

Home Care Services – Mainstream Team Housing Support Service

Kirkintilloch Health Care Centre
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East Dunbartonshire Council

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About the service

Home Care Services - Mainstream Team provides care at home services to people living in East Dunbartonshire. The provider is East Dunbartonshire Council.

The service provides support to people with a range of needs including physical and mental health conditions, dementia and palliative care. It has a small reablement part providing short term support, mainly to people discharged from hospital to maximise their independence.

The service's aims and objectives are:

'We believe that people who use our care at home services have the right to the same respect, dignity and privacy we would expect for ourselves. As individuals and as a team we commit to continually develop and improve our care for individuals. We will strive to achieve the best outcomes for all. We will do this through reflective practice, effective communication, good teamwork and warm professionalism. We will lead by example and act as supporters, advocates and carers for the most vulnerable in our society.'

At the time of our inspection, the service supported 440 people.

What people told us

The ongoing restrictions of the Covid-19 pandemic meant we were not able to visit people in their homes. Our inspection volunteer spoke via telephone to people receiving support and family members.

People were very satisfied with the support they received. They told us that the service was reliable and consistent. They told us staff were reliable and caring.

A family member said they were '... absolutely delighted...' with the care given to their loved one and described the staff as '...absolutely wonderful.' Another commented that there had been a marked improvement in their parent's wellbeing in the short time the service had been providing support.

Family members appreciated the efforts the service made to keep them up to date with any concerns about their relatives.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People told us that they received professional and caring support from staff they knew. They said they were given respect, treated with dignity and staff listened to their wishes.

The service employed senior carers who, as well as providing direct care, also had supervisory responsibilities. These included directing staff, dealing with issues like staff running late or service users requiring additional support. This meant any potential interruptions to support visits were minimised and people were provided with extra support quickly and by staff they knew.

Staff told us they were provided with the information they needed to provide appropriate support to people. They said the service's electronic system kept them up to date with any changes and allowed them to alert managers of any concerns.

The service actively contributed to people's health and wellbeing. There was clear guidance for staff when supporting people with medication. This ensured people got the right medication, in the correct dose at the correct time. We saw examples of close working between health care staff and home carers. This included home carers following directions to manage pressure ulcers and reporting progress or concerns to health colleagues.

Health care professionals we spoke to confirmed the service worked closely with them to ensure good health and wellbeing for people.

How good is our leadership?

3 - Adequate

Since our last inspection, there had been changes in the management of the service. We acknowledged the commitment of the new leadership to develop the service and improve outcomes for people.

Core training had been reviewed and changed to ensure carers get the most appropriate training to support them in their work and improve outcomes for people.

Staff told us that they felt better supported since the change of management. They said the introduction of senior carers at local level had improved communication and made the service more flexible when required; for instance, when staff might be running late.

Quality assurance systems are important in providing managers evidence of how well things are going as well as identifying areas requiring action and improvement.

The service's approach to quality assurance requires to be developed to be useful. The service gathered some information, for instance 'flash reports', which contained numerical information about some of its

activities, but was not able to demonstrate how it might be used. A training needs analysis of home carers was not relevant to the development of home care staff. We found information on staff training to be incomplete and unreliable.

We previously made a requirement on quality assurance. This will be replaced with a new requirement. (See requirement 1).

Requirements

1. To ensure people receive high quality care, the provider must put in place an effective quality assurance system by 20 January 2022. The system must include:

- gathering and analysis of key areas of operation;
- identification of areas requiring actions; and
- details of nominated people responsible and clear timescales for completion.

Key areas of operation include the quality and consistency of supports provided and development of staff.

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

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

In order to comply with Regulation 4 (1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

How good is our staff team?

4 - Good

Staff told us they were confident in their work and were given appropriate information about service users and their support needs. They said they felt they made a positive difference to people's lives.

Staff saw having senior carers as part of their local team as very positive. It allowed them quick access to colleagues with some responsibility and authority. This meant important issues could be dealt with quickly. For instance, if staff were delayed, the senior carer would ensure alternative arrangements were made to avoid people missing essential assistance.

The service had a comprehensive training programme for staff. This included supporting people with medicines, dementia and protecting vulnerable adults. Some senior carers had been trained to deliver moving and assistance training. This will allow the service to deliver courses when necessary, including refresher training without relying on external providers. Staff told us they benefitted from the training and saw it as relevant to their work. Managers and senior carers were taking part in dementia training at an advanced level.

Carers say they feel very well supported by senior carers but also see management as visible and approachable. The service uses direct observations of practice to ensure staff are carrying out their roles competently; for instance, supporting people with medication. Staff received regular supervision which allowed time to discuss the supports people received and any changes required. Supervision also provided time to discuss developmental or training needs as well as updates to relevant policies or practice.

How well is our care and support planned?

3 - Adequate

Personal plans, sometimes called care plans, provide information about people being supported. They should be person centred, providing background information about the person, their life experiences, interests and preferences. What support is required and how it should be delivered should be agreed with the person supported and their family, if appropriate. This approach helps identify what difference the support will make to the person's life and what the desired outcomes are. They should be reviewed at least every six months, with people and the service looking to see what works and agreeing changes if relevant.

The service had recommenced face-to-face reviews of care in recent months. Prior to this, people or family members were contacted on a regular basis to discuss the supports provided and any concerns or issues. We discussed with the managers how these could contribute to the formal review process. We've reminded the service of the requirement for reviews to take place no less than every six months.

The plans we read provided staff with good information about the tasks they should do. With some exceptions, they did not provide information about the person. Plans did not provide details about intended outcomes. People, therefore, could not be confident in staff supporting them to achieve outcomes and how progress towards these could be measured.

Risk assessments are included in care plans to identify potential risk or harm. People could be confident of provision of guidance on how to avoid or reduce these risks. The service undertook assessments of people's homes and environments, including things like potential hazards in entering and exiting homes and electrical safety. It did not do assessments of the risks involved in supporting people to move and transfer safely, or in supporting people with medications where there might be issues around people's co-operation in taking the prescribed drugs. This means that potential risks are not properly evaluated and risks to people and staff are not managed.

We have made a previous requirement on personal plans. A new requirement is made that includes action required on risk assessments. (See requirement 1).

Requirements

1. To ensure that people's needs are met safely and, in a person centred way, the provider must put in place the following action by 20 January 2022.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be:

- person centred, reflecting the person's life experiences, attributes and interests; and
- outcome focussed, with details of intended outcomes and how progress is measured.

People and/or their representative must be fully involved and informed about their support plan.

Risk assessments must be in place where there is potential for harm to the person supported and/or staff. These should detail the risk and how this will be reduced or eliminated.

Reviews of care must take place at least every six months with each person using the service. These must evaluate progress on outcomes. Risk assessments must be reviewed at the same time as care reviews.

This is in order to ensure that 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);

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12); and

In order to comply with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011 No 210.

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

4 - Good

The service had continued to provide support to people throughout the pandemic. A survey of people receiving support took place during the pandemic. People were asked about the reliability of the service during this time. A majority of people said the service had been consistent throughout, with a small number saying the service had improved overall. Where people had expressed concerns and agreed to be contacted, the service took action to resolve these.

A contingency plan was available to deal with any potential future disruption to staffing. This detailed how staff from other care sectors could be brought in to assist.

Staff told us that they were provided with adequate supplies of personal protective equipment (PPE). Relevant training was provided to staff on infection prevention and control, including PPE and understanding of Covid-19. Managers and senior carers ensured consistent good practice by observing staff donning and doffing PPE.

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

Requirements

Requirement 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2019.

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

The support plan must be person centred and outcome focussed.

People and/or their representative must be fully involved and informed about their support plan.

Reviews must take place at least every six months with each person using the service. (Sample reviews since April 21)

Service has access to clinical portal.

This ensures care and support is consistent with the Health and Social Care Standards which state "my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12). It also complies with Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 18 August 2019.

Action taken on previous requirement

New managers have begun to make progress on requirements. This is met. However, a new requirement is made that encompasses outstanding issues .

Met - outwith timescales

Requirement 2

To ensure that people receive high quality care from a skilled and competent workforce the provider must put in place the following actions by the 1st December 2019:

All new staff must have a meaningful and supportive induction programme that supports staff in their role, and ensures regular monitoring and assessment of competency.

A training needs analysis for all staff.

Evidence of specialist training in place for staff to support people with dementia, such as the Promoting Excellence training, and specialist training in end of life and palliative care.

This requirement was made on 18 July 2019.

Action taken on previous requirement

Induction programme is comprehensive and contains appropriate training. There is additional support through shadow shifts and regular supervisory contact. Training needs analysis aspect not met but will be dealt with requirement on quality assurance. This requirement is met.

Met - outwith timescales

Requirement 3

To ensure people receive high quality care the provider must put in place an effective quality assurance system by 1 December 2019.

This ensures care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

It also complies with 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 18 July 2019.

Action taken on previous requirement

Some progress made. New requirement made regarding outstanding issues.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should improve the support staff receive by putting in place the following actions:

All staff should have regular supervision to discuss and reflect on their practice in line with best practice.

All staff should have an appraisal to support them in and to develop in their role. All staff should have their competency assessed for the work they undertake on a regular basis which should form part of the supervision and appraisal system.

Direct observation of staff practice should be undertaken to ensure staff are competent in their practice.

This ensures care and support is consistent with the Health and Social Care Standards which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 18 July 2019.

Action taken since then

Evidence provided of staff receiving regular supervision and annual appraisals. Direct observations in place. Area for improvement fully met.

Previous area for improvement 2

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved. Regular feedback should be used to improve and develop the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in spirit of genuine partnership" (HSCS 4.7).

This area for improvement was made on 18 July 2019.

Action taken since then

Service is in regular contact with service users and families, face to face where possible, otherwise by telephone to elicit views on support and staff. Service undertook survey of people during the pandemic which confirmed people's overall satisfaction with service.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.1 Vision and values positively inform practice	4 - Good
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good

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