

Homecare West Support Service

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Unannounced

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24 July 2023

Service provided by:
Scottish Borders Council

Service provider number:
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CS2019378057

About the service

Homecare West provides a service to adults including older people living in their own homes and in the community.

The service operates across the west of the Scottish Borders including Galashiels, St Boswells, Lauder, Selkirk and Peebles areas. The service operates from two offices, the main office in Galashiels and one in Peebles.

At the time of this inspection the service was providing care and support to 141 people.

The service provider is Scottish Borders Council.

About the inspection

We commenced an unannounced inspection of the service on Wednesday 05 July 2023. We visited the office bases in Galashiels and Peebles. We shadowed support workers on their care visits to supported people in five different localities in the west of the Scottish Borders. This field work was completed by 11 July 2023.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visits were then followed by time examining evidence remotely and having discussions via telephone with supported people, relatives and staff.

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 registration of the service in December 2019.

In making our evaluations of the service we:

- spoke with 38 supported people and six relatives
- spoke with 22 staff and management
- considered feedback from questionnaire emails
- observed practice
- reviewed documents

Key messages

- People experiencing care could not be confident their care and support needs would be met by staff they knew
- People did not know who would be visiting them prior to the visit
- The scheduling of care visits was negatively impacting on supported people's experience of care at home
- Support plans must be up to date, accurate and reflect people's individual needs, intended outcomes and associated risks
- Most staff had completed relevant mandatory training
- The management team were developing action plans to address the improvement areas identified at this inspection.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

The staff we spoke to while out on care visits were able to reflect the meaning of the health and social care standards. People experiencing care told us they were treated with dignity and respect "Staff are very kind and cheerful. They're very helpful, respectful and they treat me with dignity too". However, a number of people we spoke with told us they were unhappy with the care they were receiving. One person told us "Some of the carers don't have a clue what they are doing".

The scheduling of care visits was impacting on continuity of care. Feedback from staff we spoke with told us there was little consistency of care for people, and they told us how this negatively impacted on people, especially those with cognitive difficulties or for those with no family support. Staff told us some people they supported were upset when they arrived as they did not know who was coming to visit that day. One example we observed though examining the scheduling system was a supported person who received care three times a day by one carer had sixteen different support workers over a period of three weeks.

When unfamiliar support staff regularly provide personal care, this impacts on a person's dignity and emotional wellbeing. "I get shy when its people I don't know when getting ready to shower". People experiencing care could not be confident their care and support needs would be met by staff they knew. **See requirement 1.**

The reliability and punctuality of care visits is important so people can receive the care they need and plan their day. A person we spoke with told us "One morning the carer came at 09:00, the next day was 07:30 and the next it was 09:30, this was not good if you had people visiting or had plans for the day".

Visits were rarely accidentally missed, but we did see four documented missed visits from the sample we took, and visits were rescheduled. Visit arrival times were erratic. People told us visits were often late or conversely too early.

Some people were phoned by familiar support staff about visit time changes, but this was not consistent. People could not be confident support staff would visit at a time that was scheduled and suitable for them. The scheduling of care visits was problematic and was negatively impacting on supported people's experience of care at home. **See area for Improvement 1**

Records showed examples of staff reporting concerns about people's health and wellbeing to management, who contacted the appropriate agencies or the supported person or relative to progress further. Managers benefited through having close working relationships with health and social work colleagues which allowed concerns about specific people's health and wellbeing to be addressed in a timely manner. However, with staff not visiting people consistently, staff were less likely to recognise a person's deteriorating health.

Systems were in place to support people with their medication. Where errors were identified they were addressed, and health professionals were contacted to ensure the wellbeing of supported people was maintained. Management had identified an area for improvement regarding "as needed medication" protocols. They were working on these protocols to ensure there was clearer information in plans to guide staff as to when this medication should be administered.

We will see how this has progressed at the next inspection.

It was unclear how potential risks around providing care and support had been assessed. Documents sampled, which described safe ways to work, were largely not up to date, did not include all risks which should be assessed, and contained insufficient information. This meant there was potential risk if staff were unclear about the measures required to keep people safe. People could not be confident risks associated with receiving their care and support had been effectively assessed to minimise the risk for themselves and support staff. This is referred to in the requirement made under key question five "how well is our care planned"

Requirements

1. By 30 November 2023, the provider must ensure people will have confidence their care and support is provided in a planned and safe way, from consistent staff who know their needs, choices and wishes, including if there is an emergency or unexpected event.

In order to do so, the provider must ensure:

- a) there is an effective visit planning, scheduling and monitoring system in place so that all people receive their care and support at the times that are agreed in their personal plan;
- b) there is a system in place to inform people if there will be changes made to the time of a planned care visit which is out with the agreed window of arrival;
- c) the service is consistent and reliable in who is giving the care.

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

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

"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" (HSCS 4.15).

"I am supported and cared for by people I know so that I experience consistency and continuity" (HSCS 4.16).

Areas for improvement

1. The provider must ensure People feel confident in their care because they always know who is coming to provide their care and support, and when to expect them. Therefore, the provider should ensure all supported people have the opportunity, if they choose to know which staff member will be undertaking each of their care visits.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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" (HSCS 3.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas need to improve.

The manager demonstrated a commitment to provide high quality care and support to people. Incidents were managed well by the manager and expressions of dissatisfaction taken seriously and resolutions sought.

The manager was keen to meet their regulatory responsibilities and demonstrated this well. Notifications were completed and submitted in relation to events which were notifiable. However, when the manager was absent from work, those responsibilities were being missed. There should be a system in place which covers those times with assistant managers trained up to take on that role and responsibility. **See area for improvement 1**

There were various quality assurance systems and processes in place. The manager had identified areas for improvement in relation to support planning through their auditing process. Some support plan audits had been undertaken by assistant managers. However, these were not consistent and from those sampled we found examples where improvement areas identified had then not been actioned. Service delivery should be audited to better identify consistency of care and punctuality of care visits. **See area for improvement 2**

In recent years there has been challenges with significant staffing vacancies which is reflective of what is happening nationally. Additional care packages were taken on due to re provisioning by other providers. This had exacerbated staffing challenges. Agency staff were then having to be used to help provide care and support. New support staff were now being recruited to permanent positions which should help reduce the staffing pressures.

The provider was aware of the current scheduling challenges and was actively meeting with staff working with the system and the software company to try to make changes. This is exacerbated by the pressure of hospital discharges and delays that are affecting care at home nationally.

The management team were developing action plans to address the improvement areas identified at this inspection.

Areas for improvement

1. To ensure regulatory responsibilities are met an appropriate system should be put in place to cover those responsibilities when the registered manager is absent. Assistant homecare managers should undertake appropriate training to meet regulatory responsibilities.

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

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. The provider should ensure improvement areas identified through audits are acted upon in a timely manner. Additional audits relating to service delivery to include punctuality of care visits and consistency of care should be undertaken to identify if people's intended outcomes are being achieved.

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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. Whilst strengths had a positive impact, key areas need to improve.

Training was provided face to face and via e-learning. Most staff had completed relevant mandatory training. However, we advised the manager to check training records to identify where some staff needed to refresh their training, of which relief staff should also be included.

Most staff had completed mandatory training, however further training could be provided on specific subjects to ensure staff are competent to meet the care needs of supported people. For those people who experience care who have specific needs for example diabetes, mental health or palliative needs, this specific training should also be provided. **See area for Improvement 1**

Support worker meetings had taken place within each of the teams. Records from the meetings evidenced staff having the opportunity to raise any concerns they had about individual people.

One to one supervision meetings had taken place with most staff. This was a good opportunity for staff to discuss how to best meet the needs of people experiencing care. Spot checks to observe staff competencies had taken place with some staff, and a new competency framework assessment programme for support workers was currently being developed.

However, some of the records of staff we sampled did not identify the use of reflective practice being used. This enables staff to reflect on best practice in line with their own regulatory body's expectations. **See area for improvement 2**

Support staff told us how much they enjoyed their role in supporting people. They were concerned how the scheduling issues were impacting on people's intended care outcomes. We have shared their concerns with the management team.

Areas for improvement

1. To ensure people experiencing care are confident staff are competent and skilled to undertake their designated roles the provider should ensure:

- a) Staff undertake refresher training where it is due;
- b) Review training topics to identify where refresher training would be beneficial – for example catheter care;
- c) Review mandatory training to include additional topics – for example nutrition and hydration and oral hygiene;
- d) Client specific training is provided where needed – for example diabetes, palliative care and mental health;
- e) Managers undertake person centred support planning training.

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

"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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. To ensure people are confident staff are able to reflect on their practice and follow their professional and organisational codes the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.

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

"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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

People could not be confident support staff had sufficient and accurate information to deliver their care and support safely to meet their planned outcomes and wishes.

Support plans sampled were not up to date, contained inconsistent, inaccurate and/or insufficient information for support staff to refer to when delivering care and support. This included important information about catheter care, diabetes support, medication and skin integrity. This means people's personal plans become static documents and were not routinely used to inform staff practice and approaches to care and support.

Unfamiliar staff were referring to the communication notes written by previous visiting staff to gauge what tasks they should be completing.

Support plans had limited background information about the person, which would help staff see the person behind the tasks and provide topics to engage with. There was insufficient information around the emotional wellbeing of people who had poor mental health or cognitive difficulties. If people are not involved or have limited involvement in their care and support planning and review process, they will not consistently experience care and support which is in line with their wishes and preferences.

Plans were task based with minimal information describing the process of delivering care and support whilst incorporating the person's preferences and routines. At times unfamiliar staff asked supported people what they should do. "They have to ask what to do - It's annoying". People told us how exhausting it was repeatedly having to tell staff what they should be doing.

Care and support reviews were taking place for people, but not all. Some sampled review records evidenced care changes and new information identified. However, support plans on staff mobile phones were not updated with this information. People could not be confident their plans would be updated following a review and made available to staff delivering their care and support. **See requirement 1.**

Requirements

1.
By 30 November 2023, the provider must ensure people will have confidence their personal support plans reflect their individual needs and inform staff how to provide that care and support.

In order to do so, the provider must ensure:

- a. All support plans are regularly reviewed and updated with accurate information;
- b. There is sufficient detail in the support plan about all elements of care and support for all staff to refer to which helps people achieve their intended outcomes;
- c. Risk assessments are completed, monitored and reviewed where there is an identified risk to the supported person and / or others;
- d. Following an assessment of risk, procedures are developed to reduce risk and ensure safety are detailed in the plan;

- e. Where changes to the plans are made, all relevant documentation whether in the person's home, or mobile phones, or in the office, is updated to reflect the current needs and plan of care;
- f. Support plans are formally reviewed on a minimum six-monthly basis as well as when needs change;
- g. Reviews capture discussions held and evaluate how well support is meeting individual needs and outcome;
- h. Where a person has third party legal representation this is clearly detailed in the plan;
- i. Where a person has a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place this is clearly detailed in the plan;
- j. Managers monitor the quality of support plans and risk assessments and take action where issues are identified.

This is to comply with Regulation 5 (1) (2) (a) (b) (c) (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

"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).

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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