

Constance Care South Ayrshire Housing Support Service

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Constance Care Limited

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About the service

Constance Care South Ayrshire provides a combined support service - care at home and housing support service to people in the towns and villages throughout South Ayrshire. The service had previously been a branch of a larger service registered by the provider City and County Healthcare Group - Scotland. An application to register Constance Care South Ayrshire as a single registered service was submitted by the provider and approved by the Care Inspectorate in December 2019. This was the first inspection of the service since registration.

What people told us

To gather people's views, we spoke with nine people receiving support and five relatives/representatives by telephone. We also met with two people receiving support in their own homes.

People we spoke with expressed high levels of satisfaction with the service being provided. People told us that the service was reliable and staff stayed for the length of time they were supposed to. They also told us there had been no missed visits. People were particularly complimentary about the staff who supported them and it was clear that positive relationships had been established. They confirmed that staff were caring, courteous and kind. We have included some of their comments in the body of this report.

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?	4 - Good

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We were told from the people receiving support or their family carers that staff were always kind, caring and respectful. We were told that people were able to express their views and were listened to. We saw that positive relationships had been established and it was clear that staff were aware of their responsibilities to support peoples' wellbeing. One person being supported told us; 'A couple of weeks ago I wasn't feeling well the carer didn't just leave she stayed with me to see how I was, she didn't have to do that but it made me feel better.' A relative told us; 'Dad has a great rapport with (name given) she really calms him down if he is agitated.'

People were aware that the service was experiencing difficulties in recruiting and retaining staff.

However, they told us that the service was reliable and that, in the main, they received support from the same small group of carers. There were arrangements in place for those who chose to be informed of staff who would be supporting them prior to their scheduled visits. This included written rotas, verbal reminders from support staff or accessing the service 'portal.' The service 'portal' could be accessed by people receiving support, or a named family carer or representative, this would give information about the staff attending each visit, support plans and visit notes.

People's 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 during the review and any decisions made (see area for improvement 1).

We were given examples of how the service could be flexible to accommodate health appointments or other important events. People told us that the times of visits did meet their needs. People spoke about how crucial the service was to them and how it had made a difference to their lives. One person told us 'Having support from Constance Care allows me to live at home, the girls always keep me laughing, I think that's important.'

Staff demonstrated an understanding of their responsibilities to protect people from harm. We could see that concerns were appropriately reported to South Ayrshire Health and Social Care Partnership and to the Care Inspectorate. People receiving support could be confident that staff monitored their health and wellbeing.

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. A person receiving support told us; 'I wasn't keen on getting carers in the first place but they have been great, I can chat to them and my legs have really improved since they have been helping me, I can't praise them enough.' The service was proactive in informing care managers and commissioners when people's needs changed and required to be reviewed.

Staff must be suitably trained and skilled for their role. We saw that staff had completed a range of relevant online training. We also saw that a comprehensive programme of face-to-face training had been re-established following the easing of Covid-19 restrictions. This included practical and theory-based moving and handling training, infection prevention and control and induction training.

People requiring support with medication could 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.

We saw that the service had been making progress in improving the quality of information in support plans. However, further improvements were needed to ensure they contained detailed information on how to support people's wellbeing for all aspects of assessed needs, and any associated risk assessments. This should include clear direction to staff on how to support individuals in accordance with their preferences to ensure good outcomes (see area for improvement 2).

Areas for improvement

1. The provider must make improvements to the review process. To achieve this the provider should;
 - ensure that people have advance notice of a care review and they or their representative are involved in the process
 - that people are informed that it is a care review and not a quality assurance call/visit
 - that service documentation refer to a care review
 - that the review records are detailed and reflect discussions and any decisions made
 - people are offered a record of their care review.

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

2. The service should continue to make improvements to the quality of support plans. In order to achieve this, the provider should ensure that people experiencing support have support plans that are up to date, person-centred and contain detailed information to support people's health and wellbeing and ensure that accompanying risk assessments are detailed and regularly reviewed.

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

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

4 - Good

Our focus in this key question 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 a good standard.

At the time of this inspection, there was a small number of positive Covid-19 cases involving people who experience support or staff. From our discussions with managers and staff we were confident the service was responding appropriately and had followed the latest guidance and reporting processes. Contacts had also been made with Public Health Scotland, Health and Social Care Partnership and the Care Inspectorate.

The people told us that staff always wore Personal Protective Equipment (PPE). We were told 'I'm really happy with the carers, they always wear their PPE, they are courteous and helpful. 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. A service user told us 'They always wash their hands, it's the first thing they do before they put the kettle on for me.' Personal Protective Equipment (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 on IPC.

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. We accompanied a senior care at home assistant and observed a spot check taking place and found no issues with compliance.

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 South 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 South 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.

People requiring support had a Covid-19 care plan in place. We found that these could be more detailed and be updated with information regarding individuals Covid-19 status and vaccinations.

Quality Assurance processes were in place which included the completion of audits to evidence achievements of stated Key Performance Indicators (KPIs). However, further improvements to the quality assurance systems were required to ensure that audits of care plans and care reviews included a better assessment of the quality of information they contained and not only to check that all parts of the process had been completed (see area for improvement 1).

Staff were supported to keep up-to-date with current and changing practice. The provider had introduced an electronic management system which allowed staff to access information via handheld devices. Staff confirmed that this included company policies and updated guidance. Staff had also received practice guidance by post.

The service had maintained a programme of supervisions, mainly by telephone. However, face-to-face supervisions were now being organised. These 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.

There was a good system in place to ensure staff compliance with Covid-19 testing requirements.

Areas for improvement

1. The provider should make improvements to the quality assurance processes. In order to achieve this audits of care plans and care reviews should include a better assessment of the quality of information they contained and not only to check that all parts of the process had been completed.

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

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?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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