

Call -In Homecare West Lothian. Support Service

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Type of inspection:
Unannounced

Completed on:
6 October 2023

Service provided by:
Call-In Homecare Ltd

Service provider number:
SP2004007104

Service no:
CS2020379928

About the service

Call-In Homecare West Lothian is a support service providing care at home services to people living in their own homes. The service was registered in January 2021 and is a privately owned company which is part of Clece Care Group.

The service is provided by a team of community care assistants and is managed by the service manager, coordinator and care and quality assurance officer. There is oversight and support from the regional manager, operations director and governance team.

At the time of the inspection, there were 71 people receiving care from the service.

About the inspection

This was an unannounced inspection which took place on 2 October 2023 between 10:00 and 15:00, 3 October 2023 between 09:45 to 16:45 and 4 October 2023 between 08:45 and 21:00. 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:

- spent time with and spoke with ten people using the service
- spoke with thirteen relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were happy with the service from Call-In Homecare West Lothian.
- Care was delivered in a personalised and respectful manner.
- Quality assurance has improved.
- Staff were recruited safely.
- Better planning and monitoring of visit schedules would enhance the service.

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?	4 - Good
How good is our staff team?	4 - 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff demonstrated the principles of the Health and Social Care Standards in their day to day practice. Care and support was provided in a personalised way, where people were treated with dignity, respect and genuine affection. There were warm and friendly interactions between staff and people supported by the service. Everyone we spoke to was positive about the staff and how they were supported. One person told us "my carers are very good, they are the best" while another said "all of the carers from Call-In are excellent".

This feedback was supported by relatives who said that:

"I would go as far to say they are excellent".

"I have no worries and feel [my parents] are safe with the carers coming in".

"The carers are smashing, I don't know what I would do without them".

People were confident in their care team because they were most often supported by staff who were familiar. We observed that this was important for people and that the service was working hard to provide consistency of staff. We heard from many people that they usually see the same carers. One person told us that "I have regular carers but usually see the same bank carer when my regular carers are off". This meant that people using the service and the staff team knew each other well.

Staff took their time during care visits to ensure that people received support when they needed it. However, a lack of travel time made it difficult at times for staff to deliver aspects of the service in line with the visit schedule. At the last inspection, we made an area for improvement because visit times did not always match the planned visit time. Although we observed improvements, we heard visit times were still being changed to accommodate people's preferences but not updated on the visit schedule. We have addressed this in 'How good is our leadership?' in this report.

People were supported to maintain their independence. Staff took time to encourage people to make choices about their care and support. Where people were able to participate in their care, this was encouraged. We observed that staff knew people well and had a good understanding of people's health conditions. Support was provided sensitively and respected people's privacy and independence. The service was promoting people's wellbeing while encouraging independence and control.

Staff were trained and understood their role in supporting people with their health care needs. We observed that staff were confident taking action to promote people's health and wellbeing. The service was working with other health and social care professionals involved in people's care, seeking guidance and agreeing changes to the care provided. This was supported by one family member who said "the carers are very good and were quite quick in saying that [my relative] needed to be seen by a GP". This was helping to promote people's wellbeing.

People were encouraged and supported to be as independent as possible with medication administration. The service was undertaking audits of medication to ensure that this was being administered safely. We observed that the recording system needed to be updated in relation to medication administration to ensure that short term medications were ended and there was a clear record of administration. The manager acknowledged this and agreed to take immediate action to ensure records were kept up to date.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People who use the service and their relatives described the manager as supportive and approachable. The service knew people well and everyone said they knew the manager and felt confident speaking to them. We heard of occasions where there were concerns and relatives were satisfied with how these had been acknowledged and addressed. One relative told us "we had a concern about a staff member and raised this with the manager, they addressed this and we are happy now". Another family member told us that their concern was dealt with and that "the service were very good and helpful during all of this. We've had no concerns since".

Since the last inspection there was a more proactive and responsive approach to managing the service. The manager and governance team were working together to identify areas of improvement and had a detailed development plan to address these. The governance team were supporting with the quality assurance of the service, including audits, support around feedback and undertaking personal plans reviews.

There were a range of measures in place to assess quality across the service. This included audits of the service provision and feedback from people using the service and staff. The management team recognised that further work was required to bring competency checks and supervision up to date. This was incorporated into the service's development plan with target dates and reviews being undertaken of progress. Overall, we could see that a lot of work had been done since the last inspection and the management team had a better overview of how well the service was working.

The service was using an electronic monitoring system which enabled them to monitor service delivery. This system enables the provider to identify how well the visit schedules are working including punctuality, visit duration and care worker consistency. Due to staffing levels within the office, this was not being fully utilised to improve quality. There was a lack of travel time and a small number of visits being delivered at different times. We discussed this with the management team and how they could incorporate this into the service development plan. We have made an Area for Improvement which we will follow up at the next inspection.

The service had a culture of learning. They had systems in place to manage accidents, incidents, complaints and compliments. There were clear processes in place with appropriate notifications being made to the local Health and Social Care Partnership and the Care Inspectorate. This approach was enabling the management team to take action to address and learn from events.

Areas for improvement

1. The provider should ensure that people receive their care and support at an agreed time. Visit schedules should be achievable with sufficient travel time between visits and, where possible, take account of people's needs and preferences for visit times.

These should be monitored with action taken to rectify any issues identified.

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

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

3.16 'people have time to support and care for me and to speak with me'.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident that staff had been recruited safely and that the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'. All staff were interviewed with employment references and protection of vulnerable group checks being undertaken. Staff were registered with appropriate professional bodies. There was oversight and follow up action taken by the management team to ensure this registration was in place.

Staff had access to a wide range of mandatory and refresher training which was delivered via e-Learning and face to face training. New staff were scheduled to work shadow shifts with experienced staff before working alone. Staff reported that they felt confident undertaking their role following the induction training. This meant that staff were supported to maintain their knowledge and skills in order to keep people safe.

The provider had a plan for competency checks and supervision of all staff with enhanced check in for new staff. Due to vacancies within the office team, some of these checks and supervisions had not taken place as frequently as planned. The provider had recognised this and had put in place additional support for the service and were prioritising checks with new staff. This was incorporated into the service improvement plan and was being closely monitored by the quality governance team. We will look at progress at future inspections.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Everyone had a care task list in place which reflected their care and support needs. There were detailed personal plans and risk assessments in place for most people with the exception of those who had recently started receiving a service from Call-In Homecare West Lothian. We encouraged the service to put detailed personal plans in place quicker to ensure that staff were fully informed of people's care needs.

Personal plans contained good information about people's preferences and what was required to keep them safe. People, and their representatives, were involved in sharing information to inform personal plans and taking part in reviews to ensure that information was up to date. This meant that people's needs were understood.

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 that people receive their care and support at an agreed time. Where this is not possible or there are changes, this should be discussed with the person, or their representative, in advance. The provider should ensure that staff visit schedules are achievable with sufficient travel time between visits.

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

3.16 'people have time to support and care for me and to speak with me'

4.22 'If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative'.

This area for improvement was made on 29 April 2022.

Action taken since then

We heard that people were happy with their visit times and often they were informed and involved in changes in advance. However, there were occasions of insufficient travel time between visits and the service was scheduling visits at times that was not suit peoples needs and preferences. Although, these changes were being made to meet peoples' wishes, there was a risk that new staff would not be aware. The management team acknowledged the need to discuss and update visit schedules to address this.

We have agreed to make a further area for improvement and will look at progress at the next inspection. See 'How good is our leadership?'.

Previous area for improvement 2

The provider should ensure that people are confident that their care and support plans contain the most current and up to date information. The provider should ensure that reviews are carried out and information from reviews are transferred timeously to ensure plans are up to date.

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

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 choices and wishes'

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

This area for improvement was made on 29 April 2022.

Action taken since then

The provider's governance team were giving support to the service with undertaking personal plan reviews. Personal plans were a prioritised area in the service's development plan. Although, there were some outstanding reviews, there was very good progress with completing reviews. Progress was being closely monitored by the manager and the governance team.

This area for improvement has been met.

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	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

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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