

Continuity Care Scotland Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
14 November 2022

Service provided by:
Continuity Care Scotland Ltd

Service provider number:
SP2019013350

Service no:
CS2019376651

About the service

The service provides care at home to adults in northwest Edinburgh with its office based at Dalmeny. The service was registered with the Care Inspectorate on 30 January 2020 and managed by Continuity Care Scotland Ltd. At the time of the inspection the service offered care and support to 16 people.

About the inspection

This inspection took place on 9 and 11 November 2022 after 24 hours notice to the service. The inspection was conducted by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

We evaluated how well people's health and wellbeing was supported, the infection protection and control practices, the quality of staffing and management as well as people's personal plans.

To inform our evaluation we:

- spoke with seven people using the service and 10 relatives as well as a health and social care professional involved with the service
- spoke with six care staff, two office staff and the manager
- observed how well care staff supported people
- visited the office to see how it was run
- reviewed documents and electronic records.

Key messages

- Almost everyone we spoke to was satisfied with the quality of the care and support received in their homes.
- Staff interacted warmly and respectfully with people.
- Quality checks were not taking place, such as timing of care visits, medication administration and daily care notes.
- Staff were informally supported, though face-to-face supervision and practice observations needed to increase.
- Staff training needed to be updated.
- Most people had not had a recent review of their personal plans.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

People told us that staff interacted warmly and respectfully with them. People did not feel rushed by staff when being supported. Care and support were carried out in a dignified way with privacy and personal preferences respected. Staff cleaned and tidied up after themselves. The staff were regular and therefore knew people well. Staff had conversations with people to show interest in their lives. Late or missed visits were not an issue. Almost everyone we spoke to was satisfied with the quality of the care and support received in their homes. People's comments included "it lets me keep what independence I can, with help where I need it" and "I can relax with the carers as they will sit and listen, it is like it is family." Relatives said "they are the reason he is still in his own house" and "good balance between carer and friendship".

Meal preparation involved people choosing what they wanted to eat and drink, enjoyed in an unhurried way. Support with eating and drinking was undertaken in a dignified way. Techniques used to assist people to mobilise were undertaken in a safe and reassuring way. Medication administration was well organised with appropriate training for staff though regular audits by management are needed. This ensures that people experienced safe and effective medication.

There was a good supply of personal protective equipment such as masks, gloves and aprons (PPE) for staff. We observed and people told us that staff used PPE appropriately. Managers observed staff practice to assess their competence in wearing PPE correctly and hand washing. There was training for safe infection, prevention and control practices. These measures aided the continued protection of people and staff from harm.

How good is our leadership?

3 - Adequate

We evaluated the service to be operating at an adequate level for this key question. There were a number of strengths which outweighed areas for improvement with the leadership and quality assurance.

Almost all people considered that the office staff were responsive to any issues they raised. Relatives told us "I can just go into the office and speak with the manager at any time over a coffee; the manager is open to that flexibility" and "good open communication with the manager and I feel comfortable contacting her if I need to."

There were quality checks by management regarding observing staff competence in people's houses though these needed to increase in frequency. Telephone calls regarding care quality were taking place but more face-to-face reviews of care and support were needed. The service also needed to seek feedback through satisfaction surveys with people experiencing care, their friends and relatives as well as staff.

Quality checks were not taking place, such as timing of care visits, medication administration, daily care notes and personal plans. This will ensure that there is a culture of continuous improvement for people experiencing care (see area for improvement one).

Areas for improvement

1. The provider must ensure people experience safe care and support where management have appropriate oversight and monitoring of the service's quality assurance systems.

In order to achieve this, the service provider must ensure that:

- a) The quality assurance system enables areas for improvement to be promptly and accurately identified.
- b) That the outcomes of any audits are clearly recorded.
- c) Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- d) Quality assurance systems to monitor whether care and support records are accurate, detailed and up to date.
- e) Quality assurance arrangements are reviewed and developed to ensure that people benefit as much as possible from their care and support.

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).

How good is our staff team?

3 - Adequate

We evaluated the service to be operating at an adequate level for this key question. There were a number of strengths which outweighed areas for improvement with the staff training and support.

Staff recruitment processes were thorough. Care staff needed to complete an annual refresher training session for moving and handling people as well as medication administration training. A staff training plan needed to be organised to manage essential staff training effectively. The service was working on this at the time of inspection (see area for improvement one).

Frequent informal support of staff by management was taking place, though direct observations of practice and face-to-face supervision needed to happen more regularly (see area for improvement two). Team meetings were taking place frequently but needed to be formalised with agenda, minutes and actions. This ensures staff are well led and have the necessary information and support to provide quality care based on relevant evidence, guidance and best practice.

The planning of the care visits was well-organised; staff had time to provide care and support with compassion and engaged in meaningful conversations with people. Late and missed visits was not an issue. People did not report being rushed or their care and support not being completed during a visit. People's comments included "usually, the same carer all the time; only different if she is off and then it's the same replacement" and "has two regular staff who she likes and they get on with things and are very helpful".

Areas for improvement

1. The provider must ensure that essential staff training has been completed by all staff.

In order to achieve this the service must undertake the following:

a) A detailed staff training plan to be organised, this should include but not be limited to:

- moving and handling people
- medication administration
- food hygiene
- adult protection
- fire awareness
- data protection and confidentiality

b) Care staff to complete the annual refresher training for moving and handling people as well as medication administration.

c) Training for moving and handling people must have a practical element included not just an e-learning module.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

2. The provider must ensure that staff are well led and managed.

In order to achieve this the service must undertake the following:

a) Management to undertake regular one to one supervision with staff including a written recorded and actions.

b) Management to undertake regular direct observations of staff regarding their practice including staff putting on and taking off personal protective equipment and hand washing. Direct observations to have a written record with any actions when issues arise.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?**3 - Adequate**

We evaluated the service to be operating at an adequate level for this key question. There were a number of strengths which outweighed areas for improvement with personal planning.

Personal plans were undertaken with sections on each area of care, for example nutrition, and had thorough and personalised information regarding how best to support someone. There needs to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. Face-to-face reviews with people needed to take place. Current guidance states that six monthly reviews are needed. This will ensure that personal plans remained right for people as their needs change and to make sure that everyone has the opportunity for their views to be heard.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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