

Karma Healthcare Support Service

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Type of inspection:
Unannounced

Completed on:
29 July 2021

Service provided by:
Karma Healthcare

Service provider number:
SP2007009334

Service no:
CS2007166441

About the service

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 it's 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 (8 July 2021), we issued an Improvement Notice on 14 July 2021 and regraded the service to unsatisfactory for care and support during the Covid-19 pandemic.

This was a follow up inspection to assess the progress made on the requirements contained within the Improvement Notice issued to the service on July 14 2021.

What people told us

We did not speak with any people experiencing care or their relatives during this follow up inspection to check on progress in meeting the requirements of the improvement notice.

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

Requirements

Requirement 1

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 (a)
- 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, '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)

This requirement was made on 14 July 2021.

Action taken on previous requirement

Staff had received training in relation to Covid-19. This gave us reassurance that people being supported would be at less risk of infection. The service had a new system for recording training. This meant the manager had better oversight of the training and people could be assured that they were being supported by knowledgeable and skilled staff. Most staff had completed Infection, Prevention and Control (IPC) training. The service had taken steps to increase the frequency of refresher IPC training. We sampled records in relation to observation of practice and could see these were now taking place. We suggested to the provider how the form could be improved which would help make the observation a more meaningful and consistent activity. We were reassured to see that staff practice in the use and disposal of Personal Protective Equipment (PPE) was being observed. This meant the provider could be assured that the training was being put into practice and staff could be supported in their role.

We felt sufficient action had been taken to address the actions of this requirement.

Met - within timescales

Requirement 2

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 requirement was made on 14 July 2021.

Action taken on previous requirement

At this inspection we found the manager had taken further steps to ensure staff take regular Covid-19 tests.

A protocol had been issued to staff providing clear information of what steps needed to be taken to provide evidence of their tests. Staff could now undertake PCR testing which could be collected from the service. We looked at records held which collated staff Covid-19 test results, we could see an improvement in this. We highlighted the importance of ensuring this is sustained with accurate reporting to the local Health and Social Care Partnership. We felt we could now be assured that a system was in place to ensure Covid-19 testing was being done routinely. This would reduce the potential risk of infection for people being supported and the staff team.

We felt sufficient action had been taken to address the actions of this requirement.

Met - within timescales

Requirement 3

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, 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS4.24)

This requirement was made on 14 July 2021.

Action taken on previous requirement

We found the provider had made improvements during this inspection. We saw a new process had been put in place to track recruitment. This provided a clear overview for staff being recruited. We felt the manager had better oversight of pre-employment checks and these were now being carried out. We sampled recruitment files and found steps were being taken to ensure relevant checks were in place for staff starting employment. This ensured that people were receiving care by appropriately recruited staff. The local Health

and Social Care Partnership had provided support to the service to address these actions. Steps had been taken to ensure all staff had a new or updated check with Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.

We looked at the process for checking SSSC registrations for staff. The manager had improved oversight of this and we could see steps had been taken to ensure applications had been made within one year of commencing employment.

A recruitment policy was in place which had been updated since our visit on 29 July. This now reflected best practice guidance 'Safer Recruitment through Better Recruitment'. This meant we could be confident that people were clear on how to safely recruit new staff.

Met - within timescales

Requirement 4

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, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

This requirement was made on 14 July 2021.

Action taken on previous requirement

Some staff had undertaken Medication Awareness training as part of induction, however we felt this was not sufficient to ensure staff had the skills to administer medication. People being supported with medications did not have an up-to-date risk assessment. This meant we could not be assured people who need support with medications were able to take these as prescribed. We sampled medication administration records and found missed signatures. We highlighted our concerns to the manager as we saw gaps in recording especially around medications out with a Dosette box. The manager had taken steps to arrange external training for staff to complete medication training however this had not yet commenced.

Although observations of staff practice had commenced these did not include assessing staff competency with medications. A plan was in place to start this but again, had not taken place. Daily schedules still referred to 'prompt with medication', however this terminology may hinder someone who needs assistance with medication to receive the appropriate support.

We felt insufficient progress had been made on this requirement. This requirement has been extended as part of 12 September 2021 as part of the Improvement Notice.

Not met

Requirement 5

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 requirement was made on 14 July 2021.

Action taken on previous requirement

The manager had reviewed the current training being given to staff as part of their induction. A plan was in place to involve external trainers to support this process. Some training had been sourced, but other training was still being considered. Inverclyde Health and Social Care Partnership would be supporting the service by allocating places at some training courses. Observations of care practice had commenced and a plan was in place to undertake these. The service was also advertising for a new staff member who would be employed to undertake training for staff and support with assessing competency of staff practice. We sampled supervision records and found these were now taking place. We felt the form could be improved and made some suggestions to the provider. We could see the service had worked hard to develop a system to help plan supervisions and appraisals which would ensure staff received this on a three monthly basis. The provider is not currently supporting any under 16s and told us they had plans to remove the conditions of registration relating to the support of under 16s. This means they would not need to undertake accredited child protection training at this time.

We felt some progress had been made on this requirement and it has been partially met. However, this requirement has been extended as part of 12 September 2021 as part of the Improvement Notice.

Not met

Requirement 6

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 6-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 requirement was made on 14 July 2021.

Action taken on previous requirement

On 10 and 11 August we found that the provider had made little progress to address the issues highlighted in the requirement. Inverclyde Health and Social Care Partnership were now supporting the service with providing interim care plans and undertaking care reviews.

The manager told us about new documentation that had been created for personal plans. At the time of the visit very few personal plans had been updated. We sampled one personal plan that had been updated in the new format, however we felt this had not been completed to an expected standard.

A plan was in place to undertake care reviews and to update existing personal plans, however the plan was not clear. We saw very few care reviews had taken place by the service. The review paperwork we looked at was completed to a basic standard and did not include risk assessments. We could not see evidence of service user or appropriate other involvement. We highlighted our concerns to the manager and the provider during the inspection. We felt they needed better oversight as the current system in place for planning and monitoring care reviews was insufficient.

The new paperwork for personal plans did include a section to consider the impact of Covid-19. As very few personal plans have been updated using the new paperwork, we could not fully assess this.

We felt insufficient progress had been made on this requirement. This requirement has been extended as part of 12 September 2021 as part of the Improvement Notice.

Not met

Requirement 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.

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 requirement was made on 14 July 2021.

Action taken on previous requirement

On 10 and 11 August we found the provider had made little progress to address the issues highlighted in the requirement.

The manager had made inconsistent notifications to the Care Inspectorate and we were not always aware of some significant events. There were still gaps and we had not received notifications within the expected timescales.

We discussed the process in place around concerns and complaints. We felt improvement was needed as there appeared to be poor communication between the manager and staff in reporting these. We discussed the importance of being responsive to all feedback received as this would ensure people could feel confident that any concerns and complaints would be taken seriously and actions taken to resolve complaints.

We spoke with the provider about the daily schedules and visits. Some action had been taken to improve this but we could not be assured that these contained accurate information. We discussed the importance of accurate and up to date schedules and the impact this had on service users. We made suggestions of including this in a tracker system they had for ensuring other tasks were completed.

A new protocol was being developed for staff in relation to the management of key safes. This had not yet been distributed amongst the staff team.

We felt insufficient progress had been made on this requirement. This requirement has been extended further to 12 September 2021 as part of the Improvement Notice.

Not met

Complaints

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

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