was a lack of familiarity and therefore no consistent person centred approach to care. This also caused staff increased stress as they didn't know what support people required as personal plans were not in place.

We had significant concerns about medication practices within the service. We found medication administration was not in line with Care Inspectorate best practice guidance 'Review of medicine management procedures: Guidance for care at home services.' We felt people were at significant risk as they may not always receive the right medication or treatment at the right time, which has the potential to affect their physical and emotional wellbeing. People who required support with medications did not have a risk assessment in place which meant some people were being given the wrong level of support which limited people's independence. There is an outstanding requirement regarding medication management which has not been met and has been repeated. (See requirement 2)

Staff and relatives told us that changes were reported to the office, however the daily visiting schedules were not updated. People, their relatives and staff told us that there was ongoing issues with contacting the office in the evening and at night. We felt people's wellbeing could be compromised as there were not effective procedures in place to communicate changes in people's wellbeing.

People being supported and their relatives told us that sometimes meals were missed due to the timing of visits. We felt people did not always receive the right support to help them eat. This means that people's health and wellbeing was significantly at risk.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We assessed the infection, prevention and control measures to be of an unsatisfactory standard at this inspection.

Regular Covid-19 testing for staff was not being undertaken as per guidance published by the Scottish Government. This had the potential to expose people experiencing care and work colleagues to the risk of infection of Covid-19. (See requirement 3)

We were informed by staff that there was a lack of drivers which meant staff frequently car shared when undertaking visits to people. This meant the risk of cross infection increased among people and staff.

We were informed by the management that only approximately 75% of staff had received appropriate IPC and Covid-19 training, despite a previous requirement being placed on the service in relation to all staff. This meant people were at risk from poor staff infection prevention and control practices. The service had a poor notification history in alerting the Care Inspectorate when there was a suspected or confirmed outbreak of Covid-19. (See requirement 4)

Staff told us that they had good access to supplies of PPE and ensured they changed PPE on each visit to support people. People who experience the service told us that staff wear their PPE when visiting. We asked the manager to reallocate the boxes of PPE from the front entrance hall of the office to ensure it was free from the risk of contamination.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We assessed the above statement and found the service to be performing to an unsatisfactory level at this inspection.

We reviewed the recruitment records of newly hired staff. Staff had commenced work with people prior to the manager receiving written references and completed Disclosure Scotland checks. We were unsure if the staff had made an application or were registered with the Scottish Social Services Council due to poor record keeping on behalf of the management in the service. (See requirement 5)

Staff told us that the content and quality of the induction training was inadequate. Staff training in moving and assisting including using hoists and catheter care left them unprepared and insufficiently skilled to provide support to people experiencing care. This put people at risk from injury and harm. (See requirement 6)

We noted that the manager did not always notify the Care Inspectorate when there was a specific event or changes to the service. People experiencing care and their relatives told us that the management team did not satisfactorily respond to their concerns and complaints including late and missed visits. We looked at visiting schedules and found that some were inaccurate and did not reflect agreed visiting times and the support required. Staff told us that extra visits were frequently added on to their schedules during their working shift. This caused extra stress on staff and was a reason for late visits. People told us that frequently "strangers" turn up to support them and they are unsure of their support needs. People said that male staff had called to support them when they explicitly requested female staff. We found an incident where a key safe was left unsecure which put the person at risk. (See requirement 7)

Due to the serious and immediate nature of the failings identified within this service we have issued an Improvement Notice to the home on 14 July 2021 outlining seven requirements which are to be addressed in a short timeframe.

All the requirements within the Improvement Notice are found in the following requirements section.

Requirements

1. By 26 July 2021, you must ensure all people using the service have a personal plan.

In order to achieve this the provider must ensure:

a) All service users must have a current personal plan in place.

- b) All new service users must have a personal plan completed within 28 days.
- c) There are adequate process in place to ensure all personal plans reviewed at a six-month interval or if a significant change in need occurs.
- d) Specific risk assessments must inform the personal plan this includes the preference to male/female carers.
- e) All personal plans must consider the impact of Covid-19 on the individual.
- f) All personal plans and reviews must evidence involvement of service users or appropriate others.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a); 5 (1); 5 (2) (b) (iii).

This ensures care and support is consistent with the Health and Social Care Standards 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)

2. By 9 August 2021, you must improve policies and procedures for medication management to ensure that medication is managed and administered safely.

In order to achieve this you must ensure:

- a) All staff who administer medications are trained in line with Care Inspectorate guidance, 'Review of medicine management procedures: Guidance for care at home services (2017)', and are able to distinguish the different levels of support service users require.
- b) All service users being supported with medication must be risk assessed to identify the appropriate level of support required; i.e. prompt, assist, administer. (HSCS 2.23)
- c) Ensure that processes are in place to regularly assess Staff practice and competency in medication management and records maintained.
- d) Accurate records must be kept for all medications being administered.
- e) Daily work schedules must include the correct information in relation to medication administration support for people using the service.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a).

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

3. By 26 July 2021 you must ensure that staff undertake regular Covid-19 tests in accordance with guidance published by Scottish Government, 'Coronavirus (Covid-19): social care and community based testing guidance.'

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a).

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in the people who support and care for me.' (HSCS 3.1)

4. By 9 August 2021, you must ensure that:

- a) All staff are trained in Infection Prevention and Control measures in relation to Covid-19; (HSCS 3.14)

taking account of 'Covid-19: Information and Guidance for Social, Community and Residential Care Settings (excluding Adult and Older People Care Home settings) Version 1.8'.

- b) Staff training in Infection Prevention and Control is in line with current guidance as noted above.
- c) Accurate records of staff training in this area are in place and processes are in place to ensure accuracy is maintained.
- d) Staff practice in relation to Infection Prevention and Control measures is properly evaluated and recorded. This must include evaluation of staff practice in the use and disposal of Personal Protective Equipment (PPE).

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a) and 4 (1) (d).

This ensures care and support is consistent with the Health and Social Care Standards which state that: '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)

5. By 26 July 2021, you must improve staff recruitment practices within the service to the standard detailed in the SSSC guidance, 'Safer Recruitment through Better Recruitment (2017).'

In order to achieve this you must ensure:

- a) Recruitment records are in place for all staff and all staff have outstanding pre-employment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- b) You must obtain two references in place for each person recruited, one of which must be from their previous employer.
- c) All staff who require to be registered with the SSSC must submit an application to register and retain an active registration.
- d) The service must revise its recruitment policy to meet the standard of safer recruitment and maintain records for all staff members in line with this policy. (HSCS 4.24)

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 9 (1) and 9 (2) (b).

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS4.24)

6. By 9 August 2021, you must ensure all staff are provided with appropriate training to allow them to undertake their role safely.

In order to achieve this you must ensure:

- a) On commencing employment staff must receive an appropriate induction. This must include training in the following areas: moving and assisting, adult protection, health and safety, personal care, catheter management and continence care.
- b) Observation of care practice and staff competency should be regularly assessed and recorded.
- c) Training and development records must be in place for all staff including supervision and appraisal meetings.
- d) Staff who are working with under 16s must receive accredited training in child protection.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 15 (b) (i).

This ensures care and support is consistent with the Health and Social Care Standards which state that: '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)

7. By 26 July 2021, you must ensure that the service is managed effectively and safely.

In order to achieve this you must ensure:

- a) The manager must ensure that there are adequate processes in place to notify the Care Inspectorate of specific events, or changes within the service as per 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.
- b) The service must have policies and procedures that respond to any concerns or complaints made to the service and have a record of any investigation and response.
- c) The provider must have an effective system in place to ensure planned visits to service users take place.
- d) Daily visiting schedules must be accurate.
- e) Adequate processes in place to investigate reasons for all missed or late visits. should be investigated.
- f) Clear policy and procedures are in place for the management and safe use of key safes.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a); 15 (a) and 18.

This ensures care and support is consistent with the Health and Social Care Standards which state that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.1) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

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

Requirements

Requirement 1

In order to minimise the risk of infection and cross-infection from Covid-19 to people using the service and to staff who are employed in the service the provider must by 30 April 2021 ensure that:

- All staff are trained in Infection, Prevention and Control measures in relation to Covid-19.
- Staff training in Infection, Prevention and Control always uses current guidance on Covid-19 relevant to services providing care in people's own homes. The provider must use the guidance for professionals published by the Scottish Government and other relevant bodies such as Health Protection Scotland, NHS Inform and Public Health Scotland.
- Clear written records of staff training in this area are maintained at all times.
- Staff practice in relation to infection, prevention and control measures is properly evaluated and these evaluations recorded. This must include evaluation of staff practice in the use and disposal of Personal Protective Equipment (PPE).
- Staff training plans prioritise the completion of Infection, Prevention and Control training during the Covid-19 pandemic.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: '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); and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

It is also necessary to comply with: Regulations 4(1)(a) and (d) (Welfare of users) of the Social Care and Social Work Improvement Scotland Regulations 2011 and Regulation 9(2)(b) - (Fitness of employees) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 16 February 2021.

Action taken on previous requirement

This requirement remains unmet, see main body of this report. This requirement is now subject to an Improvement Notice issued to the service on 14 July 2021.

Not met

Requirement 2

To ensure that the service is provided to people in a safe and consistent way that is in line with current best practice the provider must, by 31 January 2020 implement robust quality assurance systems that include but are not limited to:

- A system for regularly evaluating and recording the quality of staff practice. This should link with regular and meaningful staff supervision and appraisal.
- All staff having clear and SMART, (Specific, Measurable, Achievable, Realistic and Timely), learning and development objectives.
- A complaints procedure that is responsive, consistently followed and properly recorded by investigating staff.

This ensures that the quality of management and leadership is consistent with the Health and Social Care Standards which state that: '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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.1)

This requirement was made on 17 December 2019.

Action taken on previous requirement

This requirement remains unmet, see main body of this report. This requirement is now subject to an Improvement Notice issued to the service on 14 July 2021.

Not met

Requirement 3

To ensure that people are supported to take their medicine safely the provider must, by 31 January 2020 ensure that:

- There is a system in place for staff to have appropriate information to support them to safely manage people's medication and the specific conditions for which it is prescribed.
- The service has medicine management systems and procedures that include but are not limited to:
 - a) Supporting staff to properly and safely administer medicines including controlled medications.
 - b) Ensuring staff can clearly distinguish between prompting and assisting with medications.
 - c) Supporting staff to understand their responsibility to keep accurate and current records of all medications being administered to people in their care.
 - d) Ensuring that there is a system in place for regular reviews of MAR charts to remove items no longer prescribed, used or needed.
 - e) Ensuring that if a regular medication is not given or taken that staff record the reason why along with any further action that was taken including the outcomes of the action.
 - f) That all staff understand their role in, and accountability for all aspects of medication support.
 - g) That all staff administer medicines in a way that respects people's dignity and privacy and takes account of people's individual routines. This includes staff taking into consideration the need for medication to be available for administration out with the set times of support visits.
 - h) Ensuring the service's policies and procedures reflect up-to-date best practice in medicines management.
 - i) That it regularly evaluates staff practice in medication management and properly records all such evaluations.

This ensures that the quality of management and leadership is consistent with the Health and Social Care Standards which state that: 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23) and '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) and 'I benefit

from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.1) and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27) and

It is also necessary to comply with: Regulation 4(1)(a) - (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 17 December 2019.

Action taken on previous requirement

This requirement remains unmet, see main body of this report. This requirement is now subject to an Improvement Notice issued to the service on 14 July 2021.

Not met

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

Personal plans and associated documents such as risk assessments should include information about the actual and/or potential impact of Covid-19 on people's health, wellbeing and care needs. This should be done with the inclusion of people who use the care service, their families and/or representatives and any other relevant parties involved in planning their care.

The provider should begin discussions with people who use the service and/or their representatives on anticipatory care planning. This should be recorded. Personal plans should reflect an individual's current or future support needs and choices. Staff should look at existing resources and guidance and this should be incorporated into training for relevant staff

This ensures care and support is consistent with the Health and Social Care Standards which state that:

'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)

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7)

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

This area for improvement was made on 16 February 2021.

Action taken since then

This area for improvement is now subject to an Improvement Notice issued to the service on 14 July 2021.

Previous area for improvement 2

The provider should review any potential impact on people who use the service of additional visits being added to staff schedules. If adverse impacts are identified the provider should implement solutions to address these. This should also take account of how changes to visits are communicated to clients and frontline staff by scheduling staff.

This ensures care and support is consistent with the Health and Social Care Standards which state that:

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

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

This area for improvement was made on 16 February 2021.

Action taken since then

This area for improvement is now subject to an Improvement Notice issued to the service on 14 July 2021.

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	1 - Unsatisfactory
7.2 Infection prevention and control practices are safe for people experiencing care and staff	1 - Unsatisfactory
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

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