

Carr Gomm Argyll & Bute Homecare Support Service

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Type of inspection:
Unannounced

Completed on:
30 August 2023

Service provided by:
Carr Gomm

Service provider number:
SP2003002607

Service no:
CS2021000228

About the service

Carr Gomm Argyll & Bute Homecare has been registered with the Care Inspectorate since 2021. The provider has had a number of registered services within Argyll and Bute since 2012, this service was re-registered in 2021 to assist with the management and support of the service.

The service supports adults who may have physical disabilities, mental health issues or learning disabilities as well as older people within their own homes and in the community. The service has four staff teams based in the following locations; Dunoon, Rothesay, Lochgilphead and Campbeltown.

About the inspection

This was an unannounced inspection which took place over four days. The inspection visits started in Rothesay at 10:00 on 16 August 2023 and ended in Dunoon at 16:30 on 20 August 2023. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaint information, information submitted by the service and intelligence gathered throughout the year. To inform our evaluation we:

- spoke with nine people who use the service and 11 of their family members
- spoke with management and staff
- spoke with external professionals who know the service well
- observed practice
- reviewed documents.

Key messages

- People were fully involved in planning their support.
- Staff were very good at developing meaningful relationships with people.
- Leaders were approachable and accommodating which gave people who use the service confidence in them.
- How medication was being administered and recorded required improvement.
- Leaders were willing to listen and act quickly on advice.
- Leaders were solution focused in their approach to problem solving.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |
| How well is our care and support planned? | 4 - Good |

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 evaluated this key question as good because several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the experience of the people who use the service.

The service is very good at planning rotas to provide people with regular carers. People who use the service told us they knew their staff well and were treated respectfully by them. We observed staff interacting with people who use the service. Staff clearly knew the people they supported from the friendly and familiar way they engaged. Consistency of carers supported this; "When staff are covering, they are always with someone we know as (my relative) has two carers each time".

The service was skilled at reassuring family members their relative was being well supported. Almost all the relatives we spoke with told us they were involved in care planning and kept informed of any changes in care needs, "The office checks we are happy with the service and we know we can call the office if we need to".

People who use the service were supported to remain as independent as possible. Staff kept a good balance between supporting people and encouraging them to maintain their independence. The majority of care plans we saw were detailed enough to guide staff to do this safely.

Health needs were effectively monitored, allowing additional support to be sought quickly if required. The electronic case recording system used was clear about highlighting areas someone needed more help with. This was valuable as it allowed office staff and families who are able to log onto the system to seek further support if needed, "I'm very relaxed knowing mums in safe hands, the experienced carers treat Mum like one of their own".

People's skin integrity is maintained because the service has a pro-active, person centred approach, where concerns are escalated quickly and additional support sought. We spoke with a representative from NHS community nursing who told us that if staff notice anything unusual, the service was very good at communicating with the community nurse service. A relative told us that while her mother spent most of her time in bed, she was not concerned about her skin breaking because of how vigilant and responsive staff were.

Most people were confident that staff have the necessary training, skills, and competence to effectively prevent the spread of infection and support them during an outbreak of an infectious disease. We observed staff using personal protective equipment appropriately and records evidenced staff had received training in infection prevention and control. However, one relative told us that some staff kept the same gloves on for more tasks than personal care, and a new member of staff was unsure of safe laundry arrangements. The service could improve quality assurance around this area by asking some tailored questions around infection prevention and control within review meetings.

In order to keep people safe, best practice guidance for the administration of medication is that medication should be administered directly from original packaging, where staff can clearly record what medication was given. When visiting people who use the service, we identified this was not the guidance being followed. We raised this during the inspection and the service leaders agreed to work with the local health and social care partnership to resolve this issue. As an interim measure the service acted quickly to produce typed Medication Administration Recording charts for staff to sign until they receive pharmacy issued charts. **(See area for improvement 1).**

Areas for improvement

1. To ensure that people's health and wellbeing needs are met via the safe administration of medication there should be a complete record maintained of all medicines a person is taking. Staff should sign on clearly printed Medication Administration Recording charts for each medication administered. In order for staff to be clear which medicine they are administering, the medication should be given directly from original packaging.

This is to ensure that care and support is consistent with best practice guidance "Review of medicine management procedures; Guidance for care at home services," Care Inspectorate 2017.

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).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore evaluated this key question as very good.

The service is robust about obtaining the views of people who use the service and their relatives. Gathering views was meaningful because the service acted on feedback. People told us; "They contact me to check everything is as it should be, I have reviews regularly although I am told not to wait, if there is anything that I want to just call them". Relatives also told us that the service seeks their views; "I am confident that if there was any problems, I can happily approach the management at Carr Gomm".

Internal and external quality assurance systems effectively gathered feedback about various aspects of the service. We reviewed the feedback received, which was very positive.

Leaders are proactive and solution focused according to representatives from the local health and social care partnership (HSCP). The HSCP is reassured during regular meetings with the service that leaders are motivated to make improvements for the benefit of people who use the service. The HSCP clearly trust that leaders of the service will do their best for the people who use the service and will try to support multi-disciplinary colleagues.

The leaders approach to complaints received was positive. When things go wrong, leaders offer a genuine apology and take action to learn from mistakes. The service has notified the Care Inspectorate timeously on occasions when something has gone wrong. We were reassured by the leaderships open and honest approach to acknowledging and then rectifying the issue. People could be confident their views were listened to.

Leaders demonstrate a comprehensive understanding about what is working well and what improvements are needed. They ensure the needs, outcomes and wishes for people supported by the service are the primary drivers for change. We discussed with the registered manager that the service may be able to develop their improvement plan further and faster if there was greater delegation within it.

There was scope for the service to improve how it communicated with staff. While staff were all positive about their work, responses varied around how well they felt leaders communicated with them. Face-to-face supervision while correctly suspended during the Covid-19 pandemic had been recommenced, however not all staff had received supervision yet. We suggested the service consider supervisions being facilitated by supervisors rather than management as a way to catch up with all staff. The service should also consider how it engages with staff who are unable to attend team meetings.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore evaluated this key question as very good.

The provider had robust procedures in place to ensure the safe recruitment of staff. Such as requesting references from the two most recent employers and not starting a member of staff until background checks had been completed. The process was well organised and centralised through the provider's head office. Head office had staff dedicated to this role, allowing local management to focus on day-to-day issues. These measures contributed to keeping people safe.

Staff were all positive about their work which people using the service picked up on, this helped them build relationships with the staff. People told us; "They are all very nice, I get on with them all" and "They are all very pleasant and helpful".

The way new staff were introduced to people who use the service was well planned. People told us if a new member of staff came to support them, they had almost always been introduced to them previously or they were accompanied by an experienced member of staff they knew well. Staff told us that they were given several 'shadow' shifts (where they are additional to the regular carer). A relative summarised this well; "The staff know what they are doing, if there is a new member of staff, they always shadow to know what they should be doing and the staff always seem happy".

Staff were appropriately registered with the Scottish Social Services Council (SSSC). The provider's policy is clear which supports this. The service systematically sends letters out advising staff how to register and when to register with the SSSC. This is audited separately to ensure individuals register on time. Staff we spoke with confirmed that they were registered with the SSSC.

Several staff were very positive about their induction and general support when they started with the service. A few staff said they would have liked more support than they initially received.

Staff received an effective induction. They were assessed through observed practice during their induction to ensure that they were adhering to their training and identifying if further training is required. A manager is unable to sign off a member of staff's induction period unless they have completed all their mandatory training. Induction supports staff with the skills needed to meet people's needs safely.

The service has a mixture of online and face-to-face training available to staff. As with all other providers, face-to-face training was postponed during the pandemic. While this has recommenced, leaders were clear it was not back to pre-pandemic levels. The provider should ensure the learning preference for individual staff are captured within staff files and attempts made to support staff accordingly.

How well is our care and support planned?

4 - Good

We evaluated this key question as good because several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the experience of the people who use the service.

People told us that they had a purposeful discussion with someone from the service before the service took over their support. They told us, "I was involved in creating the care plan at first". This meant that people influenced how their care was planned and delivered.

People had care plans which were accessible to them so they could review what support they had in place. Some plans we saw had extensive, personalised information and were skilfully written, others had a more basic level of detail and could be improved.

People were successfully supported to remain living at home because their care and support needs were regularly reviewed, evaluated and updated. Relatives we spoke with were clear Carr Gomm always invited them to review meetings to discuss their relatives care package. Representatives from the local health and social care partnership confirmed their staff were also regularly invited to take part in care reviews by the service and they will often hold joint reviews. This means that the right people are included in care planning.

The electronic recording system (PASS) used by the service had several strengths, namely: key information is available for staff using their phones and updates can be sent to staff instantly. There is a colour coding system to highlight support tasks which have been fully completed and tasks that have been partially or not completed. Families can access PASS and see up-to-date information about how their relative has been that day. This can assist relatives to seek additional support where appropriate.

The PASS system however had multiple tabs within the electronic records for individuals and we saw some examples where there was contradictory information depending on which tab was opened. This did not affect the main care plan for individuals but could cause confusion for staff looking through the electronic system.

Care plan audits could be improved. We saw care plans were audited to ensure information was complete and up-to-date. We also saw examples where areas for improvement were identified and actioned. They could be improved by checking what was recorded electronically was consistent throughout the electronic record and also by ensuring care plans capture personal preferences.

Care and support was efficiently planned, taking into account emergencies or unexpected events. Everyone supported was risk assessed to ensure they could summon help if a staff member failed to turn up. Anyone unable to summon help would not receive one of the first or last visits of the schedule. This minimises the risk of the leaders being unaware of an issue which needs addressed and of people not receiving care.

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

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| How well do we support people's wellbeing? | 4 - 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 | 4 - Good |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good |

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| How good is our leadership? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 5 - Very Good |

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|------------------------------------|---------------|
| How good is our staff team? | 5 - Very Good |
| 3.1 Staff have been recruited well | 5 - Very Good |

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| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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