

Walfinch Edinburgh South Support Service

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Type of inspection:
Unannounced

Completed on:
25 May 2022

Service provided by:
Bumsy Healthcare Services Ltd

Service provider number:
SP2021000055

Service no:
CS2021000090

About the service

Walfinch Edinburgh South is a care at home service. The provider of the service is Bumsy Healthcare Services Ltd. The service is a franchise which operates with support from Walfinch, a care at home provider based in England.

The service provides care to people living in their own homes predominantly in the southern area of the city of Edinburgh. At the time of the inspection, the service was providing care to 13 people.

The aims and objectives statement for the service informs us:

"All clients will receive care that is person centred and tailor made to their individual needs. We at the core of our values, promote living independently and ensure that fully trained care workers are recruited. Care workers will attend visits as per the clients request and will follow support plans in place."

About the inspection

The service was inspected from 31 March 2022 to 07 April 2022. An Improvement Notice was issued to the service as a result of the inspection findings.

This was a follow up inspection which took place from 18 May 2022 to 24 May 2022. We looked at each area noted in the Improvement Notice to assess if the required improvements had been made.

The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. We closely monitored the service over the period between the two inspections.

In making our evaluations of the service we:

- spoke with seven people using the service and eight of their family members
- spoke with eight members of staff and management
- observed practice and daily life
- reviewed documents
- sought feedback from visiting professionals.

Key messages

- The service had made improvements in all areas identified for action in the Improvement Notice issued on 14 April 2022.
- Personal plans contained more detailed information and risks identified had been assessed.
- Systems for auditing the administration of medication were in place.
- Staff training and supervision had shown some improvement but further work was required in this area.
- Quality assurance processes had commenced but further work was required in this area.
- Systems were in place for dealing with and responding to complaints.
- People experiencing care and their families told us that they were experiencing an improved service.
- As a result of the improvements made, we issued a compliance letter to the service on 31 May 2022. This informed the service that the Improvement Notice was no longer in force.

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

Requirements

Requirement 1

By 13 May 2022, you must protect the health, welfare, and safety of those who use the service by ensuring that all personal plans and risk assessments, contain all current relevant information. These must be reviewed at least once every six months thereafter and must accurately reflect:

- a) the current assessed health and care needs of the service user with clearly identified goals. Priority being given to personal care, nutrition, and minimising stress and distress, and
- b) any identified risks to the service user's health and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate these risks, and
- c) staff must also demonstrate in practice, implementation of care and support in accordance with the personal plan.

This is in order to comply with Regulation 3, Regulation 4(1)(a), and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 14 April 2022.

Action taken on previous requirement

Information in personal plans had improved since the last inspection. People's goals were identified and noted in their plans. Preferences for nutrition and how care would be delivered was detailed in plans. We pointed out some examples where this could be further improved. We saw good examples where stress and distress had been identified and steps that had been taken to reduce this for people. A process was in place where the manager was making contact with all people experiencing care and their families to audit personal plans to ensure these were entirely correct and up to date. This ensured that care being delivered was based on people's current needs.

Risks were now identified in people's plans and risk assessments for how these risks would be reduced were in place.

We raised that although DNACPR information was noted in people's plans, this was not easy to find. The service had already identified this as an issue for improvement and shared a new version of the personal plan where this information was given priority on the front page. This ensures staff can find this information quickly when required.

Observations of staff practice when carrying out care was in keeping with personal plans. Staff showed a better knowledge of people's needs, preferences and associated risks.

People experiencing care and their relatives reported that they felt practice had improved in this area.

Whilst there was ongoing work to continue to improve personal plans, there had been sustained improvements since the last inspection to show that all elements of this requirement had been met.

This improvement has been complied with.

Met - within timescales

Requirement 2

By 13 May 2022, you must protect the health, welfare, and safety of those who use the service by ensuring the safe administration of medication to service users. To do this you must at least ensure that:

- a) staff who may be involved in the administration of medication have received training in the safe handling and administration of medication and can demonstrate competency in their practice,
- b) medication administration systems are subject to regular quality assurance checks, and any identified deficits have an associated SMART action plan implemented.

This is in order to comply with Regulation 4 (1)(a) and Regulation 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 14 April 2022.

Action taken on previous requirement

All staff members had completed a refresher course of medication training since the last inspection. The content of the course was comprehensive, and staff completed a test to demonstrate a good level of understanding before being involved in the administration of medication. This ensured people were being cared for by knowledgeable staff.

The administration of medication was subject to direct observations by managers that fed into staff supervision meetings. We suggested scenario-based discussions with staff in supervision or group settings to build confidence in their practice in this area.

Medication audits had been implemented to provide quality assurance. These were carried out weekly to quickly detect and react to any errors.

Medications taken were now listed in full in personal plans with details of the purpose of each medication and web-based links to the NHS website for additional information. This helped increase staff knowledge and awareness of the risks associated with the administration of medication.

At the time of the inspection no people were being fully supported with the administration of medication other than prompts. However, the service had done all they could with their current service user group to meet the requirement.

This improvement has been complied with.

Met - within timescales

Requirement 3

By 13 May 2022, you must ensure that service users experience a service with skilled and competent staff. In particular, you must at least:

- a) ensure all staff and managers are registered with the Scottish Social Services Council,
- b) develop and share the training plan that sets out how all staff will be able to demonstrate in practice up to date knowledge and skills in the following areas:
 - 1. person centred care,
 - 2. nutritional care,
 - 3. adult support and protection,
 - 4. stress and distress,
 - 5. infection prevention and control (including, but not limited to, the safe disposal of used Personal Protective Equipment and importance of adhering to Covid-19 testing requirements),
 - 6. medication administration and
 - 7. complaints handling.
- c) implement and record regular quality assurance checks to demonstrate how training received is being implemented in practice as well as recording and sharing a SMART action plan for any deficits which are subsequently identified,
- d) provide staff with and engage in regular support and supervision to discuss their practice and development needs, and
- e) ensure provision of care is delivered in accordance with current good practice guidance.

This is in order to comply with Regulation 4 (1)(a), Regulation 9(2)(b) and Regulation 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 14 April 2022.

Action taken on previous requirement

We saw significant improvement in relation to registration with the Scottish Social Services Council. Seven members of staff had completed this process and the remaining four members of staff had all started the registration process. This helped ensure that people were being cared for by a professional staff team.

All staff had completed adult support and protection training. Both medication and infection control training had been refreshed by all staff since last inspection. Person centred care training had been completed by four members of staff and we asked the service to focus on all staff completing this. Training had not yet taken place to cover stress and distress, nutritional care or responding to complaints. We were informed of plans for this to be undertaken.

Staff had their practice observed by managers which fed into supervision discussions. Observations covered medication, hand hygiene and moving and handling. We asked the service to expand on this and observe staff practice in communicating when delivering care. Further work was also required with staff in responding to changes in people's needs and their confidence in dealing with adult protection issues.

Supervision was taking place regularly however we saw very little of a positive nature in supervision meeting minutes. Focus was given to what staff were not doing correctly or guidelines to be adhered to. Of equal importance is positive feedback on the performance of staff members. The supervision process did not leave staff feeling valued and appreciated.

Good practice was covered in supervision when policies were discussed. Again, we suggested scenario-based discussions to get staff thinking about what they would do in certain situations. This will help staff see how their knowledge of policies influences their practice.

We cannot consider this requirement as being fully met as work is still ongoing. We asked the service to address and resolve this issue by 15 July 2022.

Not met

Requirement 4

By 13 May 2022, you must ensure that the service is well led and managed. You must support better outcomes for service users through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. To do this you must at least ensure that:

- a) the service's performance is assessed through effective audit and quality assurance processes that measure safe outcomes for service users and involve service users or their representatives,
- b) staff in leadership roles are supported, and allocated sufficient time to implement the service's quality assurance processes,
- c) SMART action plans are implemented and shared to support areas of improvement identified, and

d) the review of action plans identifies to what extent they have resulted in positive outcomes for service users' health, safety, wellbeing and satisfaction and staff knowledge, skills and confidence.

This is 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 14 April 2022.

Action taken on previous requirement

Quality assurance had been focussed on the action plan created following the previous inspection. Future quality assurance processes had been started and included the manager meeting with people and their relatives to give feedback on the performance of the service and how it could be improved. We asked the service to use this to create a service development plan and share this with us.

Staff in leadership roles confirmed they were supported and allocated sufficient time to implement quality assurance processes.

Quality assurance measures for staff practice were in place with observations of practice informing staff supervision meetings. We asked for the topics covered during observations of practice to be extended to include communication when delivering care. This would ensure people were comfortable in their interactions with staff.

We cannot consider this requirement as being fully met as work is still ongoing. We asked the service to address and resolve this issue by 15 July 2022.

Not met

Requirement 5

By 13 May 2022, you must ensure that people experiencing care have their complaints fully investigated. To do this you must ensure that:

- a) all staff can demonstrate competency in practice regarding responding to concerns and complaints, and
- b) all complaints, investigation procedures and outcomes are recorded in detail with an associated action plan that reflects systems of measuring service user satisfaction.

This is to comply with Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 14 April 2022.

Action taken on previous requirement

Complaints made were now being logged with resulting action plans and lessons learned documentation in place. Complaints were being responded to quickly and apologies offered to complainants, users of the service and their families. Relatives felt listened to and that complaints were being taken seriously.

Information on how to make a complaint was available within people's personal plans. This increased confidence in the service and showed a commitment to improvement.

Relatives and people experiencing care told us that issues being dealt with on a more informal basis had also improved. Gender specific staff requests were being met. People told us that when issues were reported to the office, actions were taken, and care had improved as a result.

Staff had not completed training in responding to complaints (this is covered in the staffing requirement), but people reported that staff were taking guidance well when asked to do a care related task in a particular way.

There had been sustained improvements since the last inspection to show that all elements of this requirement had been met.

This improvement has been complied with.

Met - within timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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