

# West Lothian Council – Support at Home Services – Care at Home Support Service

Strathbrock Partnership Centre  
189a West Main Street  
Broxburn  
EH52 5LH

Telephone: 01506 284 200

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
14 March 2023

**Service provided by:**  
West Lothian Council

**Service provider number:**  
SP2003002601

**Service no:**  
CS2004073875

## About the service

This service has been registered since 2004 and provides a Support Service - care at home, provided by West Lothian Council.

The service is comprised of two distinct teams:

A Reablement service, which was established to support people being discharged from the local hospital. The service is advertised as 'providing initial short term intensive support in order to allow the individual to build upon their skills and abilities and in doing so become as independent as possible.'

There is also a Domiciliary Care team, which has been reviewed and now provides interim care and support to people, until alternative care provider is in a position to take on the person's care package longer term.

The service base is in Broxburn and provides care and support to people throughout West Lothian.

## About the inspection

This was an announced (short notice) inspection which took place on 8, 9 and 10 March 2023. 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.

In making our evaluations of the service we:

- Spoke with 16 people using the service and four family members
- Spoke to six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

## Key messages

- People were very positive about the care and support they received
- Staff were kind, caring and respectful when supporting people
- Management team were approachable, supportive and responsive
- Care plans required improvement to make them more detailed and personalised
- Staff would benefit from regular team meetings and supervision.

## 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?	5 - Very Good
How good is our leadership?	4 - Good
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?

5 - Very Good

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

Staff interactions were warm, kind and patient. Within the reablement service staff supported people to achieve independence in a range of areas and the support was carried out at people's pace. Assessors from the service spent time with people to identify their goals and determine the level of support required. Information about the agreed support was recorded within the care plans. Further work is required to ensure the care plans are personalised. This has been discussed under Key Question 5 "How well is our care planned."

People were very satisfied with the support provided. Comments from people included "I have no concerns at all. The staff are all great, they are respectful to my relative, they're all lovely, and the care is reasonably consistent", and "I can't fault anything they do for me. I enjoy their company and it's nice to see them when they come in and they always chat with me."

Although there were on occasions some changes to the staff that visited people, generally there was consistency within the staff team and people were confident they would know who would be coming to visit them.

Staff had good knowledge about people's health care needs and recognised any changing health needs, escalating any concerns to the right people. Some people had control of their own medication while others required staff to support them with prompting, assisting or administration of medication. Staff carried out medication support safely and recorded the actions taken. However, improvements were required in the details of medication support and 'as required' medication (also known as PRN medication) within the care plan. This has been discussed under Key Question 5 "How well is our care planned."

Staff were seen to wear, use and dispose of personal protective equipment (PPE), such as gloves, aprons and masks, in line with guidance. Staff had received infection, prevention and control training and regular updates as and when guidance or advice changed. Staff had access to PPE from the office base and community venue. People were confident they were protected as staff took all necessary precautions to prevent transmissible infections.

## How good is our leadership?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff, people and families gave positive feedback about the leadership of the service. The management team was described as approachable, supportive, and responsive. Comments included "I have really good contact from the office, the assessors and team leaders. I don't think there has ever been a time when they haven't got back to me quickly or helped with a situation quickly" and "Communication from the office is very good. I always know what is happening with (relative) and it's always the same office staff that contacts me."

The culture of the service encourages contributions from people and staff. Recently this has been carried out mainly in an 'ad hoc' way and not formally seeking the views of people, staff meetings or supervisions.

Staff in particular felt that the lack of team meetings was a missed opportunity. Team meetings gave staff the opportunity to have conversation and discussion with their peers and the leadership team to ensure that the right support is being delivered to people at the right time, and progress or concerns identified. We have made an area for improvement about team meetings and supervision (**see area for improvement 1**).

In order to ensure that the service is person led the service should implement ways in which people's views can be obtained on a regular basis. This will ensure the service is aware of what is working well and what improvements are needed.

The service had been carrying out quality assurance and had developed an improvement plan. However, the improvement plan lacked the details relating to actions to be taken and outcomes to be achieved. The leadership team were in the process of developing a new five year plan and this work was in progress.

The leadership team had a clear understanding of their role and how they support staff to develop within their roles. There were two new team managers in post and, along with the registered manager, had a clear vision of where improvements were required and how these could be addressed. We were confident that the managers would be responsive to the improvements required and be clear about the direction of travel for the service.

### Areas for improvement

1. To support the ongoing development of staff, peer support and reflective practice, the provider should ensure that there is a meaningful, structured support and supervision and team meetings in place for staff.

This should include opportunity for reflective discussion and learning with supervisors through one-to-one supervision; and peers through group supervision and team meetings.

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

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

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. There were strengths in aspects of the care provided, however these only just outweighed areas that needed improvement.

Each person we visited had a care plan within their home. We reviewed the care plans and found them to contain minimal information that reflected people's choices, wishes and preferences. The support plans were task focused and there was little detail within the information to determine how people liked to be supported in ways that were meaningful to them and achieve their goals.

The support plans did not clearly identify whether the person was receiving a reablement service or an interim service. The care and support planning did not acknowledge progress made for people receiving a reablement service or where goals and outcomes had been achieved.

The service also held information on care plans and daily records electronically. Information uploaded onto the system from carers did identify how people were progressing however, this was not reflected in people

care plan within their homes. Care plans were not regularly being reviewed to ensure the right support was being provided at the right time to suit people's wishes, choices and preferences and outcomes. We have made a requirement about care planning (**see requirement 1**).

We observed staff carrying out medication support safely. The service had a robust medication policy and guidance in place for medication support. Staff had received medication training and were either prompting, assisting or administering medication for people. Staff were recording the actions they carried out to support people with their medication, however, the template for recording medication support was confusing. Staff were recording and signing for all medication support. There was a lack of medication risk assessments or PRN protocols in place.

We discussed medication support with the management team and provided best practice guidance documents to support the service with implementing appropriate medication recording templates and medication risk assessments (**see area for improvement 1**).

## Requirements

1.  
By 21 May 2023, the provider must ensure that personal plans have sufficient detail to reflect people's individual needs, rights, choices and wishes, the provider should ensure that people's personal plans are updated to direct care based on people's current situations, wishes and preferences.

This must include, but is not limited to ensuring that:

- a) Personal plans and records are accurate, sufficiently detailed and reflect the care planned or provided
- b) Personal plans are updated in a timely manner when a person's care and support needs change
- d) Personal plans are regularly reviewed with people, and/or their family/friends/carers as appropriate, to evaluate how accurately the plans reflect the needs of the person and how well the service is meeting these needs
- e) All staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this
- f) Improved monitoring and review systems are implemented to evaluate the effectiveness of care interventions and the outcomes being achieved for every person using the service.

This is in order to comply with Regulations 4(1)(a), and 5(2)(a)(b)(c) 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 personal 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).

## Areas for improvement

1.

To keep people safe, promote their wellbeing, and provide up to date accurate information within people's care plans, the provider should review and improve its medication support systems. This should include, but not limited to;

- a) The administration and recording of medications on Medication Administration Record sheets, and the personalisation of PRN medication protocols
- b) Review of people's medication support regularly and when changes occur
- c) Observed competency of staff providing medication support.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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