

121 Care at Home Limited Support Service

42 Thornton Road
Kirkmuirhill
Lanark
ML11 9QE

Telephone: 01555 890 944

Type of inspection:
Unannounced

Completed on:
6 July 2021

Service provided by:
121 Care at Home Limited

Service provider number:
SP2012011911

Service no:
CS2012311012

About the service

121 Care at Home Limited was registered with the Care Inspectorate in June 2014. The service is registered to provide a support service to older adults and older people with physical/sensory impairment and/or memory impairment/dementia living in their own homes and in the wider community. This includes a maximum of 5 care packages for those 18 years and over.

At the time of the inspection the service was being provided to thirty individuals. In the Larkhall, Lanark and Lesmahagow areas of South Lanarkshire

People receive a service in their own homes daily. This can be several visits per day and 365 days a year. The aim of the support is to help people stay well, maintain their independence and continue to live at home.

What people told us

Due to Covid-19 restrictions we were unable to carry out home visits to people's homes to ask their opinions or observe staff practice. As an alternative we contacted 5 people using the service or their families/carers to find out their views on the care provided.

A number of those spoken with advised that they had recently been unhappy in relation to the service due to significant staff changes, often not knowing who was going to provide care from visit to visit. These people had spoken to the provider/manager in relation to this and said that the issue had now been resolved

Some people spoke about staff not always arriving at the agreed times, with no contact to give advice that the staff were running late. People felt that this was not professional and left them waiting for care and support to be provided.

Although people told us staff could be late all said that they got their agreed time of support and did not feel rushed by staff.

Everyone told us that they had regular contact with the provider/manager through reviews, spot checks on staff or if they contacted them to raise concerns.

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?	3 - Adequate
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?

3 - Adequate

We assessed how well the service supported people's wellbeing and found that people were experiencing an adequate level of care and support. We made this decision following a review of a range of evidence including discussions with those using the service and staff.

People using the service, including relatives, who contributed to the inspection, were generally happy with the care and support received. We heard from some people that trusting relationships had been developed with the people who supported them or their family member. For several people this meant that they had consistency and familiarity from their care team. However, others advised that there had been periods where frequent changes had been made to staff supporting them, and this had not always been communicated with them. People felt that this had impacted on the quality of care being delivered. Where this had happened, people told us that after raising their concerns with the provider/manager that appropriate changes were made to try to ensure continuity of care team.

Those using the service and their relatives had agreed times for care to be delivered. However, both those using the service and staff advised that there were times that staff arrived late, and they were not informed of this. This had caused service users and their carers upset, with people raising this with management for action. We could see that management had raised timekeeping with staff, including the need to contact people where they knew they would be unable to attend at the agreed time.

People told us that if staff arrived late, they would stay for their allocated time. No one felt rushed and stated that staff always checked if they needed anything else prior to leaving.

We had made a requirement at the last inspection in relation to detailed care plans being in place that were regularly reviewed and reflected people's needs and desired outcomes. We continued to find that for several individuals there was a lack of written detail around how they should be supported to meet their care and support needs. This meant that we were unable to assess how staff were effectively supporting people to get the most out of life. Although the service could evidence that reviews had been taking place there was no system in place to evidence that these had been taking place at least once in every six months as required by law (see requirement 1).

The service had recently purchased a new care planning app which they had started to use to record visits undertaken. However, some staff were not using this app and were still using the diaries in peoples houses. This had the potential to lead to a break down in communication between staff, with staff not always being aware of support provided at each visit or potential changes. We spoke to the manager at the inspection who had advised that they would order telephones, so all staff had access to the app to ensure continuity going forward.

The provide/manager was proactive in contacting Social Work where they felt that a person's package needed reviewed due to changes in need. This helped to ensure that the care and support people received remained appropriate.

If needed staff would contact a person's medical professional on their behalf. This helped to ensure people obtained the right medical interventions quickly.

We made a requirement at the last inspection relating to staff training to assist people to safely manage their medication. From training records and discussions with staff we could see that most staff had had

relevant training and felt competent in assisting people to manage their medication. This requirement has been met.

Two areas of improvement in relation to medication management remain outstanding from the previous inspection and will be repeated. One was to ensure that the support people need to manage their medication was clearly documented to ensure people received their medication as intended. The other related to ensuring that handwritten entries on medication recording sheets were appropriately referenced to ensure that records were accountable (see areas for improvement 1 & 2).

Requirements

1. The provider must ensure that all service users have a personal plan in place that accurately reflects their current care and support needs, these must be reviewed at least once in every six months. The provider must put in an effective system to update and review all personal plans by the 18 October 2021.

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

Areas for improvement

1. The service needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan.

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 is possible" (HSCS 2.23).

2. The provider should ensure the health and welfare of residents by ensuring safe recording of medicines. To do this the service must adhere to best practice guidance in relation to handwritten entries and changes to medication recording sheets. This ensures care and support is consistent with the Health and Social Care Standards, which state that: I experience high quality care and support based on relevant evidence, guidance, and best practice. (HSCS 4.11)

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.

Our focus in this inspection area was to ensure that infection prevention and control practices were safe for both people experiencing care and staff. We found the performance of the service in relation to this quality indicator was adequate.

At the time of the inspection, there were no Covid-19 cases within the service, and no one was self-isolating.

The service had adequate staffing throughout the pandemic and teams worked in geographical areas to limit risk of transmission between people's homes. Staff were being tested weekly and this provided reassurance about safe practice during the pandemic.

People told us that staff always attended their home with the appropriate PPE. This helped to ensure that people were safe.

Staff told us that they had access to ample supplies of PPE which were stored at the office base. They were appropriately trained in infection prevention and control which included the use of PPE and how to put on and take off (donning and doffing). They were made aware of the national guidance for this and kept up to date with any changes. They informed us that they felt confident to perform their tasks in a safe manner following this training.

We identified that not all staff were wearing the appropriate gloves as directed by Infection Prevention and Control guidelines. This meant that staff could be putting themselves and those they were providing care to at risk of infection. We spoke to management about this who advised that they would remove all unsuitable gloves from stock to ensure that staff only had access to the relevant supplies (see area for improvement 1)

To check that staff were wearing PPE correctly and following infection control guidance the management team should have been conducting spot checks and observations of their practice. We found that this had not been happening meaning we could not be sure staff practice was correct when they were supporting people in the community. The manager agreed to further develop the staff spot check documentation to ensure the above areas were covered (see area for improvement 1).

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to ensure leadership and staffing arrangements were responsive to the changing needs of people experiencing care during the Covid-19 pandemic. We found the performance of the service in relation to this quality indicator was weak.

Due to Covid-19 restrictions, we were unable to observe staff practice in people's homes. To assess this, we interviewed staff by telephone and considered the information we had received from people using the service.

The service had a staffing contingency plan if staff were absent because of illness, self-isolation or exclusion following a positive COVID-19 test. Appropriate arrangements were in place to ensure that where agency staff were being used checks were in place to reduce the risk of cross infection.

People who use care services should feel confident that organisations will have a culture of continuous improvement through robust and transparent quality assurance processes. We made a requirement in our previous inspection report regarding quality assurance. The quality assurance system within the service remains ineffective. This continues to be acknowledged by the provider/manager who was aware that they needed to commit the time and resources to develop effective systems that allowed the service to address weaknesses but also acknowledge strengths (see requirement 1)

Within the last report we made two areas of improvement that remain outstanding and will be repeated. One related to a service development plan being in place that showed how the service would develop/improve in the coming months and years (see area of improvement 1).

The other related to robust systems being in place in relation to the management of any complaints or concerns raised. Although through discussions with service users and files looked at, during the inspection, we could see that where concerns or complaints had been raised these were being addressed. However, we continued to find that outcomes were not formally responded to the complainant. The service needs to ensure that they have systems in place that record all complaints and/or concerns raised with them, and actions taken to address these (see area for improvement 2).

Requirements

1. The provider must demonstrate how audit systems have helped improve the service namely:

- demonstrate that practices and processes have improved as a result of the audit
- improve records to reflect the actions required to address deficits identified through audit processes and assessments, this should include any missed visits
- record the reasons why if actions have not been taken where there are ongoing issues and
- reflect that the actions which had been identified had been taken.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 I use a service and organisation that are well led and managed.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 18 October 2021

Areas for improvement

1. The provider should ensure that staff are adhering to infection prevention and control guidelines when working in the community.

In order to achieve this the management team should:

- i) ensure that staff wear the appropriate gloves as highlighted in guidance
- ii) review the current documentation to ensure that it is robust, develop a programme to ensure that observational checks are completed regular and address any training needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

2. The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with service users, their relatives and staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state I can be

meaningfully involved in how the organisations that support and care for me work and develop (HCSC 4.6)

3. The service should develop more robust systems when responding to any complaints/concerns raised about service provision. This should include written reports highlighting complaints/concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21)

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

Requirements

Requirement 1

The Provider must ensure that all staff who are responsible for administering medication have received the appropriate training and are deemed competent in this area. This has to be achieved by the 28 February 2020.

This ensures care and support is consistent with the Health and Social Care Standards which state that I experience high quality care and support based on relevant evidence, guidance, and best practice. (HSCS 4.11) It also complies with Regulation 4(1)(a) - Welfare of Service Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

This requirement was made on 20 December 2019.

Action taken on previous requirement

From records examined we could see that those staff responsible for administering medication had received training. This helped to ensure that people received their medication as planned to ensure their health needs were being met.

Met - outwith timescales

Requirement 2

The provider must demonstrate how audit systems have helped improve the service namely: - demonstrate that practices and processes have improved as a result of the audit - improve records to reflect the actions required to address deficits identified through audit processes and assessments, this should include any missed visits - record the reasons why if actions have not been taken where there are ongoing issues and - reflect that the actions which had been identified had been taken.

This ensures care and support is consistent with the Health and Social Care Standard 4.23 I use a service and organisation that are well led and managed. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

This requirement was made on 20 December 2019.

Action taken on previous requirement

There remains a lack of an effective quality assurance system. This meant there was little overview of the service provided nor action plans in place to address any issues identified. We have therefore repeated this requirement.

Not met

Requirement 3

The provider must ensure that all service users have a personal plan in place that accurately reflects their current care and support needs, these must be reviewed at least once in every six months. The provider must put in an effective system to update and review all personal plans by the 28 February 2020.

This ensures care and support is consistent with the Health and Social Care Standards which state '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 20 December 2019.

Action taken on previous requirement

We continued to identify the need to improve the written content of peoples personal plans. Plans lacked detail on how care and support should be provided to maintain peoples independence and to clearly define the support needed. New personal plan documentation had been put in place that should help to address this issue if fully completed as intended. We have therefore repeated this requirement.

Not met

Requirement 4

The provider must ensure that all staff undertake training essential to their roles and responsibilities. This has to be achieved by the 31 March 2020.

This ensures care and support is consistent with the Health and Social Care Standards which state that I experience high quality care and support based on relevant evidence, guidance, and best practice. (HSCS 4.11) It also complies with Regulation 15(b)(i) - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

This requirement was made on 20 December 2019.

Action taken on previous requirement

We noted that management had improved systems in place to ensure that staff completed training as intended. This included regular discussion at supervision as well as formal correspondence setting dates for training to be completed.

From the training records seen at inspection we could see that there had been a better uptake in training and systems were in place to remind staff to complete regular training updates on an annual basis.

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 service needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan.

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 is possible" (HSCS 2.23).

This area for improvement was made on 20 December 2019.

Action taken since then

This information is still not clearly documented within peoples personal plans and will be repeated.

Previous area for improvement 2

The provider must ensure the health and welfare of residents by ensuring safe recording of medicines. To do this the service must adhere to best practice guidance in relation to handwritten entries and changes to medication recording sheets. This ensures care and support is consistent with the Health and Social Care Standards, which state that: I experience high quality care and support based on relevant evidence, guidance, and best practice. (HSCS 4.11)

This area for improvement was made on 20 December 2019.

Action taken since then

We continued to identify that not all handwritten entries were appropriately referenced in line with good practice and have therefore repeated this area for improvement.

Previous area for improvement 3

The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with service users, their relatives, and staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state I can be meaningfully involved in how the organisations that support and care for me work and develop (HCSC 4.6)

This area for improvement was made on 20 December 2019.

Action taken since then

There was no development plan in place to highlight how the service planned to move forward in the coming months, this included taking on board actions to be taken following the last inspection. We have repeated this area for improvement.

Previous area for improvement 4

The service should develop more robust systems when responding to any complaints/concerns raised about service provision. This should include written reports highlighting complaints/concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21)

This area for improvement was made on 20 December 2019.

Action taken since then

People told us that any concerns/complaints were dealt with by the manager. From some of the care plans looked at we could see where issues had been raised and actions taken. However there was not always a written response or overview of complaints/concerns raised. this area for improvement has been repeated.

Previous area for improvement 5

The provider should ensure that all review documentation is appropriately completed and any actions, feedback received appropriately actioned.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am fully involved in developing and reviewing my personal plan (sometimes referred to as a care plan) which is always available to me (HSCS 2.17)

This area for improvement was made on 20 December 2019.

Action taken since then

The service was unable to find an overview showing that reviews were taking place six monthly. Again although the service has good review documentation, the quality of written content in some of those seen was poor. We have therefore repeated this area for improvement

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

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	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.