

SCRT Lanarkshire Housing Support Service

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Unannounced

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Service provided by:
SCRT Limited

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About the service

SCRT Lanarkshire is based in Motherwell and is registered to provide a care at home service to adults and older people living in their own homes. At the time of this inspection, the service was providing support for 184 people in the North Lanarkshire area. They had 91 employees to cover the support.

On 7 July 2021, we undertook an inspection to evaluate how well people were being supported. We had concerns relating to complaints and notifications we had received.

What people told us

Some of the people we spoke to thought the care that they received was compassionate and kind and that the service had a positive impact on their lives. Some people told us that they were not happy with certain aspects of their service.

We heard from people that they were involved at the beginning of their service in making up their care plan; however, the reviews following this were quite sporadic.

We were told that if staff were running late or early, people were not informed of this or if the staff attending had changed. Staff wore personal protective equipment (PPE) when supporting people for infection protection and control.

Some relatives told us they felt they were not listened to regarding their loved one's health care needs.

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?	2 - Weak

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 found the service to be working to a weak standard in this quality indicator. There were strengths noted; however, some significant weaknesses outweighed this. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met.

Many people experienced care with kindness, respect and compassion. They commented very favourably on the difference this service made to their quality of life. However, there were some examples where this was not consistent. Many people liked the staff who supported them and were confident in the staff's abilities. However, a significant amount of people did not feel that their requests or concerns had been acted upon, or any explanation was given as to why this was. We were told that if staff were not attending at the agreed time or the staff attending had changed, people were not informed of this. Some relatives told us they felt they were not listened to regarding their loved one's health care. As a result of a complaint investigation, an area for improvement was made. (See previous area for improvement).

A recent complaint investigation found that some staff's understanding of their roles in identifying and reporting deteriorating health resulted in very poor outcomes for some individuals. The failure to ensure a robust response to deterioration in someone's wellbeing is a significant weakness. A requirement was made relating to this. (See previous requirement section).

A complaint investigation also concluded that people had not always been appropriately supported with their personal and continence care. A requirement was also made about this significant weakness of the service. (See previous requirement section).

People's views and preferences are actively sought at the beginning of the service. However, this was not meaningfully reviewed thereafter. This weakness meant that people could not be confident that staff are informed by a plan of care that accurately reflects their current needs.

Care and support was not always delivered in accordance with agreed times. When staff did not stay for the agreed amount of time, this resulted in some people feeling they had been rushed. This meant that people did not feel valued, empowered and in control of the service they received. One relative commented on how this uncertainty about the timing of care provision obstructed planning other activities. We acknowledged that due to the Covid-19 pandemic and shortages in staffing that there may be times where people's schedules of care had to be altered. However, this should be effectively communicated and not become a regular pattern in people's care. As a result of a complaint investigation, an area for improvement was made. (See previous area for improvement).

How good is our leadership?**2 - Weak**

We found that the service was performing to a weak standard in this quality indicator.

The systems and paperwork in place were designed well to measure quality and improvement in all areas of the service. However, quality assurance processes, including self-evaluation and improvement plans, were largely ineffective. Additionally, when deficits were identified, there was little evidence of follow up actions. For instance, quality assurance surveys carried out reflected that people were not happy with the timing and duration of visits. However, there was no noted action to address this. A requirement is made. (See requirement 1).

The new digital record books offered a good monitoring system of staff's arrival and leaving times and the

support they had delivered. This highlighted that a significant amount of people did not receive support at their expected times and for the length of time agreed. This supported what relatives had stated earlier and meant that people did not feel empowered or have control around this area of their lives. (See requirement 1).

Medication reviews suggests that staff were mostly managing medication well. However, there was an issue with medications not being recorded on the MAR chart and that some 'as required' medications were not recorded as per the guidance. There was little evidence of this being followed up and rectified. This meant that people were at risk of not receiving the right medication to maintain their wellbeing. (See requirement 2).

The service had made some progress to ensure staff received support through planned supervision. However, this was not consistent throughout the service. The manager told us that team meetings could not take place in person during Covid-19 restrictions. The service did issue some good information relating to the organisation; we noted this from the memo headed as a meeting minute. However, there was very little opportunity for staff to contribute their views in a shared forum. This meant that the management team may not be aware of important issues relating to care and support. This also could potentially result in staff not having the required skills, confidence or information to provide safe and effective care. (See requirement 2).

Quality assurance questions for people and their relatives were closed and did not lend themselves to getting the most out of how people experienced the service. Thought should be given to the questions being open and meaningful. The responses should be clearly recorded and have a narrative so the service is clear about any actions. (See area for improvement 1).

We noted that there was not a service development plan. This indicated a lack of vision and auditable strategic planning, relating to the current improvements required as well as a vision for the future of the service. Furthermore, we did not see an evaluation of how the service was progressing overall. This meant that people could not be assured of a service that is well led and managed. (See requirement 2).

Requirements

1.

People must be confident that their care and support is delivered in accordance with the agreed care plan. This includes the agreed time and duration. The management team must, by 30 September 2021, ensure that if there needs to be changes in the delivery of scheduled care that this is communicated to the service user and families where necessary.

The service provider must fully involve the service user and/or their family in all aspects of the support being provided. Their views and preferences into how and when this support is provided should be sought and taken into account at all times.

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

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

In order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), 4: Welfare of users.

2.

In order that people can be confident in the organisation providing their support, the service must, by 30 September 2021, improve the management oversight of all aspects of the service. This must include meaningful actions linked to quality assurance systems detailed in an associated SMART action plan and deadlines that considers:

- a) personal plans are current, accurate, reflect good practice in being person-centered and outcome-focused. These must be informed by inclusive reviews at the time of change in need and no less than six-monthly;
- b) plan details supervision delivered and how home support workers will receive supervision that reflects good practice in supporting and developing the workforce;
- c) medication records are analysed and records appropriately are completed;
- d) training matrix for managers and home support workers that identify key training delivered and planned;
- e) action plans responsive to requirements and areas for improvement made by the Care Inspectorate and how these will be met; and
- f) regular team meetings are planned throughout the year to ensure staff are supported and have a forum to discuss their views and the opportunity to learn from each other.

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

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11);

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional organisational codes.' (HSCS 3.14); and

In order to comply with Regulations 7(2)(c) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. Thought must be given to the quality assurance to ensure questions are open and meaningful. This should be clearly recorded so that people's experiences of the service are understood.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7); and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses its learning from this to improve.' (HSCS 4.8).

How good is our staff team?

2 - Weak

We found that despite a committed, valued and hard-working staff team, the issues relating to their training and support resulted in the service overall performing to a weak standard in this quality indicator. Staff were committed to working towards meeting people's outcomes and were familiar with the people they supported. People experiencing care and their relatives spoke very positively about the staff teams they had.

New staff told us that they had taken part in induction and completed 'shadow shifts' with experienced members of staff before working on their own. Staff felt supported by the new manager in place. Information provided by the service showed an important weakness in that most frontline staff had not received supervision on a regular basis.

Supervision is a process involving managers meeting with staff and reviewing their work to monitor workload, provide support and assist with staff accountability and development. Not having this in place means that people cannot be assured of support from staff who practice in a way that benefits from this. (See requirement 1).

Some relevant staff training had taken place since the last inspection and staff confirmed this. Improvements should be made to address this weakness in order that people can feel confident in staff knowledge of their specific support needs; for instance, multiple sclerosis and diabetes. (See requirement 2).

Staff had received training on protecting vulnerable adults; however, some were vague when asked to explain what it meant. This is an important weakness as people are not assured of support from staff who are fully aware of the signs of actual or potential harm and the actions they should take when concerned. (See requirement 2).

We found that staff had participated in moving and assisting theory part of training. However, due to Covid-19 restrictions, the service had not delivered the practice element of the training. We were told that staff were observed learning how to do this by other staff while delivering support. This meant that staff were not trained by a person who was deemed competent to assess the competency of others; therefore, people were at risk of harm while being assisted to move. (See requirement 2).

Requirements

1. The provider must, by 30 September 2021, record a structured plan to provide staff supervision and appraisals in line with their policies and procedures. This is to ensure that staff employed in the service are skilful, knowledgeable and clear about their roles.

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 15(a): Staffing.

2. To ensure that people experience care and support that is safe and right for them, the provider must, by 30 September 2021, ensure staff has the appropriate knowledge and understanding in order to provide safe care and support. This must include, but is not limited to:

- a) assess the training needs of all care staff and using this information to set out a training plan;
- b) assess staff competence in implementing all training in their practice. Specifically, prioritising adult support and protection and the use of moving and handling equipment and have that training delivered by the above date; and
- c) implement ongoing quality assurance monitoring of staff practice taking appropriate action where staff practice issues are identified.

This is in order to comply with Regulations 4(1)(a) and (d) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210).

How well is our care and support planned?

2 - Weak

Personal plans are essential in ensuring that people's care and support have a positive impact on their outcomes. We noted that some plans had individualised information relating to people's previous employment and family background. This meant that staff had a good understanding of people's background and their interests. However, some of the sampled plans had not been updated and did not reflect changing needs and risk factors. This is a significant weakness as it meant that people could not be confident that the plan reliably informed staff of how to provide care and support. (See requirement 1).

Personal plans must be updated when any change in need occurs and reviewed as a minimum on a six-monthly basis. This is part of ensuring that the care people receive continues to be appropriate and responsive to changes. Plans that had been reviewed lacked a person-centered focus. These reviews were carried out by the provider and the local authority as a joint process. These had taken place due to a previous requirement made by the Care Inspectorate. (See requirement 1).

Requirements

1. The provider must ensure that, by 30 September 2021, there is a structured plan of care plan review in place that has commenced with those deemed to be at highest risk and including all within a six-month period. This plan should set out the timescale for the completion of a person-centred review for each individual. The support plans must:

- a) reflect any current risks, needs and preferences, informed by responsive and regular review;
- b) demonstrate person-centred focus that has involved the person experiencing care and their relevant representatives; and
- c) evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

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 5: Personal Plans.

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

2 - Weak

At the time of the inspection, there was not an active outbreak of Covid-19 either among people who experience the service or the staff. Managers and staff were knowledgeable and confident in supporting and managing any confirmed or suspected outbreak with people who experience the service. This included informing and seeking advice from Public Health Scotland and colleagues in the Health and Social Care Partnership.

People told us that staff always wore appropriate personal protective equipment (PPE) when they visited to provide support. We saw that there was a plentiful supply of PPE held in the main offices that were accessible to staff. This meant that people and staff were protected from the risk of infection. All staff had received training on infection prevention and control and the use of PPE, such as donning and doffing procedures. However, some staff described this process inaccurately which increased the risk of spreading infection. Updated training on infection prevention and control and the use of PPE were available as eLearning on their mobile devices. This enabled staff to access information easily and limit the chances of cross-infection to colleagues and people being supported.

We found that the leadership overview and quality assurance processes were weak and required significant improvement to ensure the achievement and maintenance of best outcomes for people. This was also relevant to quality assurance relating to people's health and wellbeing during Covid-19. Please refer to the assessment and grading in this report under key question 3 as this highlights a weakness in this area.

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

Requirements

Requirement 1

In order that people can be confident of care delivery that is safe and dignified, the provider must, by 27 August 2021, demonstrate that personal plans relating to support with continence management identify how needs are to be met. To do this the provider must:

- ensure that personal plans and associated records are accurate, sufficiently detailed and reflect the care planned or required.

To be completed by: 27 August 2021.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21); and

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).

This requirement was made on 7 June 2021.

Action taken on previous requirement

This requirement was to be met by 27 August 2021; therefore, was not focused on at this inspection.

Not assessed at this inspection

Requirement 2

The provider must, by 27 August 2020, ensure that when anyone is unable to make informed risk-based decisions at any time then the views of guardians or representatives are sought and recorded. In order to achieve this by 27 August 2020, the provider must comply with:

- a) assessing the training needs of all staff with regards to capacity, consent, risk enablement and guardianship and ensuring that training is delivered;
- b) review staff knowledge and practice to assess the effectiveness of that training; and
- c) ensure that quality assurance systems check that decision making has recorded evidence of appropriate consideration of risk, capacity, consent and guardianship.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative are sought and taken into account.' (HSCS 2.12); and

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).

This requirement was made on 12 July 2021.

Action taken on previous requirement

This requirement was to be met by 27 August 2021. Therefore, was not focused on at this inspection.

Not assessed at this inspection

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

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do.' (HSCS 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.' (HSCS 4.22).

This area for improvement was made on 18 November 2020.

Action taken since then

Some accident and incidents logs had limited follow-up actions to ensure that risk was further minimised. Relatives advised that the majority of the time they do not get contacted about changing times of visits or changes of staff.

Quality assurance records with families also informed us that people do not receive communications about changed staff or planned times of care.

This area of improvement was not met. A requirement has been made.

Previous area for improvement 2

People should be confident that they are supported at the times that are agreed within their support plan and that they receive the support required to maintain their health and wellbeing.

This is in order to ensure that 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).

This area for improvement was made on 1 June 2021.

Action taken since then

We found that people continued to receive their scheduled support at times outwith the agreed plan. Additionally, the length of support time given varied from the agreed plans; mainly people getting less time than planned. Scheduling times offered evidence that a significant percentage of the time staff do not arrive at their scheduled time.

This area for improvement was not met. A requirement has been made.

Previous area for improvement 3

To ensure that people receive the support they require the service should have an overview of the timings of and support provided during support visits.

This is in order to ensure that 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).

This area for improvement has been met.

This area for improvement was made on 1 June 2021.

Action taken since then

The service had a new system in place to monitor staff arrivals and departures following support. This enabled the managers to have an overview of the support times and length of stay of staff visits. Furthermore, people experiencing care and their relatives had access to this system if they wished.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
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
2.3 Staff are 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?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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