

## Falkirk Council Housing with Care Service Housing Support Service

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Unannounced

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Falkirk Council

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## About the service

Falkirk Council Housing with Care Service provides a combined housing support and care at home service for older people. Service users are supported to live as independently as possible, in their own flat or bedsit.

People receive visiting support based upon an assessment of individual needs, with additional support as required from on site staff. Falkirk Council's Mobile Emergency Care Service provides overnight care on an "as required" basis.

People using the service currently live in one of four care complexes in the Falkirk area which are, Dorrator Court, Glenfuir Court, Glenbraes Court and Tygetshaugh Court.

Applications for housing with care can be made through Falkirk Council's housing department. People using the housing with care service have a variety of needs including, people living with dementia, physical disabilities and enduring mental health problems.

The aims of the service include, providing a safe and secure environment that allows older people to live independently in their own home, with peace of mind and to have housing with care staff, to meet service users' assessed needs such as, personal care, domestic support, food and nutrition, social support and medication prompts.

The service has been registered since 2007.

At the time of our inspection, the service was being provided to approximately 120 people across the four complexes. At this inspection we visited two of the four complexes, Dorrator Court and Tygetshaugh Court. We did not visit people in their own homes in order to minimise the potential risk of covid-19 transmission.

## What people told us

We spoke with people who used the service and their relatives. Overall, people were happy with the level of care they received, although we heard a lot of feedback that the lack of social interaction was now having a negative impact on people's health and wellbeing. Comments included:

"My relative has started eating better since moving in, but I've noticed their memory is getting worse".

"The care staff are lovely, my relative calls them his girls, his face lights up when they come in".

"I think they are providing a good service to my relative, things are better since the new manager got involved, feel she has a nice way with her and wants to know what is happening".

"Staff are always respectful of my relative, they always knock and announce themselves if they are coming in to the house".

"I think my relative is really missing the interaction, it has been a long time. It would really make a difference if they could use the communal areas again. My relative used to love going to the bingo and other get togethers, but I've noticed she is more confused and her mood has dipped since this stopped".

Staff spoke about an overall supportive management team, although we heard from some staff that they felt the management team were spread very thin and didn't always respond to them in the most supportive way.

## 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**

People using the service received respectful care and support. Staff demonstrated genuine concern for people's wellbeing. The ethos of the service is based around promoting independence and an enabling approach. We saw that staff were committed to this and heard from relatives how their loved ones were treated with dignity and their skills and abilities valued.

However, we did find one example where staff had not acted as quickly as they should have in response to a person being unwell. We could see that staff had struggled to understand their duty of care to people using the service. Some work was needed to ensure that all care staff are clear on their responsibility around this and how this fits with the approach of the service.

The recording of care notes needed to be improved. There were often significant gaps in recording. In one file we sampled the last entry had been almost four months ago. This did not allow for effective record keeping around how people's needs were being met or not, inform any changes needed to care planning or demonstrate the work being done. We raised this with the manager who agreed to make immediate changes to remedy this. We will follow up on the progress in this area at the next inspection.

We heard how the service had not supported people to access communal areas of the buildings since the beginning of the covid-19 pandemic. This meant that social events, groups, meals and informal get togethers had not been able to take place in the way they had previously. People who received meals within the service now had these delivered to their individual homes. Organised group activities had completely ceased. Every relative we spoke with told us how this had now become detrimental to their loved ones' wellbeing and quality of life. People using the service were also keen to tell us how they missed this, and the impact this had on them. We heard how people's cognitive abilities had declined, their mobility and confidence had also deteriorated. The managers had assured us that they had tried to make inroads to allow communal areas to open, but there was a belief that the council housing department were in charge of this and were preventing this from happening. We did not agree that enough effective action had been taken to address this at the point of our inspection.

We could see that activities and communal events had been significant strengths in the service at previous inspections, with real positive outcomes for people that were unfortunately no longer evident. We discussed with staff about working in different ways to facilitate people to come together perhaps within their homes, or on planned outings however, staff felt this was not what people wanted. We concluded that the service could have been more creative in working with people to support them to get the most out of life while pandemic restrictions were in place. This impacted on our evaluation at this inspection. We were however

pleased that the locality manager was able to rectify this situation in a short timescale after we raised it. We have therefore not made a requirement about this but will look at the progress when we next inspect.

The service supported people to engage with health professionals. Care staff were fairly regular and consistent which helped people to build good relationships and settle into their homes.

People had risk assessments in place to help them be as safe as possible. However, most of these risk assessments did not relate to individual needs or risks, such as medical conditions. Instead they were much more based around the physical environment of people's homes. This made it difficult to see how staff should expect to work in order to maintain people's safety and wellbeing. Whilst this was not a concern for staff who knew people really well, it was a concern for other staff being deployed to work within different units than they were used to. In addition to this, we saw examples where risk assessments had been put in place in response to an incident or accident that were not enabling or promoting safe risk taking. We previously made an area for improvement around risk assessment practices that was repeated at the last inspection. We have now made a requirement about this as there has been insufficient progress. See requirement 1.

We saw that people using the service had assessments of their medication needs. However, the position taken by the provider was that all people receiving the service only required to be prompted to take medication, because their medication was provided in a pre filled blister pack dispensed by the chemist. We found that in practice many people were being supported to have medication administered. The provider needs to ensure that practice is reflective of best practice guidance, including "Prompting, assisting and administration of medication in a care setting: guidance for professionals" and "Review of medicine management procedures - Guidance for Care at Home Services". The provider should undertake a review of the medication policy and practice to ensure this is in line with best practice and ensures best outcomes for people using the service. See Requirement 2.

## Requirements

1. People should receive high quality care and support that is right for them.

By 30 November 2021 the provider must ensure that systems and processes are implemented and monitored to reduce the risk of harm to service users. This includes the development and regular review of relevant risk enablement plans.

This is in order to comply with Scottish Statutory Instruments 2011/210 Welfare of users 4(1)(a) which states "A provider must (a) make proper provision for the health, welfare and safety of service users".

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life" (HSCS 2.24).

2. People should receive high quality care and support that is right for them.

By 30 November 2021 the provider must ensure that:

- a) All people using the service have their medication care and support needs fully assessed and reviewed regularly/when their needs change,
- b) Any assessment accurately reflects the level of care and support people require around medication,

- c) Records are kept that accurately show what medication people are prescribed and when this is to be taken,
- d) Records are kept to show what medication has been administered to people and when.

This is in order to comply with Scottish Statutory Instruments 2011/210 Welfare of users 4(1)(a) which states "A provider must (a) make proper provision for the health, welfare and safety of service users."

This is to ensure care and support is consistent with the Health and Social Care Standards which state "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

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

**2 - Weak**

We visited two of the four complexes that make up the service. We found that infection prevention and control practices were weak in one of the complexes, with the other performing better. Communal hallways were not being regularly or effectively cleaned; there were dead insects on the floor in hallways and crumbs on a stairwell were there from one day to the next. We did not observe any cleaning of frequently touched areas such as, hand rails along one of the corridors in the complex. Chairs in one of the communal areas we accessed were stained and fabric was torn which meant these could not be kept clean enough to be safely used when the communal rooms were opened to service users. We were not confident that infection prevention and control was being treated seriously in this complex. Domestic staff kept their own records of cleaning however, these were not sufficient to inform of the enhanced cleaning that should have been taking place.

When we spoke to care staff about their knowledge around COVID-19 infection, the use of PPE and donning and doffing, staff were not confident and referred us to online learning they had carried out that did not actually give them information about the COVID-19 virus. Staff could not tell us about atypical symptoms seen in older people for example. Staff could not accurately tell us the correct order for donning and doffing their PPE. This should be revisited with staff to ensure that they are fully competent in this area. We saw that some observations/spot checks were taking place although these could have been much more meaningful and effective. Checks on staff knowledge and understanding could easily be incorporated into the observations to address these areas. See area for improvement 1.

The manager was undertaking their own role in overseeing two of the four complexes however, they had also additionally been overseeing the other two complexes since earlier in the year due to absence. We could see that the manager was essentially doing the role of two people, and whilst we appreciated the quick response to issues we raised such as the cleaning schedules in one of the complexes they were covering for, we had concerns about the sustainability of this arrangement. We received assurances from the provider that support would be put in place to enable the local management team to work in an effective and sustainable way however, we appreciate there were challenges around this. We will revisit this when we next inspect.

## Requirements

1. In order to ensure that environments provided for people using care services are secure and safe, by 30 November 2021 the provider must:

- a) Ensure that the environment is cleaned regularly and thoroughly, including all equipment, and furnishings.
- b) Ensure that damaged surfaces on furniture is replaced or repaired to ensure that they can be cleaned effectively.

c) Develop, implement and monitor an enhanced cleaning schedule that reflects the guidance from Health Protection Scotland entitled, 'COVID 19 Information and Guidance for Care Homes Settings'.

This is to comply with Regulations 4(1)(a) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.22)

## Areas for improvement

1. People should receive responsive care and support from staff who are trained, competent and skilled. The provider should ensure that;

a) Care staff are confident and competent in carrying out their roles in line with the expected infection prevention and control practice, use of personal protective equipment and knowledge and awareness about COVID-19.

b) Staff training should be revisited as needed to help staff increase their awareness.

c) Staff competency checks should include checks on use of PPE, including correct procedure for donning and doffing and infection prevention and control practices.

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 and organisational codes" (3.14).

## 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 systems and processes are implemented and monitored, to reduce the risk of harm to service users. This includes the development and regular review of relevant risk enablement plans. This is to ensure care and support is consistent with the Health and Social Care Standards which state "I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life" (HSCS 2.24).

This area for improvement was made on 30 January 2019.

#### Action taken since then

We did not see that sufficient progress had been made in this area. We found examples of inadequate risk assessments and risk assessments that did not promote risk enablement. This area for improvement had been repeated at the last inspection and we have made a requirement around this. See requirement 1

#### Previous area for improvement 2

The service should develop and implement a quality assurance system that gives oversight of all key systems and processes, to ensure areas for improvement can be identified and rectified quickly and effectively. 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 area for improvement was made on 24 October 2019.

#### Action taken since then

We did not see that sufficient progress had been made in this area. We will follow up on this at future inspections. This area for improvement has been repeated.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
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	2 - Weak
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak



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