

Social Care Alba Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 February 2023

Service provided by:
Social Care Alba Ltd

Service provider number:
SP2010011170

Service no:
CS2010273044

About the service

Social Care Alba Ltd provides a care at home and housing support service to adults with physical disabilities and older people in their own homes.

The service is managed from an office in George Square, Edinburgh. The staff team includes a registered manager, depute manager, office manager, team leaders, senior carers and carers. The service has an appointed advocacy worker.

At the time of inspection, a service was being provided to 89 people in central Edinburgh.

About the inspection

This was an unannounced inspection. We visited the service on site on 30 January 2023. We shadowed care at home visits on 2 February 2023 and 6 February 2023. The inspection was carried out by three 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.

In making our evaluations of the service we:

- obtained the views of 24 people using the service or their representative
- spoke with staff and managers
- obtained feedback from external professionals
- observed practice, shadowing staff during home visits
- reviewed documents, including support plans , accident and incident recordings, complaints records and staff training records.

Key messages

- People reported mixed experiences of care and support. Some were very positive, while others identified areas which needed improvement.
- Improvements were needed to ensure that all parts of service delivery, including recording of information, reflected the principles of the Health and Social Care Standards.
- Senior managers were responsive to feedback and keen to implement the improvements identified.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We heard mixed views from people experiencing care or their representative about their care and support. Around half of the people we spoke with viewed their care positively, while around half expressed dissatisfaction with aspects of their care. Where people described the positive impact that carers and support staff had on their health and wellbeing, comments included:

"They (named carers) are worth their weight in gold."

"My sincere thanks for the care and attention my relative receives."

However, other people felt rushed and that staff did not have time for meaningful interaction with them, or respect for their belongings and routines. Comments from people included:

"Carers are not always communicative which is when I often ask whether they are okay or if anything is wrong."

"The carer doesn't say goodbye...we don't know if they're finished."

"Sometimes we would like a more measured approach - it can feel like they (the carers) are on autopilot."

Overall, care staff did stay for their allotted time and sometimes longer depending on the needs of the person at a particular time. A common theme, however, was that people who experience care would like staff to spend more time speaking with them, alongside the essential tasks that they had to complete. This would support people to feel respected and included in their care.

Where people raised concerns or comments about the service, they often felt 'dismissed' or 'brushed off' by some of the management team. Written care notes often indicated that people were not listened to, or that staff did not recognise when people were showing signs of stress and distress. Responses to this were inconsistent dependent on who had answered the call or communication. Improvements were needed to ensure that all people who experience care feel respected and that their views are taken into account. (See Requirement 1)

There were inconsistencies in how and when office staff reported concerns to other agencies at times of crisis, or when there were changes to people's health or mobility. Although we found clear examples when staff had worked well to ensure that people had access to the right support at the right time, we identified several incidents during the inspection where people may have been at risk of harm. We referred these to the Health and Social Care Partnership, which is responsible for investigating adult protection concerns. Improvements were needed to ensure a consistent approach to reporting concerns and recording decisions, actions, and outcomes to ensure people's health and wellbeing (see Requirement 2).

There were some inconsistencies between the support people needed with medication which was recorded in personal plans, and the support that was provided. We discussed with the manager that where people's medication needs change, they must ensure that support plans accurately reflect the level of support required, informed by an up-to-date assessment. The manager advised that the local health and social care

partnership were responsible for assessing people's medication needs. However, they will ensure their documents record changes in people's support needs and discussions held to ensure people are supported safely and correctly with their medication needs.

People were involved in their initial assessment of support. They were visited by team leaders either prior to support starting or as soon as possible afterwards. Care diaries detailed what people should expect from their support, and paper copies were in people's homes for those who could not access the electronic care planning system. There were missed opportunities to evaluate fully how well people's support met their outcomes during service reviews. We discussed with the manager that using the existing review process fully would enable more meaningful evaluation of people's care and support. The manager agreed to take this forward.

Infection prevention and control and the use of PPE was good. This was reflected in our observations of practice and discussions with staff, who were committed to keeping people safe from the risk of infection. Observations of staff practice included use of PPE to ensure best practice was followed. Where people tested positive for Covid-19, their care continued, however, advice from some office-based staff could be conflicting in terms of what tasks could be undertaken. We were confident that senior managers understood best practice in IPC and would take the necessary action to remedy this.

Requirements

1. By 24 April 2023, the provider must ensure that people who experience care are confident that their views, preferences, and rights are taken into account and acted upon.

To do this, the provider must, at a minimum:

- a) ensure that staff fully demonstrate the principles of the Health and Social Care Standards; namely dignity, respect, and compassion in their interactions with people and through written records, including, but not limited to, care notes, personal plans, and reviews of care.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

2. By 24 April 2023, the provider must ensure that all accidents, incidents, and concerns about people's wellbeing are reported to the relevant agency.

To do this, the provider must, at a minimum, include, but not be limited to:

- a) ensuring effective recording about decisions made, actions taken, and outcomes.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Senior managers utilised quality assurance measures to ensure that tasks, such as, service reviews and observations of staff practice, were completed to required timescales. There was a need to apply similar measures consistently to ensure that the quality of information captured promoted the delivery of personalised care.

Several staff changes within the management team had led to inconsistencies in their approach to auditing processes and responding to complaints and concerns. This meant that the standard of personal plans, reviews, and written records was inconsistent. People who experienced care described raising the same issue more than once and were not confident that improvements could be sustained when they did take place.

Although there was a stated commitment to learning from formal complaints through discussions at manager's team meetings, this was undermined by inconsistent practice and occasional poor practice in how the management team responded to these complaints. The management team need to improve how they respond to and record concerns or issues in order to enable learning and improvement from those issues which do not reach the stage of formal complaints. This would help managers to identify trends and patterns and take remedial action to improve outcomes for people.

We found a number of incidents and concerns that required notification to the Care Inspectorate in line with regulatory guidance. These issues were not always adequately documented or logged in the service's records, which reduced management oversight.

All necessary improvements noted above are detailed in Requirement 1.

Requirements

1. By 24 April 2023, the provider must ensure effective management oversight of the service is in place with strong leadership and effective quality assurance measures.

To do this, the provider must, at a minimum:

- a) ensure effective quality assurance systems are in place for all aspects of service delivery which support improved outcomes for people who experience care and support;
- b) demonstrate that managers are involved in the monitoring and audit of written records and care plans; and
- c) ensure that relevant accidents and incidents are notified to the Care Inspectorate in line with current notification guidance.

This is to comply with Regulation 4 (1)(a) (Welfare of users) 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: 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should work with family members and community providers of care to implement contingency plans, review and assess the impact of risk on people's care needs if they have symptoms of Covid-19, and when they test positive. This could include district nurses, GPs, other health professionals involved in the person's care, commissioners, and the relevant person. This should be done before decisions to cease delivering a package of care are confirmed with those receiving care.

This area for improvement was made on 6 May 2022.

Action taken since then

Care staff continued to deliver a package of care if people had symptoms or tested positive for Covid-19.

This area for improvement is met.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People are getting the right service for them	3 - Adequate
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

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