

Family Circle Care Ltd - Care at Home Support Service

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Type of inspection:
Announced (short notice)

Completed on:
3 May 2023

Service provided by:
Family Circle Care Ltd

Service provider number:
SP2003002483

Service no:
CS2004080727

About the service

Family Circle Care Ltd is registered as a support service with care at home and provides support to adults and older people in Edinburgh.

The service is managed from an office in Leith and has teams of staff throughout the city.

The service aims: 'to provide consistency in care and getting to know the need of every service user we are providing care to.'

At the time of inspection, the service was providing care and support to 132 people.

About the inspection

This was a full inspection which took place on 25 April 2003 between 09:15 and 19:00; 26 April 2023 between 09:15 and 13:30 and 2 May 2023 between 14:00 and 16:00.

The inspection was carried out by one inspector 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 14 people using the service and five of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff members knew supported people well and this promoted good health and wellbeing outcomes.
- People were getting appropriate help and support in a timely manner.
- Management and staff were proactive in following up any concerns with relevant professional colleagues.
- The provider needs to have regular training in place to ensure staff have opportunities for continuous development.

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 made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Everyone we spoke with told us they were very happy with their care and support. One person said their relative's care was 'excellent, couldn't ask for more, staff are respectful'. Another said 'more or less always on time - they go above and beyond - so helpful'.

Effective visiting schedules were in place. This meant people experienced compassionate care from a fairly consistent team of staff who knew people well. Continuity enabled trusting relationships to develop and meant regular staff were able to monitor people's health and observe any changes which may cause concern.

Staff had a good understanding of keeping people safe from harm and were proactive in identifying any concerns to management who would then raise these with the appropriate agency and discuss with the person and or their relative to progress further.

People told us of feeling listened to and one person told us how staff enabled them to maintain their independence and 'made them feel safe'. This gave them confidence and optimism they could remain in their own home for as long as they could.

This positive culture of reporting concerns meant people could be reassured that their health and wellbeing outcomes were being prioritised and promoted well.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

There were good safe recruitment process in place and staff retention was at a high level. This enabled the continuity of trusting relationships that people experienced.

Management had a good oversight of people using the service and were proactive in following up concerns or complaints with people or with multi disciplinary agencies in a timely manner. People could rely on the service being responsive to their changing needs.

Staff were supported out of hours with an efficient on call from senior staff and management. Any communications relating to supported people's health and wellbeing were recorded within an electronic system available within the office. The manager monitored these to ensure actions and outcomes were being completed timeously.

Management and office staff had to rely on recording paperwork and care plans being returned to the office to enable these to be audited or to be updated.

The provider confirmed during the inspection a new electronic system was being introduced to allow all staff access to the most up to date information instantly. This will allow for easier recording of

communication for all to access and for management to have quicker access to information to be able to audit and drive improvement.

We made an area for improvement to ensure quality assurance audits are being completed and any learning drives change to continually improve the quality of care and support for people. (see Areas for Improvement 1).

Areas for improvement

1. To ensure there is good oversight of learning from quality assurance audits within a culture of continuous improvement, the provider should ensure:

- A. Audits are completed and recorded in an organised way.
- B. Create clearly defined and measurable actions when improvements have been identified.
- C. Establish clear lines of responsibility and accountability for identified improvements.
- D. Implement robust plans to meet the service's performance targets.

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

HSCS 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Supported people and relatives were very complimentary about staff. One relative told us: 'they do exceptionally well - it's a very hard job they have'.

A previous requirement asked for induction training to be reviewed. A new induction workbook had been developed, however, this was not being completed by new staff.

We found training to be out of date for most staff and there was no oversight of what training people had completed or needed to complete.

We discussed with the provider the need to ensure there are enough resources to enable in house training and supervision to be effective. This will ensure staff have opportunities to learn and develop their skills and knowledge to continually improve the good support they provide to people.

We made a new requirement (see Requirement 1).

Requirements

1. By 30 September 23, the provider must ensure people are supported by staff who have the right skills, knowledge and competence to care for and support them well.

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

- A. Ensure induction training is completed within a specific probationary period.
- B. Develop a training matrix so there is oversight of what training has been completed and what has still to be achieved.
- C. Develop a supervision matrix which records completed and planned dates for all staff.

This is to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

The Health and Social Care Standards (HSCS) have been taken account of in making this requirement. In particular:

HSCS 3.14 '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'.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Care and support plans held sufficient information to ensure staff were able to carry out support in the way the person preferred and needed their care to be carried out. This included information on any health conditions, medication or equipment to be used.

Staff knew people well and plans identified how best to communicate where a person may have a communication difficulty.

Reviews of plans were taking place and any significant people were contacted or included in these.

The service used paper copies of plans and this meant as plans were updated following reviews, there could be a delay in the most up to date information in the plan being returned to people's homes.

Having the new electronic system in place should remove this delay and ensure staff have access to the most up to date information instantly.

We discussed with the provider the need to have risk assessments, where identified for specific circumstances, to be put in place to ensure the health and safety of both supported people and staff.

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

Requirements

Requirement 1

Training

In meeting this requirement, people will have confidence the staff supporting them are trained, competent, skilled and follow their professional organisational codes. (Health and Social care Standard 3.14)

By 31st January 2020, the provider must ensure that staff are suitably trained to carry out their duties and there is a planned system in place to monitor staff competence.

In order to achieve this, the provider must:

Ensure induction training is delivered over a meaningful timescale.

Expand on the induction topics delivered to include but not limited to:

- adult support and protection
- moving and handling
- medication administration and recording
- dementia
- food hygiene
- nutrition and hydration
- infection control
- personal and continence care including care of catheters and stomas
- dysphagia and meal time assistance
- risk management
- client specific topics

Develop an induction workbook that will allow the service to monitor staff competence following training.

This is in order to comply with Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards, in particular standard 3.14 have been taken into account when making this requirement.

This requirement was made on 28 August 2019.

Action taken on previous requirement

The service had developed an induction workbook which included staff awareness training topics identified in the requirement. The requirement as it stands is met, however, we made a new requirement in relation to management oversight of training to be developed.

Information relating to this requirement can be found in key question three of this report.

Met - outwith timescales

Requirement 2

Care and Support Planning

In meeting this requirement people will have confidence that their personal care and support plans reflect their individual needs and inform staff how to provide that care and support.

By 31 January 2020 the provider must ensure each supported person has an accurate, up to date personal care plan which sets out how their individual health, welfare and safety needs are to be met.

This should include but not be limited to:

- a) sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care to be carried out.
- b) information on current health conditions including prescribed medication, which is relevant to the care being provided.
- c) how mobility support is provided, including what and how equipment is used.
- d) identified risks are recorded with detailed guidance in place to manage the risk which ensure supported people's wellbeing and safety.
- e) risks to supported person to be identified where medication was not to be administered and how this is to be managed.
- f) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions.
- g) care plans are maintained and kept up to date to reflect any changes in the needs of people receiving care.
- h) where changes to the plans are made, all relevant documentation whether in the person's home or in the office, is updated to reflect the current needs and plan of care.
- i) checks take place to ensure support is delivered in such a way that it meets the needs of the person as agreed in the support plan.
- j) all significant people, particularly those who have third party responsibilities, are consulted when planning care or changes to care are invited to review.
- k) care reviews are appropriately recorded to evidence the views of attendees, agreements made and meaningful discussions taking place.
- l) personal plans and review documents are signed and dated by people experiencing care, or their representatives, as well as the service representative to evidence agreement with the plans and review records.

This is in order to comply with Regulation 5 (1) and (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

The Health and Social Care Standards have been taken account of when making this requirement, in particular standards:

1.15 '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.'

1.19 'My care and support meets my needs and is right for me.'

1.23 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'

2.17 'I am fully involved in developing and reviewing my personal plan, which is always available to me.'

4.14 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'

4.27 'I experience high quality care and support because people have the necessary information and resources.'

This requirement was made on 28 August 2019.

Action taken on previous requirement

Improvements had been made within care and support plans to provide information to guide staff.

Information relating to this requirement can be found in key question five of this report

Met - outwith timescales**Requirement 3****Quality Assurance**

In meeting this requirement people will have confidence that the service has robust and transparent quality assurance processes where management have a good oversight and are able to monitor all aspects of the services internal systems to support a culture of continuous improvement.

By 31 January 2020, the provider must:

a) implement appropriate auditing systems for internal processes relevant to the service. This is to include (but not restricted to) auditing of:

1. Recruitment and induction
2. Training being undertaken and planning for future
3. Visit arrival and departure times and length of visits
4. Missed visits
5. Medication Administration Records
6. Support plans and reviews
7. Staff competency checks
8. Supervisions
9. Complaints and expressions of dissatisfaction.
10. Accidents and Incidents

b) develop a system to track the return of communication notes, medication logs and finance recording sheets.

c) ensure people, who have indicated a wish, are provided with weekly information of their visits.

d) check the quality of the service with supported people and their representatives on a regular basis for example through service delivery reviews, spot checks, telephone checks and satisfaction surveys.

e) Where areas for improvement are identified, develop an action plan detailing timescales and people responsible.

This is in order 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)

The Health and Social Care Standards have been taken account of when making this requirement, in particular standards

4.14 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'

4.15 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.'

4.23 'I use a service and organisation that are well led and managed.'

This requirement was made on 28 August 2019.

Action taken on previous requirement

Improvements had been made to quality assurance systems, however, some parts of this requirement we were unable to evidence at the time of inspection. We have made a new area for improvement to ensure these are identified by the provider.

Information relating to this requirement can be found in key question two of this report

Met - outwith timescales

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 ensure it checks with supported people at their review if they choose to know which carer will be undertaking each of their care visits and that this is documented. This should be followed up by the service as the person so chooses.

This ensures care and support is consistent with the Health and Social care Standard 3.11 which states: 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.'

This area for improvement was made on 28 August 2019.

Action taken since then

Review paperwork includes a question in relation to receiving notice of who will be visiting.

This has been met.

Previous area for improvement 2

The provider should ensure that all staff have regular opportunities of protected time for supervision. These along with any 'ad hoc' discussions should be recorded and any actions from these are evidenced.

This ensures staff are able to reflect on their work practice and is consistent with the Health and Social Care Standard 3.14 which states

'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.'

This area for improvement was made on 28 August 2019.

Action taken since then

Protected one to one time for supervisions were not organised on a regular basis. This is being continued under a new requirement for staff development. See key question three of this report.

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	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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

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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