Ailsa Care Services West
Housing Support Service

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Type of inspection:
Unannounced

Completed on:
8 December 2021

Service provided by:
Ailsa Care Services Ltd

Service provider number:
SP2004006718

Service no:
CS2004079443

About the service

Ailsa Care Services West operates from bases in Renfrew and Grangemouth.

It provides support to people in their own homes in Renfrewshire, East Dunbartonshire, Glasgow, Falkirk, and Stirling areas.

The service's aims and ethos states, 'Ailsa Care Services will provide people with support when they need it most.'

This was an unannounced inspection which took place over four days.

To prepare for the inspection we reviewed information about this service.

To inform our evaluation we reviewed documentation, spoke with people using the service, their relatives, the management team, care staff and other professionals.

What people told us

We were able to speak to some clients and relatives receiving a service. Overall, they felt staff provided helpful support and created relationships which made a difference to people's lives.

Comments we received included:

'the care is really good'
'staff go 'above and beyond'
'staff are 'respectful and friendly'

People told us:

'they were mainly supported by the same staff and usually'
'when changes had to be made, that they were normally informed beforehand'
'staff always wore PPE when carrying out support visits'
'one person said staff wearing PPE made them feel safe'
'people said they were aware of staffing issues which may affect consistency at times'.

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 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? 4 - Good

The service was evaluated as performing to a good standard when supporting people's wellbeing. The registered manager although new to the role conveyed a commitment to continual improvement. We encouraged the manager to seek out training and peer support through professional organisations and key partners. This was to help promote positive outcomes for people who experienced the service.

Discussions with people who used the service, and their relatives was generally positive. Overall people enjoyed good relationships with regular staff. People told us staff were reliable and helpful. A few people felt communication could be improved as they were not always aware of recent changes.

People experiencing care benefitted from regular connections with a range of community health and care professionals. Some people had access to specialist equipment and an alarm responder services. This enabled people with complex needs to retain some control of their own health and wellbeing, with support from staff, equipment, and technology.

Care and support plans we reviewed contained helpful easily read information for clients, families, and staff. They set out how staff would meet people's assessed needs and outcomes. Outcomes were mainly focussed around promoting independence by supporting people to remain in their own home. Staff told us the plans provided a guide to the care contact they had with people. We concluded the overall compliance with care and support planning was good.

We saw peoples care plans and risk assessments were evaluated as part of a six-monthly care review process. Most people's reviews, and risk assessments were up to date. A plan in place to complete any outstanding reviews with additional staff resources allocated to this role. The service should ensure all care plans and risk assessments, care notes and documents include the supported person's name or unique identifier on each sheet in case they become separated.

Specific risk assessments should be used to help mitigate risks identified around for example, financial, medication management and complex care. We also suggested the service consider the benefits of a specific Covid-19 risk assessment to identify those clients at risk.

The service should review their procedure for assessing and describing medication management. The risk assessment used for medications failed to provide a clear outcome on the assessed level of staff intervention. Medications were recorded on a medication administration record (MAR) sheet and in individuals daily diaries. We noted a high level of instances, when the use of a medication administration record (MAR) may have been unnecessary, for example, when prompting and assisting with medications. The medication policy should be reviewed to reflect good practice guidance shared with the provider along with regular medication audits. See area for improvement (AFI) 1.

We were not always confident that completed care records returned to the office for storage and archiving were well managed. The service was in the process of scanning completed records to remedy this. Options for electronic records may be a future consideration. The service should review its archiving procedures.

Notifications from the service in respect of some accidents, incidents, medications and visits were not always reported to the care inspectorate. We shared our good practice guidance 'Records that all registered care services must keep and guidance on notification reporting.' See area for improvement (AFI) 2.

Areas for improvement

1. The service should review the medication policy, procedure, and risk assessment documentation. They should consider the language used when describing medication levels, the assessed level of staff intervention and review the unnecessary use of Medication Administration Records (MARs) when prompting and assisting medications in line with good practice and assessment.

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

2. The service should review the current guidance around notifications to the Care Inspectorate to ensure they are conforming to the document 'Records that all registered care services (except child-minding) must keep and guidance on notification reporting.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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? 3 - Adequate

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

Staff were adequately practiced in basic infection prevention and control (IPC). They had managed a number of clustered and isolated outbreaks across service locations. We stressed the importance of identifying which areas of the service were affected to help with the management and risks of contact transmission. Staff we spoke to were able to recognise and respond to suspected or confirmed cases of Covid -19 following local reporting procedures.

People were mostly protected from the spread of infection because staff were in part familiar with guidance. The service should ensure they follow up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland, and the Scottish Government.

The service was managing and supporting staff to comply with the need for regular Covid testing and the Covid test and protect processes. Evidence was available to help monitor staff's weekly PCR results. The service had developed a way to manage staff who had not been vaccinated using the company's staff matching processes. This approach importantly offered a choice to people using the service.

We observed personal protective equipment (PPE) was stored in suitable areas within office settings. PPE was available to all staff, however, we found there was a disjointed approach to the overall IPC management. This was borne out through the information contained policies and procedures and in guidance shared with staff.

Some staff were using gloves when it was not generally necessary, for example, when prompting medications and preparing food. This was not in line with current guidance when regular hand hygiene was safer. Poor practices may place people at a higher risk of transmission from known pathogens and infection. We encouraged the service to highlight the use of PPE and promote hand hygiene. See area for improvement (AFI) 1.

People receiving care told us staff wore PPE when they visited to provide support. We felt training should be refreshed. This was in order to help staff feel more confident about putting on and removing PPE safely, as well as other infection prevention and control methods, such as handwashing and social distancing.

A dedicated staff trainer and care coordinators undertook observations to monitor and help evaluate staff IPC practices. Staff told us they felt supported. The service had a plan in place for all staff to receive regular supervision. This included conversations on medication management, client feedback and a spot check with some observations of IPC practices.

Staff should have access to regular, relevant training and guidance including the Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control (IPC) Addendum. See AFI 3 in section 7.3.

Office based risk assessments observed in Renfrewshire were consistent with ample space for staff, offices were clean and well-ventilated. This was not the case in other offices were office space and numbers of staff working in rooms required to be monitored to reduce the risk of IPC breaches.

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

A registered manager had recently been appointed and was committed to improvement. The service recognised the risks associated with the continuing changes to personnel in this key role. They were focussed on recruitment to address vacant roles for senior staff in all areas. This was important to ensure people cared for were confident managers had the right knowledge and skills to support them in achieving their outcomes.

The registered manager was accessible, visible, and currently spending at least half of her time delivering care. This was not sustainable in the longer term and was expected to improve quickly in response to recruitment. We felt an induction for all new managers would be beneficial to help promote consistency across all geographical areas. See area for improvement (AFI) 2.

There was a quality management system with a planned audit programme. We reviewed audits and records related to key performance indicators identified by the service. This process had informed the company's improvement plan and detailed the actions needed to progress improvements. Some audits including medication and financial management were outstanding. Managers needed time to ensure they were familiar with company policies and procedures.

The service had access to a number of electronic systems and templates for day-to-day management. There was no system in place for electronic call monitoring. This meant the service was dependent on staff to fulfil allocated care contacts and for families or clients to alert the service to missed or late visits. Consideration to additional monitoring software may help provide additional assurances and increase client and staff safety.

We reviewed care delivery levels across all areas and saw the service generally had sufficient staff employed to meet people's preferences and needs. There was a commitment to provide regular staff to support people receiving care. This helped to develop relationship-based care to support better outcomes for people and reduced the risk of transmission in the event of an outbreak. Staffing arrangements could be adjusted to meet people's changing needs.

The service had developed a contingency plan which included the safe use of agency staff, redeployment, and overtime. There was capacity for staff and management to offer additional hours in response to Covid-19. This was important to reassure people and families enough staff were always available for the wellbeing and safety of residents. On call and out of hours cover was in place for each geographical area.

Training for infection control had recently been identified as an area for attention. Staff were compliant with current levels of infection control training. We were pleased to see the service had identified a resource to lead on improvements identified around infection control training. This was to help provide up to date guidance and evaluate the impact of overall infection control training. See AFI 3.

Staff we spoke to confirmed they had undertaken induction and accessed regular training. Dedicated training facilities were available with equipment to support training. There was a robust programme of staff supervision to help ensure training was embedded into practice. Staff we spoke to told us they benefited from regular supervision. The service should continue to review compliance levels in all key areas of mandatory and statutory training. This was important in order to support people safely and to provide appropriate training for a range of conditions and assessed needs. See AFI 3.

The management of staff rosters aimed to build schedules around clients and locations. Staff allocation was based on suitability and availability. The service made every effort to accommodate and inform people about short notice changes. People we spoke to were generally kept informed about their support times, a few people felt this could be better. . Overall approaches generally had a positive impact on people's sense of connectedness with well-planned support and additional guidance available out of hours.

Staff were recruited in a way which was informed by aspects of safer recruitment guidance. This was important to minimise risks to people. All phases of the current recruitment process was generally well documented. Management and staff complied with their responsibilities for professional registration with the Scottish Social Services Council (SSSC). Actions to ensure staff were suitably registered were regularly reviewed, audited, and actioned. The service demonstrated access to good practice guidance and maintained good records.

Areas for improvement

1. The management team should ensure that all staff access and use Personal Protective Equipment (PPE) in accordance with current guidance and best practice.

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

2. To support managers the service should ensure they have access to appropriate training for their role. The development of a specific induction programme would help support new managers and increase consistency across all geographical areas. Managers will require protected time to undertake and deliver on all aspects of their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I use a service and organisation that are well led and managed' (HSC 4.23).

3. The service should review mandatory, refresher and infection prevention and control (IPC) training. This should include up to date Covid specific guidance. Staff should have access to appropriate training,

guidance, and support to enable them to meet people's health, safety, and care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSC 3.14).

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 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	4 - Good

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