

Constance Care East Ayrshire Housing Support Service

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Unannounced

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Service provided by:
Constance Care Limited

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CS2003053828

About the service

Constance Care East Ayrshire had previously been a branch of the service registered as Constance Care North. However, an application for a variation was submitted by City and County Healthcare Group - Scotland to establish Constance Care East Ayrshire as a single registered service was approved by the Care Inspectorate in December 2019.

The level of support provided varies and is based on an assessment of need carried out by the local Health and Social Care Partnership. It is Constance Care's stated objectives to:

- Assist people to remain in their own homes.
- Assist people to attain maximum independence.
- Provide appropriate support to people when solicited.
- Accept people's right to individuality.
- Ensure delivery of quality care appropriate to need.
- To assist the carer in caring for their relatives.

What people told us

Due to current Covid-19 restrictions, we were unable to carry out home visits to people receiving a service. To gather people's views, we spoke with 17 people receiving support or their relative/representative by telephone.

People told us that on that, overall, they were satisfied with the quality of service they received. They spoke about positive relationships between them and care staff and told us that staff were caring, courteous and kind. We were told that generally people received their agreed support times although there could still be issues at holiday times and when regular staff were absent from work for any reason. The people we spoke with told us there had been no missed visits. Other comments included:

'Staff were described as 'tremendous'.

'Normally the girls I get are lovely. I'm used to them'.

'It's very good'.

'Sometimes they come when they say they will sometimes they are held up. I will phone if it is too long'.
'I always receive the support, and the time is more or less within the time they have told me'.

In relation to expressing views 'Yes a girl called (name provided) calls me occasionally. She asks how I am, if everything is OK, and if I have any problems or questions'.

'On the whole the times are right. Some girls don't have cars so they walk. One came to us early yesterday and then I saw her passing the house later. When I was at the bus stop I saw her again. I think they give a great service'.

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?	3 - Adequate

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

The service is currently performing to an adequate standard. However, they were motivated to make improvements and achieve good outcomes for people experiencing care.

We were told from the people experiencing care or their family carers that staff were always kind, caring and respectful. We were told about positive relationships and how people experiencing care were able to express their views which was always respected.

We were told how people looked forward to their carers visits especially during 'lockdowns' when they were a great help to alleviate feelings of loneliness and isolation.

One family carer told us 'I had some really bad days and they were my lifeline'. Another said 'I am the main carer and I felt I had lost myself a bit, but the carers always brought a smile and a chat'.

People should feel confidence in their support because they always know who is coming to provide that support, and when to expect them. We had varying responses from people about the continuity of carers who provided their support and compliance with the timings of visits. Some people told us that in the main they received their support from the same carers. Others said that there were still occasions, particularly during staff holidays or sickness absence, when there could be staff who they did not know, or there could be some disruption to times. However, they said this disruption was not for extended periods. However, we continued to find that people who wanted rota information didn't always get it. Some people we spoke with told us they missed the rotas previously provided. We have repeated the area for improvement from the last inspection report. (See Area for Improvement 1)

Peoples' care and support should be reviewed at regular intervals. People told us they did receive telephone calls from the service seeking their views on the quality of the service they received. We saw that reviews had been carried out at the required frequency, in addition to other quality assurance calls. However, people being supported were not able to tell us which of these contacts were a formal review of their support. We also saw that records of reviews lacked the required level of detail to make an evaluation of whether the support provided continued to meet people's needs. These should be improved to reflect discussions and any decisions made. (See Area for Improvement 2)

We have also repeated an area for improvement about the need to regularly review the timings of visits to ensure the needs of the person experiencing care is being met. (See Area For Improvement 3)

We were given examples of how the service could be flexible to accommodate health appointments or other important events.

Staff we spoke with demonstrated an understanding of their responsibilities to protect people from harm. We could see that concerns were appropriately reported to East Ayrshire Health and Social Care Partnership and to the Care Inspectorate.

People receiving support could be confident that staff monitored their health and wellbeing. The service had developed good links with local community health care teams who supported staff by providing appropriate interventions and advice. The service was also proactive in informing care managers and commissioners when people's needs changed and required to be reviewed.

Staff should be suitably trained and skilled for their role. We saw that staff had completed a range of relevant online learning training. However, we noted that over the past year staff had not completed practical training in moving and handling. This gap in training could potentially put people at risk and must be provided. (See Requirement 1)

We had made a requirement in the last inspection report about the management of peoples' medication. We found this requirement was met. People requiring support could now be confident that the systems in place to support them to receive the correct medication at the right time were safe and that staff had the required skills and knowledge to support this.

People should have personal plans which are person-centred reflecting their rights, preferences, and desired outcomes. Personal plans should contain detailed information to support people's health and wellbeing for all aspects of assessed needs with clear direction to staff on how support should be provided. We found that personal plans did not meet these standards. Personal plans were very task-focused and lacked detailed information about people's support needs and how these should be met to ensure good outcomes. (See Requirement 2)

Requirements

1. By 23 August 2021, to ensure safe practice, the provider must submit an action plan to the Care Inspectorate detailing the arrangements to ensure all who had never completed practical moving and handling training, and those who were due refresher training, will complete this training by 28 September 2021.

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

2. By the 28 September the provider must demonstrate an improvement in the quality of personal plans.

This is to ensure that people experiencing support have personal plans which are person-centred and contain detailed information to support people's health and wellbeing for all aspects of assessed need including but not inclusive of;

- Personal hygiene.
- Medication.

- Skincare, including the use of prescribed creams.
- Nutrition and fluids.

This is also to ensure 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)

This is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

Areas for improvement

1. The provider should ensure that they comply with their own policy of informing people who will be providing their support in the coming week and ensuring that people were informed when support times were changed or when there were changes to the support staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I know who provides my care on a day-to-day basis and what they are expected to do. If possible, I can have a say in who provides my care and support'. (HSCS 3.11)

2. The provider must ensure that the records of care reviews are improved to show that the individual's support has been fully reviewed and continues to meet their needs. The review record should be detailed and reflect discussions and decisions made.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me'. (HSCS 4.11)

3. The service should regularly review the timings of visits to ensure the needs of the person experiencing care is being met. This should be done with the involvement of the person, their family/representative.

This is to ensure 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 4.11)

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

3 - Adequate

Our focus in this quality indicator was to ensure that infection prevention and control practices were safe for both people experiencing care and staff. We found that the service performed to an adequate standard.

At the time of this inspection, there was no active outbreak of Covid-19 in the service involving people who experience support or staff. From our discussions with managers and staff we were confident that they are able to respond appropriately to an outbreak and knew the reporting processes and support networks to contact including Public Health Scotland, Health and Social Care Partnership and the Care Inspectorate.

The people we spoke with who experienced care told us that staff always wore Personal Protective Equipment (PPE). Staff told us that they understood that aprons and gloves were single use and had to be removed after each task or episode of care.

Staff demonstrated through our discussions their understanding of the importance of good hand hygiene. PPE was easily accessible from the office base or could be delivered to those living in outlying area by managers or senior carers. We saw that PPE was appropriately stored.

Staff had completed online learning and face-to-face training in Infection Prevention and Control which included safe use of PPE and hand hygiene. We saw that some members of staff had completed a comprehensive themed supervision of IPC carried out by the manager of the service.

The service had a system of staff competency checks (spot checks) which included observation of practice relating to staff knowledge and understanding of Infection Prevention and Control measures relating to dress code, PPE and hand hygiene. However, we were unable to evidence form records that these checks were robust enough to evidence the required level of compliance with IPC procedures. (See Requirement 1)

Our focus in this quality indicator 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 adequate.

People receiving support have the right to be kept informed about any changes to the service. We had been made aware by the service that they were experiencing higher than average staff absences. The service had written to people to inform them of this. When we spoke to people receiving the service, or their family carers, about any disruption to the service, at this time, they told us that this had been minimal and had not been a serious issue.

The service had established good links with the East Ayrshire Health and Social Care Partnership and there was evidence of good communication from the service reporting and responding to peoples' changing needs.

The service had a contingency plan in place which had been approved by East Ayrshire Health and Social Care Partnership. This detailed the services planned response in the event that staffing levels were seriously impacted by Covid-19. This was based on a risk approach to service delivery ensuring that people received the care they required in accordance with their assessed risk. Contingency measures were not required at the time of this inspection.

A requirement was made in the last inspection report regarding quality assurance systems and audits. We saw that some aspects of quality assurance had improved, particularly relating to medication. However, further improvements were required to establish robust audits regarding the quality of information in care plans, care reviews and staff competency checks. The quality of information gathered in other quality assurance process such as service user quality calls should also be improved. (See Requirement 2)

Staff were supported to keep up-to-date with current and changing practice. The provider had introduced an electronic management system which included staff being able to access information via handheld devices. Staff confirmed that this included company policies and updated guidance. Staff also confirmed that they received good practice guidance relating to supporting people during the Covid-19 pandemic by post

The service had maintained a programme of supervisions, mainly by telephone which included discussions on the use of PPE and infection prevention and control practices. The service had established flexible and alternative ways to support staff learning such as themed supervisions on Infection Prevention and Control.

Staff told us that managers were accessible and supportive and had shown empathy and understanding regarding the challenges they faced during this pandemic.

Staff were aware of and participated in local Covid-19 testing arrangements. However, some of the staff we spoke with did not know how to register their test results. The service should also establish a method to monitor staff compliance with the testing regime. (See Area for Improvement 1)

Requirements

1. By the 28 September 2021 to ensure that people can be confident of safe practice, the provider must review the system of staff competency checks (spot checks) to clearly evidence the outcomes of observation of practice regarding staff knowledge and understanding of Infection Prevention and Control measures relating to dress code, PPE and hand hygiene.

This is to ensure 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)

This is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

2. By the 28 September 2021 the provider must ensure that quality assurance audits have been reviewed to better support a culture of continuous improvement by being effective and completed to a good standard. This is particularly related to quality audits of care plans, care reviews and staff competency checks. The quality of information gathered in other quality assurance process such as service user quality calls should also be improved.

This is also to ensure 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)

This is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

Areas for improvement

1. The provider should ensure all staff are able to access and log the results of their COVID-19 lateral flow test. The service should also establish a method to monitor staff compliance with the testing regime

This is also to ensure 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)

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 people requiring support to manage their medication receive their medication as prescribed.

This is also to ensure 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)

This is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

This requirement was made on 12 November 2019.

Action taken on previous requirement

We found that medication systems and records had been significantly improved since our last inspection. Quality assurance audits had also been improved to ensure that these improvements were sustained. We concluded that people requiring support could now be confident that the systems in place to support them to receive the correct medication at the right time were safe and that staff had the required skills and knowledge to support this.

This requirement is met.

Met - outwith timescales

Requirement 2

The provider must ensure that agreed support times are being provided/offered. The reasons for any changes, refusals or reductions in support times should be clearly recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me'. (HSCS 1.19)

This is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of user.

This requirement was made on 12 November 2019.

Action taken on previous requirement

We found from rotas, daily records and our discussions with people receiving support that, in the main, people received the agreed support times. The introduction of the new electronic People Planning System showed a high compliance of people receiving the support times agreed. We saw that care staff included in the daily records if support was refused or if the person receiving support was happy for the member of staff to leave when the tasks were completed.

This requirement is met.

Met - outwith timescales**Requirement 3**

The provider must ensure that quality assurance audits support a culture of continuous improvement by being effective and completed to a good standard.

This is to ensure that care and support is consistent with Health and Social Care Standards, which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This is also necessary to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of user.

This requirement was made on 12 November 2019.

Action taken on previous requirement

We saw that some aspects of quality assurance had improved, particularly relating to medication. However, further improvements were required to establish robust audits regarding the quality of information in care plans, care reviews and staff competency checks. The quality of information gathered in other quality assurance process such as service user quality calls should also be improved.

We have re-written this requirement to reflect our finding in this report (see Key Question 7).

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**

The provider should ensure that they comply with their own policy of informing people who will be providing their support in the coming week and also ensuring that people were informed when support times were changed or when there were changes to the support staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me'. (HSCS 4.11)

This area for improvement was made on 12 November 2019.

Action taken since then

We found that not everyone who wanted a rota or rota information were receiving it. We saw that some service users or their family carers had been given access to the provider's People Planning system to be able to access rotas and care records.

The service should confirm during reviews and quality assurance checks what individuals' preferences were in relation to rotas and how they could be provided with the information in a way that is suitable to them. We have included this in the body of the report and repeated this area for improvement.

This area for improvement is not met.

Previous area for improvement 2

The provider should review the current format of practice observations and spot checks to strengthen the focus on medication, especially for level 3 support, to improve staff practice in supporting people with their medication.

This is to ensure 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 organisational codes'. (HSCS 3.14)

This area for improvement was made on 12 November 2019.

Action taken since then

We found that improvements made to the quality of practice observations and spot checks which now had a better focus on the quality of medication management. We saw that the support provided to people with medication, particularly at level 3 where full support was required, was safer and better managed.

This area for improvement is met.

Previous area for improvement 3

The service should regularly review the timings of visits to ensure the needs of the person experiencing care is being met. This should be done with the involvement of the person, their family/representative.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me'. (HSCS 4.11)

This area for improvement was made on 12 November 2019.

Action taken since then

This area for improvement was made following an upheld complaint to the Care Inspectorate. We were unable to evidence from records of reviews or quality assurance calls that the timings of visits were discussed to ascertain if they still met peoples' needs. To support improvement in this area we have highlighted the need to improve the quality of review records and the content of quality assurance calls.

This area for improvement is not met.

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?	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?	3 - Adequate
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	3 - Adequate

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