

Cumbernauld Home Support Service Housing Support Service

Cumbernauld Social Work Locality
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Type of inspection:
Unannounced

Completed on:
27 January 2023

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2004071296

About the service

Cumbernauld Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in Cumbernauld, Kilsyth, Moodiesburn, Chryston, Stepps and surrounding areas.

Its main activity is providing long-term support to people to remain as independent as possible in their own homes. Other parts of the service provide assistance to people returning home from hospital and those requiring palliative care.

The service states its aims and objectives as follows:

'The Home Support Service aims to assist individuals and their families to retain and/or regain abilities to be as independent as possible, and support individuals in crisis to remain at home through rapid and intensive supports, reducing unnecessary hospital admissions. For those individuals who require ongoing care, they will be supported at home with quality person-centred care arrangements.'

At the time of our inspection, the service had approximately 600 service users.

About the inspection

This was an unannounced inspection which took place between 16 and 20 January 2023. The inspection was carried out by two inspectors the Care Inspectorate, who visited the service, supported by two other inspectors who spoke to service users and family members.

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. In making our evaluations of the service we:

- spoke with twelve people using the service and eight family members.
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Recruitment remains challenging for office-based staff and front-line care staff
- service users and family say they are treated with respect and dignity by staff
- issues around communication with and support to staff providing care - local and out of hours
- quality of personal support plans needs to be developed to provide more relevant information
- reviews were not being completed on a six-monthly basis
- staff training on essential areas needs improvement
- incident reporting processes were not robust
- identification of missed visits and actions to reduce the number needs to be developed
- late or inaccurate schedules caused service users upset.

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

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

Key Question 1 How well do we support people's wellbeing?

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the wellbeing of people, therefore we have made a requirement.

We spoke with 20 service users or family members by phone or during home visits. Their feedback was mixed.

Positive comments included, 'The service is wonderful - I have nothing bad to say about them,' 'First class care, meet all his needs, he is happy' and 'They're excellent, they take their time.'

Concerns centred on reliability of the service, including how much time staff spent with people and when they could expect them. One person told us, 'I don't know when they are meant to arrive.' Another said, 'The staff are great, they just aren't on time, a couple of times they were hours late.'

Schedules telling people when to expect staff and giving staff names were sometimes not received in advance. Some people said schedules were not always accurate about the timing of the visits or who would be visiting them.

Staff told us that sometimes they were asked to provide care in 15 minute visits instead of the 30 minutes or longer which should have been provided. Staff mentioned lack of travel time between visits to get from one visit to the next. This meant times with service users were cut.

These issues indicated that people were not experiencing the care and support that had been agreed following assessments of their needs.

People receiving support from care services should know when staff will visit and that they will have sufficient time to provide what is required. Anything less than this may compromise the health and wellbeing of people and introduce increased risks associated with both the persons receiving care and staff member feeling rushed or pressured.

Efforts were made to find out why visits were missed and letters of apology were sent to people affected. In the three months before our inspection the service identified 37 missed visits. We think this is an underestimate as the service relies on people, their families and sometimes staff telling them. Although the service was usually able to identify the causes of the missed visits, which included admin errors and communication with staff. There was no clear actions in place to try to avoid or reduce missed visits. (See requirement one.)

Preventing infection and cross-infection is important in protecting people receiving support, many of whom may already be in ill-health. People told us that staff did wear masks and gloves when required. However, the service was not able to provide us with reassurance that staff received appropriate, up-to-date training or were encouraged to follow best practice in this area. We have made an area for improvement on this. (See area for improvement one)

Requirements

1. By 30 June 2023, the provider must ensure the support provided to people promotes and their health and wellbeing.

To achieve this the provider must:

- a) Ensure support visits are organised to provide sufficient time and staffing to provide the assessed support at each visit.
- b) Ensure support visits take place, as far as possible, at the times notified to people.
- c) Ensure sufficient time is allowed for all support needs to be met at each visit.
- d) Ensure schedules are accurate and received in advance of the start of the planned supports with details of times and named staff.

In addition, the provider must taken action reduce the number of missed visits. This should include:

- a) Introducing systems that provide accurate information on the scale of the issue.
- b) Identify contingencies for avoiding and reducing missed visits.

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)

Areas for improvement

1. The service should review its approach to infection prevention and control training for staff. This should include ensuring training is up to date and staff are supported in achieving good standards of practice. This should include regular, recorded observations of staff practice.

How good is our leadership?

2 - Weak

Key Question 2 How good is our leadership?

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weakness. This relates to staff safety and wellbeing of service users and we have made requirement.

In common with many care services in Scotland the service had some difficulties in recruitment. This included Home Support Workers who provide direct care to people. It also included office-based staff, particularly Support Officers. These staff do essential work in scheduling visits, matching staff availability to demand. At the time of our inspection, the number of vacancies for support officers was high although the provider was confident that this would be resolved in coming months. A rolling programme of recruiting care staff has helped to some extent but vacancies remain.

The provider had an improvement plan which noted areas requiring action, including improving consistency of staff, having people and families actively involved in developing care and consulting with people through public events. We will look at progress on the improvement plan at future inspections.

A survey of over 100 service users had taken place to get their views on the service. There was a high degree of satisfaction among people when asked if they were treated with respect and having regular home support staff. A few people commented that they would like to have regular staff and be notified if staff are going to be late. The service followed up on specific issues when people provided contact details.

The provider identified issues from comments in the survey and later conversations that they thought important enough to remind the whole workforce about. This included staff being alert to having swelling on their legs and notifying local health care services. It also reminded staff to ensure that people being supported with medication must get the right medication, in the right dose and the right time. This approach helped the health and wellbeing of people.

Like all public bodies, the provider has systems to encourage staff and others to report incidents and accidents. This provides an overview and helps identify actions that might be taken to reduce risks to staff or the people they support. These reports are overseen by health and safety specialists who can offer guidance and support. This approach helps keep people safe by acting on reported occurrences and, possibly, finding ways to avoid repeats.

There was a relatively low number of reports of incidents and accidents for such a large, complex service. Care staff were not confident of getting effective responses by management to their reports. They indicated that this made them less likely to report. The system was not clearly understood by managers and office-based staff. People therefore could not feel assured that any accident or incident would be effectively reported and responded to. (See requirement one.)

Requirements

1. By 30 April, 2023, the provider must ensure full compliance with good practice and appropriate legislation in incident and accident reporting. This must include:

- a) Introduction of robust procedures detailing the process of reporting, recording and processing of reports.
- b) Briefings for staff involved in ensuring compliance which should be regularly updated to assure relevance.
- c) Briefings to all care staff on their responsibilities for reporting.
- d) regular auditing on the effectiveness of the procedures.

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).

How good is our staff team?

2 - Weak

Key Question 3 How good is our staff team?

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weakness. This relates to providing staff with the appropriate support to help them carry out their roles. We have made a requirement on this.

Staff delivering care were committed to providing support to people that made a positive difference to their lives. Those we spoke to were aware of their contribution to maintaining people's wellbeing and keeping them safe. They told us of pressures like lack of time with people and not having travelling time between visits taken into account.

Schedules were not always accurate and did not always reflect effective coordination to ensure two staff could attend at same time when needed.. This meant that people requiring this level of support experienced delays and then there were subsequent delays for other people.

From discussions with staff, it appeared that they, as far as possible, dealt with such difficult situations and provided care to as high a standard as possible. However, these situations were not always reported, thus reducing the recognition and recording of the issue. People experiencing care therefore could not be confident that this issue was being recognised and that there was a plan to have it resolved.

Providing care to people requires a staff group that are well trained and supported. We were provided with information on staff completing training considered essential by the service. Nearly all staff had completed medication support training and around 80% training in helping people move safely. The provider acknowledged that the numbers of staff who had had training in understanding their role with people who may be vulnerable and potentially abuse was very low.

The provider was not able to provide us with assurances that staff had received other training relevant to their roles. This included infection prevention and control. The service's system for overseeing planned training and attendance was not always clear.

There was some evidence of the service reinforcing what staff learned in training by direct observation of practice. This allows the manager to confirm the training has been understood and implemented. It can also provide confirmation of appropriate practice following training. This approach was not used by all managers. Therefore not all people could feel assured that all staff had the necessary competence to provide their support appropriately and safely.

Regular supervision of staff provides opportunities for staff to give managers up-to-date information on the people they support and share any concerns. It also helps staff and managers to identify any support individuals might need and developmental needs. Training. There was evidence that around 70% had received some supervision but this had not been consistent or repeated. Similarly, although some team meetings had taken place, allowing staff and management to have collective discussions, this was inconsistent across managers. This means that people could not be confident that they were being assisted by well-informed and supported staff

We have made a requirement on supporting staff including training, direct observations and supervision. (See requirement one.)

We have made an area for improvement on team meetings. (See area for improvement one.)

Requirements

1.
By 30 June, 2023 the provider must have in place arrangements for the support and development of care staff. These arrangements must include:

1. Training

- a) Introduction of a robust, reliable and regularly updated system providing an overview of mandatory, essential and other training. This should include training completed for each staff member, planned future dates including refresher training where appropriate.
- b) For relevant training, including but not limited to moving people safely, medication support and infection control, the service should implement a system of direct observations of staff. This should confirm competence in the area looked at and identify further support required, when appropriate.

2. Supervision

- a) Implementation of the service's existing policy on staff supervision.
- b) Production of plan to ensure each staff member receives supervision appropriate to their role.
- c) Introduction of audits to ensure supervision takes place including sampling of records to ensure good practice.

This is in order to comply with:

Regulation 13 of The Social Care and Social Work Improvement Scotland
(Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'Staff have the right knowledge, competence and development to care for and support people. (HSCS 3.2)

Areas for improvement

- 1. The provider should ensure staff are provided with opportunity to come together with managers to discuss concerns, developments and other relevant subjects. Frequency and content may vary by staff group. Management should have oversight of the meetings including ensuring they happen.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'Staff have the right knowledge, competence and development to care for and support people.' (HSCS 3.2)

How well is our care and support planned?

2 - Weak

Key Question 5 How well is our care and support planned?

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weakness. Accurate, up to date personal support plans are essential in maintaining people's wellbeing and helping them achieve their outcomes. They have to be reviewed to ensure they continue to be relevant. We have made requirements on these two areas.

We looked at personal support plans. These should provide information about the person being supported, the assistance they require and their choices and preferences. The plans should also give information about the individual like upbringing, work history, and family connections. Each service user should have a copy of their personal support plan in their home. We saw some good examples of information about the people's lives and experiences. However, this was not consistent in all care plans and we saw some with very little detail about the individual. This lack of detail can make it more challenging for staff to engage with people,

particularly when they may not be able to provide personal details because of confusion or memory problems. Therefore not all people experiencing care can be assured that staff have the right knowledge about them to provide person centered care .

All support plans we saw gave care staff information about what tasks they should be doing in people's homes. However, these were usually descriptions like assist to toilet or support with showering. They did not include information about how people could best be supported, for instance, someone who has had a stroke may require more support on one side than the other. Support plans lacked important details, for instance, how staff can should communicate with someone who is hard of hearing or partially sighted or deaf. This impacts on people feeling confident that staff have the required information to provide person centred care

Some people told us they did not have plans in their home. A number of support plans were not up to date. For example, when a review had taken place the updated changes were not included in the care plan.

Risk assessments are used when there might be a risk for the person or staff supporting them. . They identify the area of concern like someone prone to falling. They give guidance on how to reduce the risk for example by using specific equipment or having more than one staff member involved. Some support plans did not include risk assessments where they should have appropriate.

We have made a requirement on personal support plans. (See requirement one.)

People receiving help from care services should have their support reviewed no less than six-monthly. This ensures that the support continues to maintain or improve people's wellbeing. Where the kind of assistance or frequency needs changed, how this is done is discussed with the person being supported and their families. The provider was aware that reviews were not up to date across the service. They were hoping to identify additional resources to address this issue but this had not yet been implemented.

Care staff usually interact with people experiencing care and develop considerable understanding of them and how best to support them. The provider may want to consider how to get the benefit of this by involving staff directly or indirectly in reviews.

We have made a requirement on reviews. (See requirement two.)

Requirements

1. By 30 June 2023, 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 support plans are:

- a) Up-to-date, accurate, reflect good practice in being person-centred and outcome focussed.
- b) Detailed enough to provide guidance to staff on how to support people, including risk assessments.
- c) Regularly audited to ensure consistency and quality.

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 state

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)

2. By 30 June 2023 to ensure people receive appropriate supports to maintain and enhance their well-being and achieve their outcomes, the provider must:

- a) Have system in place to ensure reviews take place not less than six-monthly.
- b) Ensure that care plans are reviewed more regularly when a person's needs change.
- c) Audit the quality of reviews to ensure consistency and quality.

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

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state 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)

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	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is 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

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