Falkirk Council - Care and Support at Home - West Locality
Support Service

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Falkirk Council

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About the service

Falkirk Council Housing Support and Care at Home - West locality was registered before 1 April 2011. The service is provided for people living in their own homes in the west Falkirk Council area. The service had previously been incorporated under one registration that covered the whole Falkirk Council area. This registration was split into three localities in 2019, to support more effective working with the West locality retaining the original registration and regulatory history. We found that the managers for each of the three localities worked very closely with each other in a mutually beneficial way.

The service is provided for people with a wide range of care and support needs including, older people, adults with physical disabilities, people with enduring mental health problems and people living with dementia. Services are provided on both a short-term and long-term basis.

The service is managed by a team manager who oversees day to day operations, led by senior workers and home care managers. The senior workers and home care managers are responsible for managing resource coordinators, social care officers, senior carers and care staff who work in assigned geographical areas.

This inspection was carried out mostly remotely, in order to reduce the risk of COVID-19 transmission. We did spend two days in the office to enable conversations with the management team and office staff and observe a meeting. We had telephone conversations with care staff, people who used the service and their relatives.

What people told us

We spoke with nine people during the course of the inspection. We did this over the telephone due to COVID-19 measures. People were overall, satisfied with the care and support they received. Some people asked us to raise queries they had on their behalf and we did this with management team, who took timeous action to rectify any issues:

"Very happy and I have confidence in the girls they are very good".
"The care is exceptional. They are very kind and always have time for me".
"Carers are very accommodating as is the person I speak to at headquarters".
"Happy with most of the carers but if an agency carer comes in I'm not happy to say the least. They cause more problems and I struggle with them because I have to get out of bed to answer the door".
"The carers are brilliant. Since I started they have been brilliant. I've never experienced assistance like this. They are all great".
"The carers are a bunch of characters but every one of them is lovely".

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

The service was performing at a good standard at the time of the inspection. This means that there were a number of important strengths, which taken together, clearly outweighed areas for improvement.

The service offered a good degree of consistency of care to people, and the management team monitored this on a four weekly basis, in order to maintain a good standard in this area. As the local authority, the service was required to meet the needs of people who previously received care from external providers, if and when they could no longer provide this. At times, over the course of the pandemic the service was dealing at very short notice, with significant numbers of care packages that had been handed back to them. We saw that there were occasions where there could have been more proactive communication and introduction to people and their relatives about these changes. However, the need to quickly respond to put appropriate resources in place and meet these crucial needs became the service's priority. We heard from people using the service and relatives that they felt their needs were met by skilled staff who knew them well.

Relatives, carers and people using the service told us how staff went above and beyond to meet people's needs. This included, things like paying attention to people's appearance and promoting their self esteem, to relaying information about health concerns or contacting health professionals. This helped people be confident that theirs or their relatives needs were being met to a good standard. People felt they were treated with dignity and respect and described care staff positively with recognition of how hard they work. Overall, care and support was delivered flexibly and responsively, in order to best meet people's needs with changes made where possible, to accommodate requests for things like health appointments or family events.

There was a high degree of progress and development within the service despite the pressures brought on by the pandemic. An example of this was, the creation of three new pharmacy technician posts who in future will each be assigned to a locality but who were currently working together, to roll out support and training with staff and community liaison with health centres and pharmacies. We spoke with the pharmacy technicians and heard how they were supporting the roll out of the provider's new medication policy and going forward would work, to ensure best practice around medication and wellbeing for people using the service. The new medication policy was clear and informative, and meant that staff could more accurately assess that the correct type of support was being given to people using the service. Whilst we heard from some relatives about queries over what the service could and could not support, within relation to medication, we could see that there was work underway to remedy this.

Where there were concerns about people's wellbeing appropriate action was taken by the service to address these. This included, raising adult protection referrals, liaison with other allied health professionals and reviews of care and support needs in conjunction with people using the service and their relatives. This meant that people received responsive care and support that helped ensure their safety and wellbeing. The management team could look at developing staff involvement where there are concerns, to ensure they are involved in discussion and are informed about outcomes.

Complaints were dealt with effectively. We spoke with people who had cause to raise complaints in the past

and they told us they were satisfied with the way their complaint was dealt with and confirmed that any improvements that needed to be made had been. People who used the service and their relatives were confident that they could reach the relevant person in the service should they need to. This meant people had confidence they could raise issues and be listened to.

The service improvement plan identified some areas for further work. This included, completing reviews for all people using the service and ensuring there was progress in how well care plans were completed. This is especially important given the plan to further develop the reablement approach across the service. We will follow up on progress around these areas at the next inspection.

How good is our care and support during the COVID-19 pandemic? 4 - Good

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

We evaluated the service at a good standard under this quality indicator. This means that there were a number of important strengths, which taken together, clearly outweighed areas for improvement.

We saw that staff were given some refresher training around Infection prevention and control and lots of supplementary guidance in relation to COVID-19 and associated practice. When we spoke to staff, they were able to describe the procedures they followed for ensuring safe practice when attending to people using the service. This included, safe disposal of PPE and hand hygiene. Staff were less clear on the procedure for donning and doffing of PPE, despite clear communications to them. We found that checking of staff practice and understanding could be improved to ensure that staff were working as safely as possible. Staff received regular and sufficient supplies of PPE and were complying with testing, with support and guidance provided to them around this.

We heard from a small number of staff that they had been told by the management team that they did not require to have visors/eye protection as part of their PPE, even if attending to a person who was suspected or confirmed as having COVID-19. We clarified this with the management team and were satisfied that there were supplies of visors for staff and that subsequent to us raising this, the management team made this clear to all staff. We discussed how it is important that information is shared with staff in a consistent way and is not interpreted by individuals who may then give wrong information to staff. Again, this issue would be supported by checking of staff practice and should be incorporated into the observations that are now being carried out.

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

We evaluated the service to be performing at a good standard under this quality indicator. This means that there were a number of important strengths which taken together, clearly outweighed areas for improvement.

As part of the requirement to work safely during the COVID-19 pandemic and in recognition of staff who were classed as high risk or vulnerable, the provider had made arrangements for some office based staff to work from home. Some of these staff included, resource coordinators whose role is to ensure the smooth delivery of care via scheduling of visits to people. These staff continued to work from home after the pandemic restrictions eased.

We looked at staff rotas and spoke to care staff. They all expressed significant concerns over their rotas and

described working under extreme and often unnecessary pressure because of poor scheduling. The rotas we looked at included, examples where insufficient time was given to travelling either on foot or by car or where there were excessive gaps where carers had no care visits planned. Carers told us that when they contacted their resource coordinator to query issues with their rota they were told "its not my job to make your rota look good" or "I haven't logged on to the system" or "I haven't switched on my machine yet." Many carers told us that the resource coordinator for their area did not know the area well, and were not working with other coordinators who did know the area to build their knowledge or understanding around it. This practice of working in isolation meant that carers were often doubling back on themselves, or passing each other in the street with no obvious reason for why this needed to happen.

There was a performance issue amongst this core element of the service and the impact of this is considerable on both the quality of care and support provided to people and on resource management. Care staff described how they have to sometimes rush people's visits or cut them short, to ensure they can get to the next person, and how they felt exhausted by working like this.

The management team and provider were working closely with the resource coordinator staff and associated trade unions, to support them to perform their duties safely within the office base to the highest possible standards, with systems in place to support performance management and respond appropriately. It is crucial that this group of staff can work effectively as a network with ease of communication and collaborative working central to this. We did not see that this was happening and there was a negative impact of this on all aspects of the service. We have made an area for improvement around this issue. See area for improvement 1.

The team managers worked well together and with those staff they managed. The culture amongst the staff who were office based was very positive, inclusive and supportive, with an open door approach to the managers. People told us how they received support to carry out their roles to the best of their abilities, were given advice and guidance whenever it was needed by the local management team who were accessible and involved. This meant that when there were concerns or issues about people who received the service appropriate action was taken to ensure the best outcomes. Additionally, the local management team, sometimes along with other allied professionals, had delivered hands on care and support at times when there were significant staffing pressures. This involvement and collaboration meant that people received essential care and support.

However, we found that the team managers had only received remote support from their line managers since the start of the pandemic. They had not been visited in the service by their managers, which could have happened with appropriate safety measures in place and could have been of benefit to the management team and office based staff. The provider should ensure effective support, leadership, mentoring and guidance is given to the management team, in order to support their continued professional development, practice and morale.

Observations of staff practice were taking place, to ensure staff were providing high quality care and support in line with COVID-19 safety measures. We saw that these had recently restarted after being paused for a time at the height of the pandemic and due to extreme staffing pressures within the service. This offered a level of insight and assurance that people were receiving a good standard of care and support and staff were receiving more face to face support and guidance. The paperwork used did not fully capture COVID-19 safety measures such as, checking on staff practice and understanding about donning and doffing of PPE or types of PPE available and required. The management team agreed to rectify this, to ensure a continued effective focus on Infection Prevention and Control and PPE.

We concluded that this meant overall, leadership and staffing arrangements during the COVID-19 pandemic were good.

Areas for improvement

1. In order for the service to fully deliver on its aims and objectives, in providing a high quality care at home service to people, improvement is needed in how effectively the resource coordinators are working.

This improvement should include but not be limited to:

- Sharing geographical knowledge about areas care staff are working in, in order to maximise resource management, consistency of care, and reasonable expectations on care staff about what they can realistically do.
- Assisting each other as part of a wider team, during times of staff shortage or cover needs, to ensure that care and support can be delivered as effectively as possible.
- Providing more responsive and considerate support to care staff in order that they are properly supported in their day to day work.

This is to ensure that care and support is consistent with the Health and Social Care Standards;
4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event, and
4.27 I experience high quality care and support because people have the necessary information and resources, and
4.3 I experience care and support where all people are respected and valued.

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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