

Joans Carers Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
1 December 2021

Service provided by:
Joans Carers Ltd

Service provider number:
SP2004005507

Service no:
CS2003055606

About the service

Joan's Carers Ltd provides a combined care at home and housing support service primarily to adults and older people living in their own homes. Services are currently provided within Argyll and Bute and West Dunbartonshire, with the company office located in Helensburgh.

The registered manager and depute are supported by a team of supervisors, co-ordinators and office staff who co-ordinate the overall running of the service and support workers who provide direct support to people. At the time of the inspection, we were advised that 40 support workers delivered care to 100 people, 82 in Argyll and Bute and 18 in West Dunbartonshire.

The service aims to 'help the service user achieve and sustain the maximum possible independence in their chosen environment'.

This was an unannounced inspection carried out by two inspectors to evaluate how well people were being supported and to look at the progress made by the service since our last inspection. This report should be read in conjunction with the inspection report dated 7 October 2021.

What people told us

We asked to speak with people, or their representatives, who were receiving support at the time of our inspection. From this, we spoke by telephone with five people experiencing care.

All people said that they were happy with the care received and spoke positively about the staff and support provided. Comments included:

'The carers visit me four times a day, to support me with my personal care and medication. I do see the same faces most of the time, the carers tell me who's coming. The carers phone if they are held up and someone usually phones me if there is a change of carer but due to Covid this is not always possible.'

'I receive support from two carers, who always turn up. Never just had one show up. They don't rush me, the time they arrive is pretty spot on. The time they come suits me and all tasks completed before they leave me.'

'They have followed the Covid guidelines to a 'T', put their rubbish in bags and dispose of it safely. They keep boxes of gloves and aprons in my house and always come in wearing their masks and put the others on after they have washed their hands. Full PPE [personal protective equipment] at all times just now.'

'No problems so far, I would phone the office or speak to my family and ask them to speak to the office. Occasionally, the office will phone me to ask how things are to let me know about change of carer, no problems with the office.'

'The way they treat me as person and not a client and all are respectful to me. I like how my carers are great listeners and do a great job.'

'I could not believe how quick the service responded when I arrived home from hospital. They were here the night I got discharged and all are good at what they do for me.'

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

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| 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

We assessed how the service supported the wellbeing of people experiencing care and progress made on the previous requirement and areas for Improvement. We evaluated the service performance to be adequate as we found that there were some strengths but these just outweighed weaknesses within the service.

People using the service continued to be overall positive about the care and support provided by staff and spoke about the positive outcomes as a result of the care and support received. People spoken with had had no issues with missed visits and were usually contacted if staff were running late.

Since the last inspection, the provider had implemented a system which allowed them to monitor real time visits. This alerted the service when staff arrived and therefore reduced the risk of missed visits. We were told that all staff had received training on the new system. The system was not yet fully operational as some elements were currently manually checked rather than the system sending notifications.

We saw how staff carried out monitoring of staff visits and how the system had helped to highlight late visits quicker and reduce missed visits. The provider was aiming for the system to be fully operational after the New Year, allowing staff to get used to the system and fix any technical issues.

We found that sufficient progress had been made to meet the previous requirement, reducing the risk of missed visits and the potential for poor outcomes for people. However, to ensure the full implementation of the system and sustained improvement, we have made an area for improvement. (See area for improvement 1.)

Since the last inspection, the provider had begun to review all personal plans in relation to having up to date care plans, risk assessments and six monthly care reviews. We were told that staff were now able to access care plans electronically which meant that information was updated more easily and quickly. We also saw that the updating of risk assessments was almost complete. This would direct staff on how to meet people's current needs and wishes.

From the sample of personal plans viewed, we found the quality of plans had improved. However, one plan required further detail in relation to the person's communication and nutritional needs. We saw The Herbert Protocol documentation in use, which helps police and other agencies quickly and safely locate missing people who have dementia. However, the paperwork was not fully complete and had no dated photograph or GP details.

To ensure continued and sustained improvement in the quality of personal plans, we have repeated the area for improvement. (See area for improvement 2.)

Areas for improvement

1. In order to minimise the risk of missed visits to service users, the provider should continue to monitor their current scheduling system, pending the full implementation of their electronic scheduling and monitoring system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. In order to ensure that people receive the care and support which is personal to them, the manager should continue to ensure that:

- each service user has a personal plan which reflects a person-centred and outcome focused approach
- personal plans contain relevant and detailed risk assessments
- care and support needs, including risk assessments, are updated to reflect any changes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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.

We assessed the safety of infection prevention and control practice and progress made on the previous requirements. We evaluated the service performance to be adequate as we found that there were some strengths but these just outweighed weaknesses within the service.

Since the last inspection, the provider had reviewed and updated the infection prevention and control (IPC) training provided to staff. The record of all staff training had also been reviewed and updated.

Staff supervisions, appraisals and observations of staff practice had continued and showed improvements in staff practice. We suggested that some information could be more detailed, for example, in relation to the use of personal protective equipment (PPE) for different tasks and circumstances. We also advised the provider to ensure that staff signed their supervisions and observations of practice to indicate that they understood the outcome and any actions required.

We found that sufficient progress had been made to meet the previous requirement and minimise the risk to service users. However, to ensure continued and sustained improvement in safe IPC practice, we have made an area for improvement. (See area for improvement 1.)

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

The provider continued to experience challenges around the level of staff they could provide due to staff vacancies and sickness levels.

Since the last inspection, the provider had continued to actively recruit staff as well as review their service provision and staff resource in discussion with their local authorities. Although, the provider had not implemented their contingency plan fully, they had issued letters to all service users explaining the current staffing issues. As a result, they had received understanding and support from some service users and their families.

The provider indicated that they now had better management overview of the service as they were no longer providing routine care cover. Monitoring of the service was also supported by using their systems better to remind or notify them of areas which needed action. They had reminders in relation to staff training, supervisions, observations of practice, recruitment checks and service user care reviews.

The provider had also devised a system by which all staff could register their routine testing for Covid-19, in line with current guidance. This was monitored by office staff to ensure that staff were completing testing as required.

Since the last inspection, we saw that the provider had submitted relevant notifications. However, from records viewed at the service, we became aware that there had been some other service user and staff incidents which should have been notified to the Care Inspectorate. These included potential adult support and protection concerns and were discussed with the provider. The provider was reviewing its systems to see how action taken could be recorded and if triggers for required Care Inspectorate notifications could be added.

The provider also needed to develop an improvement plan to show the areas identified for improvement and the actions being taken forward to improve their service and outcomes for people they support.

We found that sufficient progress had been made to meet the previous requirement and minimise the risk to service users. However, to ensure continued and sustained improvement in the quality of the service provided, we have made an area for improvement. (See area for improvement 2.)

People should be confident that the staff who support and care for them have been appropriately and safely recruited. Since the last inspection, we saw that the recruitment policy had been reviewed and updated with relevant best practice. We also saw evidence of good practice around recent interviews and recruitment checks. However, the use of risk assessments required further development especially where areas of concern were highlighted during the recruitment process and/or relevant recruitment checks were not yet in place.

We found that sufficient progress had been made to meet the previous requirement and minimise the potential risk to service users. However, to ensure continued and sustained improvement in the safe recruitment of staff, we have made an area for improvement. (See area for improvement 3.)

Since the last inspection, the provider had reviewed their system for recording and monitoring staff registrations with a professional body, such as the Scottish Social Services Council (SSSC). We discussed the relevant reminders required on their system and saw how these were now being monitored to maintain staff registrations. We also discussed whether staff required dual registration for their care at home and housing support services.

We highlighted to the provider, that three staff had overdue annual fees. The provider confirmed that these staff had been contacted.

We found that sufficient progress had been made to meet the previous requirement and minimise the potential risk to service users. However, to ensure continued and sustained improvement in the appropriate registration of staff, we have made an area for improvement. (See area for improvement 4.)

Areas for improvement

1. In order to ensure that staff follow current infection prevention and control practice, in line with Health Protection Scotland COVID-19 Information and Guidance, the provider should continue to:

- a. provide staff with relevant training and updates relating to the service provision
- b. keep accurate records of all training completed, to evidence that staff have the required skills, knowledge and qualifications
- c. monitor staff competence through training, supervision, and on-site observations of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. In order to ensure that service users experience a service which is well led and managed, the provider should continue to measure the quality of their service by continuing to:

- a. review service provision and staff resources in partnership with your local authorities
- b. have effective quality assurance systems which demonstrate routine monitoring of the quality of the service and submission of relevant notifications
- c. develop your improvement plan to show the areas identified for improvement and the actions being taken forward to support good outcomes for people.

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

3. In order to ensure the safe recruitment of staff, the provider should continue to:

- a. adhere to best practice, in line with guidance from the Scottish Social Services Council (SSSC) and Care Inspectorate, 'Safer Recruitment through Better Recruitment'.
- b. obtain appropriate references and Disclosure Scotland checks prior to recruitment decisions about employment in the service being made
- c. complete risk assessments when issues arise to demonstrate how decisions to employ are made.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

4. In order to ensure that staff are appropriately registered with a professional body, such as the Scottish Social Services Council (SSSC), the provider should continue to:

- a. keep up to date and detailed records of all staff who work for you
- b. ensure staff who require to be registered with the SSSC or other professional body do this within the timescales required
- c. monitor this effectively.

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

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

Requirements

Requirement 1

By 22 November 2021, in order to minimise the risk of missed visits to service users, the provider must review their current scheduling system, pending the full implementation of their electronic scheduling and monitoring system.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I use a service and organisation that are well led and managed' (HSCS 4.23); 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14) and to comply with Regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 October 2021.

Action taken on previous requirement

See How well do we support people's wellbeing? and area for improvement 1.

Met - within timescales

Requirement 2

By 22 November 2021, the provider must ensure that the training provided and the systems in place to assess and monitor staff competency, regarding infection prevention and control practice are in line with Health Protection Scotland COVID-19 Information and Guidance. This includes, but is not limited to, the use of personal protective equipment (PPE). To demonstrate this, you must:

- a. Review the current training provided to staff to ensure that they are receiving the correct information relating to the service provision
- b. Keep accurate records of all training completed, to evidence that staff have the required skills, knowledge and qualifications
- c. Monitor staff competence through training, supervision, and on-site observations of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 October 2021.

Action taken on previous requirement

See How good is our care and support during the Covid-19 pandemic? and area for improvement 1.

Met - within timescales

Requirement 3

By 22 November 2021, the provider must review quality assurance systems and implement appropriate measures to ensure a safe and effective service and that service users experience a service which is well led and managed. To demonstrate this, you must:

- a. Review the management of your current service provision and staff resource in partnership with your local authorities
- b. Put in place and implement effective quality assurance systems which demonstrate routine monitoring of the quality of the service, including staff routine testing and recording for Covid-19 and submission of relevant notifications
- c. Develop your improvement plan further to show the actions being taken to support good outcomes for people, including improved communication with management and on call and staff retention.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 October 2021.

Action taken on previous requirement

See How good is our care and support during the Covid-19 pandemic? and area for improvement 2.

Met - within timescales

Requirement 4

By 22 November 2021, the provider must ensure that staff have the necessary recruitment checks completed prior to their start date. To demonstrate this, you must:

- a. Review the policy and procedure for recruiting staff safely, referenced to best practice guidance from the Scottish Social Services Council (SSSC) and Care Inspectorate Safer Recruitment through Better Recruitment.
- b. Adhere to best practice regarding the safe recruitment of staff
- c. Obtain appropriate references prior to recruitment decisions about employment in the service being made
- d. Obtain relevant Disclosure Scotland checks prior to recruitment and complete risk assessments when issues arise to demonstrate how decisions to employ are made.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24) and to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 October 2021.

Action taken on previous requirement

See How good is our care and support during the Covid-19 pandemic? and area for improvement 3.

Met - within timescales

Requirement 5

By 22 November 2021, the provider must ensure staff who require to be registered with the Scottish Social Services Council (SSSC) do this within the timescales set and monitor this effectively. To demonstrate this, you must:

- a. Keep up to date and detailed records of all staff who work for you
- b. Ensure staff who require to be registered with the SSSC or other professional bodies do this within the timescales required
- c. Monitor this effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, '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) and to comply with Regulation 9(2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 28 October 2021.

Action taken on previous requirement

See How good is our care and support during the Covid-19 pandemic? and area for improvement 4.

Met - within 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

In order to ensure that people experience high quality care and support that is right for them, the manager should provide a consistent group of staff to service users and inform them of who is coming to support them when this is not possible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11) and 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

This area for improvement was made on 28 October 2021.

Action taken since then

Previously, some people receiving care indicated that communication with office and on-call staff could be better and that they didn't always know which staff were coming to provide their support. People spoken with during this inspection had no communication issues with office staff and indicated that they were usually told if there was a change of staff.

Since the last inspection, the provider had issued letters to all service users explaining the current staffing issues. The provider acknowledged that they always try to provide a consistent team of staff but that this was not always possible. They did identify 16 service users who may be impacted more by inconsistent staff and contact would be made to explain the changes in staff where this was unavoidable.

We found that sufficient progress had been made to meet this area for improvement.

Previous area for improvement 2

In order to ensure that people receive the care and support which is personal to them, the manager should ensure that:

- each service user has a personal plan which reflects a person-centred and outcome focused approach
- personal plans contain relevant and detailed risk assessments
- care and support needs, including risk assessments, are updated to reflect any changes.

This is 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) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 28 October 2021.

Action taken since then

See How well do we support people's wellbeing? and area for improvement 2.

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? | 3 - Adequate |
| 7.1 People's health and well being are supported and safeguarded 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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