

Bellshill Home Support Service Housing Support Service

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North Lanarkshire Council

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About the service

North Lanarkshire Council provides Bellshill Home Support Service – home support and housing support. The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on April 2011.

North Lanarkshire Council recognise that there has been a steady increase of people with complex health and care needs, who are choosing to remain in their own homes. Therefore, a few years ago they introduced a redesign of their care at home support, with the aim of providing flexible person-centred support, which is adapted to the service user's needs thereby, enabling people to remain in their own homes and prevent admission to hospital or to care homes. Home care is delivered by three teams: intensive, reablement and mainstream. The intensive team focus on providing flexible, intensive home support for a limited period of time for instance providing end of life care. The reablement team provide a rehabilitation programme which focusses on maximizing people's independence normally following an illness or stay in hospital. Whilst the mainstream team delivers the vast majority of home support.

The service provider employs one hundred and fifty-four support workers who deliver the care service to four hundred and nine service users in their own homes. The aim of the service is to 'provide a support service to older people and younger adults in their own homes' as stated by the provider.

This service is supported by the Community Alarm Service which operates on a twenty-four hour basis from Merrystone in Coatbridge, alongside North Lanarkshire Council's Social Work Emergency Services Team and Housing.

What people told us

As restrictions were still in place due to the pandemic, we spoke with people using the service by phone. We asked their views of their service during the pandemic. People we spoke with gave mixed feedback.

What people told us:

"I don't always get the same workers, but I know most of them, they are all good I have no complaint."

"Service was terrible, terrible ... cancelled all the time because of staff being off sick ... I just had to put up with it. Sometimes they didn't even phone. Sometimes a lassie would chap at the door and say she was the carer but didn't know what she was coming to do. I didn't want to complain."

and

"I have had no problems; I can't complain about the service. I did get asked a couple of times if family could step in, we didn't mind, and it didn't happen often."

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak
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?

2 - Weak

People told us they had lots of different staff supporting them.

One commented, "Staff change all the time, so I forget their names and I don't like to keep asking".

Consistent staff would promote a person-centred service that ensured people's dignity and choices were respected.

There was no evidence people were routinely contacted over the pandemic to check their support was meeting their needs. We were concerned with the length of time people waited to speak with someone from the Out of Hours (OOH) service. Both service users and staff used this service when offices were closed. There were many abandoned calls which meant people calling this line did not get to speak with anyone. We were told new staff were joining the OOH team and further recruitment was taking place. As this is an important support for staff and service users, we hope increased staffing leads to improvements.

In the last year, there had been 41 missed visits. Missed visits can have a serious impact on someone's health and wellbeing. We were concerned that the majority were due to staff not having the relevant information on their phone planner.

Despite the effect missed visits can have on people, the service had not identified any actions in their improvement plan to try to reduce this number.
(see requirement 1).

Requirements

1. By 7 July 2022 the provider must enhance and improve communications and support for people who use this service to maintain their health and wellbeing.

To do this the provider must at a minimum:

- a) Implement and maintain core staff teams to provide continuity of care for each person who receives a service
- b) Implement points of contact and establish a preferred communication channel with each person who receives a service
- c) Establish and maintain good professional relationships with people using services
- d) Implement a contingency system to eradicate missed visits.
- e) Implement an audit tool to measure customer satisfaction.

This is to comply with Regulation 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 (HSCS) which state that: My care and support is consistent and stable because people work together well. (HSCS 3.19)

How good is our leadership?

2 - Weak

There had been some changes to the Home Support Team including the appointment of new managers. We spoke with staff from all levels and roles who told us they felt stressed due to unmanageable workloads. The lack of support, inadequate training and induction for new staff made them feel undervalued. Staff were moved into new roles without appropriate training or guidance. Staff had asked for support to do their jobs effectively but the response from managers had been inadequate. This had resulted in staff absence due to workplace stress which had impacted on experiences of care for people.

(see requirement 1)

Quality assurance audits focused on staff supervision, staff learning and development and service development. Whilst we could see the service were aware of the issues we raised and recommendations had been highlighted there were no clear timescales to evidence actions and improvements were progressing or had been met. Continual review and evaluation are vital to improve people's experiences of care.

The quality audit was a good approach to try to capture service user and family's views of the quality of service they received. However, there were no actions or responses noted when people made comments about things they were unhappy with. The lack of actions meant that people's views were not used to improve their service.

(see requirement 2)

Requirements

1. By 7 July 2022, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported, inducted and trained.

To do this the provider must, at a minimum, ensure:

- a) all staff have a clear point of contact for support and receive regular supervision
- b) all staff receive a thorough induction when they start at the service and are supervised until competency is achieved
- c) ongoing training including refresher mandatory training is provided to all staff to maintain their competency in all aspects of their role which must include direct observations.

This is to comply with Regulation 15(b)(i) (Staffing) 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 (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 organisations codes' (HSCS 3.14).

2. By 7 July 2022, the provider must develop and improve management oversight of all aspects of the service. This must include quality assurance systems being introduced in key areas of operation. To do this the provider must, at a minimum, ensure:

- a) Audits have associated SMART action plans
- b) Audits are regularly reviewed and updated to show progress

This is to comply with Regulations 7(2)(c) and 9(2)(b) 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 (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)

How good is our staff team?

2 - Weak

There had been little support for Housing Support Workers (HSWs) who were on the front line during the pandemic. HSWs told us the management team were not visible through the pandemic until recently when supervision sessions had started again. The pandemic had been a challenging time for HSWs working in the community, many on their own trying to keep everyone safe. They would have benefitted from opportunities to discuss issues and concerns with their line manager.

We found that people using the reablement service were supported by staff who had received specialised health related training related to their needs. For example, staff had spent time with physiotherapists in hospital settings which gave them the necessary skills to work in this team. There was no such approach in mainstream services.

We expected to find a continual training plan to support a highly skilled and competent workforce. However training records showed most staff required refresher training in moving and assistance and adult support and protection. This training is vital to maintain skills and knowledge that keep people safe. The training plan did not reflect specific training required to meet the individual needs of people using the service such as epilepsy training.

We found limited evidence that new staff had been observed putting their training into practice. Therefore, a potential risk to people from staff who had not been deemed competent.
(see requirement 1 under 2.2-How good is our leadership)

How well is our care and support planned?

2 - Weak

At inspection over 100 reviews were out of date some by nearly three years. During the pandemic we would have expected phone call reviews to have been carried out. This would have ensured information in support plans was relevant and up to date. We found no evidence of this. This had resulted in plans that were out of date and no longer met people's changing needs.

Staff relied on detailed, up to date support plans when offering assistance. However plans did not have enough person-centred information to guide staff. For example there were people with conditions such as arthritis or epilepsy. Their plans did not tell staff how their conditions affected them or the impact their conditions would have on how support was offered. People therefore could not be confident of support from staff who benefited from a care plan that provided them with clear guidance.

We also found that some plans had no personal information, such as family names and history which was crucial for staff trying to build relationships.
(see requirement 1).

Requirements

1. By 7 July 2022, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs.

To do this the provider must, at a minimum, ensure that service users' personal plans:

- a) are current, accurate, reflect good practice in being person-centred and outcome focussed.
- b) are reviewed at least six-monthly, measuring the impact of supports given, involve the relevant people, and detail changes to improve outcomes
- c) have sufficient detail in them to ensure people's individualised support needs and outcomes are met
- d) summary personal plans are completed for all service users
- e) are subject to regular evaluation and audit to monitor quality and effectiveness.

This is to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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)

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

2 - Weak

We acknowledged the service had been through a challenging time as due to the pandemic there had been high levels of staff absence. This had caused a staffing crisis which had resulted in support being changed for some people. The level of staff sickness had led to inconsistency for people using the service and staff. Some comments from people we spoke with recorded in this report agreed. Consistency would enable people using the service and staff to build relationships with people they can get to know.

As staff absence levels continue to drop mainstream services will now move into recovery post covid. A clear record of staff who drive and those who walk should be updated as this has an impact on travel time between visits. We were concerned staff were asked to provide support when travel time was not taken into account. Staff told us travel time was deducted from the visit time. This meant people did not get the full amount of time an assessment had identified was required to meet their support needs. Lack of travel time caused staff to constantly run late which meant they were rushed. This may affect the quality and safety of care provided.
(see requirement 1).

There had been some observations of staff competency with infection prevention and control. However when we asked staff the correct protocol for donning and doffing personal protection equipment (IPC) such as masks, gloves and gowns most got this wrong. IPC is everyone's responsibility and should be discussed regularly with staff teams and people being supported. We suggested refresher training may be appropriate and this was agreed.
(area for improvement)

Requirements

1. By 7 July 2022 the provider must ensure service users experience care and support which is safe and meets their needs. To do this the provider must, at a minimum:
 - a) provide the assessed level of support time
 - b) consider travel time implications for people using services

This is to comply with Regulation 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 (HSCS) which state that: People have time to support and care for me and to speak with me (HSCS 3.16)

Areas for improvement

1. To support good infection prevention and control the provider should ensure all staff access training relevant to their role and apply their training in practice. This should include but is not limited to infection prevention and control.

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, 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

This requirement was made following a complaint to the Care Inspectorate:

- a) All staff receive up to date training and on-going competency assessments in the administration of medication.
- b) Staff are given clear direction, within care and support plans, which level of medication support they are providing.

This is in order to comply with Health and Social Care Standard, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practices and follow their professional and organisational codes." (3.14)

This is also in order to comply with SS1 2011/210 4 (1) (a) 5 (2) (b) (c) 15 (b). In order to ensure that people experiencing care can be confident in the people who care and support them by 22 March 2019. This timescale is extended to 7 July 2022.

This requirement was made on 1 April 2019.

Action taken on previous requirement

Staff we heard from told us they had not had any training for a long-time including medication training. We looked at training records that confirmed this.

The reablement team had medication refreshers but not mainstream staff. There were no medication competency checks or observations of staff practice being carried out.

As some support plans were out of date medication levels had not been updated to show any changes to medication support.

This requirement has not been met and will be repeated.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.3 Staff are led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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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