

# Care service inspection report

## ILS Tayside, Perth & Fife

### Housing Support Service

Algo Business Centre  
Glenearn Road  
Perth  
PH2 0NJ

Inspected by: Linda Weir

Type of inspection: Announced (Short Notice)

Inspection completed on: 3 July 2012



HAPPY TO TRANSLATE

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### **Service provided by:**

Independent Living Services (ILS) Ltd

### **Service provider number:**

SP2003002216

### **Care service number:**

CS2011280682

### **Contact details for the inspector who inspected this service:**

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	1	Unsatisfactory
Quality of Staffing	2	Weak
Quality of Management and Leadership	2	Weak

### What the service does well

People who used the service told us that care staff team were a strength of this service. They told us that most staff were supportive and carried out their care sensitively and with professionalism.

### What the service could do better

The provider must address the serious issue of missed visits.

An unsatisfactory number of missed visits were identified by us for the period 1st May - 25th June 2012. (See Statement 1.3.) This meant that people did not receive essential support. This is unsatisfactory.

The service had a significant staff turnover, which meant that they found it challenging to provide consistency of support for service users. To ensure good support for people, they should be supported by a team of staff who visit them regularly.

### What the service has done since the last inspection

The service had issued questionnaires and had collated the results. They had introduced a monthly newsletter and planned to feedback the results of the questionnaires and what action they would take to address concerns raised using a 'You said, We did' style response.

## **Conclusion**

The provider had taken steps to improve communication with service users and their staff team. This was in the very early stages of development and required to be improved.

The service with immediate effect must provide support to service users at agreed times and intervals in order to ensure their health and wellbeing.

## **Who did this inspection**

Linda Weir

**Lay assessor:** Ms Tina Harris .

# 1 About the service we inspected

The service registered with the Care Inspectorate in October 2011. The service provides a Care at Home and Housing Support service to a range of service users including adults, older people and those with a disability. The service operates from offices in Perth and Kirkcaldy supporting people in the Fife and Perth and Kinross areas.

The aim of the service is to provide individualised packages of personal care to enable service users to stay safely and comfortably in their own homes.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 1 - Unsatisfactory**

**Quality of Staffing - Grade 2 - Weak**

**Quality of Management and Leadership - Grade 2 - Weak**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.scswis.com](http://www.scswis.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

This report was written following visits to the service on 7th, 19th, 21st, 26th (Perth) and 28th June 2012 (Kirkcaldy). Ms Tina Harris (Lay Assessor) contacted eight service users by phone and spoke with them.

Feedback was given to the Service Manager, the Quality Compliance Manager and the interim Service Manager on 2nd July 2012 by Linda Weir, also present from the Care Inspectorate was Amanda Welch, Inspector. There was a Contract Compliance Officer from Perth and Kinross Council also present.

In this inspection, evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents including:

- personal plans of people who use the service
- training records
- accident and incident records
- significant events records
- continuity of service records
- missed visit records
- minutes of meetings/ supervision records

Discussions with various people including:

- speaking with 8 service users by telephone
- 4 support workers
- 2 Customer Care Supervisors
- 2 Senior Support Workers
- administrator
- service manager
- interim service manager

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under

each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## What the service has done to meet any requirements we made at our last inspection

### The requirement

This requirement was made as a result of a complaint investigation - 25 January 2012. The provider must develop robust systems to ensure the health, welfare and safety of service users. In order to do this, the provider should; introduce a system to routinely record an evaluation of shadow shifts to assess and monitor areas of competency. The evaluation should also include feedback from service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210:3, 4(1)(a)(b) 15(a)(b).

### What the service did to meet the requirement

We sampled 4 staff files and found records of shadowing opportunities in 3 files. We acknowledge that this was in the very early stages of development. This requirement is continued.

**The requirement is:** Not Met

### The requirement

This requirement was made as a result of a complaint investigation - 26 January 2012. The provider must further develop quality assurance systems to promote good confidentiality work practices. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210 4 (1) (b).

### What the service did to meet the requirement

A meeting was held for staff where the importance of confidentiality was reinforced to staff. This was followed by a memo to all staff reminding them of confidentiality issues.

In a recent survey carried out by the organisation of service users being supported in Perth and surrounding area only one person found this weak, respondents in Fife raised no concerns regarding confidentiality. We have asked the management team to explore this with the service user. All other (78) respondents indicated no concerns.

**The requirement is:** Met



## **The requirement**

This requirement was made as a result of complaint investigations -14 February 2012 and 20 March 2012. The provider must develop and implement an effective system to ensure that all service users receive their care and support at the times that are agreed in their care plan and service agreement. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210 4 (1)(b).

## **What the service did to meet the requirement**

This requirement is not met. Please see Statement 1.3 of this report.

**The requirement is:** Not Met

## **The requirement**

This requirement was made as a result of a complaint investigation - 14 February and 19 March 2012. The provider should introduce robust systems to ensure that company policy is followed by care staff when they are unable to carry out scheduled visits. In order to do this there should be: (a) a clear procedure for staff to follow and (b) a system developed to ensure all staff are aware of the procedure This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services, Regulations 2011, Scottish Statutory Instrument 2011/210 3

## **What the service did to meet the requirement**

Staff we spoke with were aware of how to contact the on call person to notify them if they were unable to carry out scheduled visits. Issues continued with unallocated shifts which is detailed within the report.

**The requirement is:** Met

## **The requirement**

This requirement was made as a result of a complaint investigation -19 March 2012. Information should be accurately recorded and should be consistent and clear. Good record keeping helps to protect the welfare of service users by promoting high standards of care. This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services, Regulations 2011, Scottish Statutory Instrument 2011/210 3, 4(1)(a).

## **What the service did to meet the requirement**

Please see Statements 1.1 and 1.3.

**The requirement is:** Not Met

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## **The requirement**

This requirement was made as a result of a complaint investigation -20 March 2012. The provider must introduce robust systems to ensure that clients are fully informed, within a sufficient timescale of their care and support arrangements for the following week. This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services, Regulations 2011, Scottish Statutory Instrument 2011/210, 4(1)(a).

## **What the service did to meet the requirement**

Service users that we spoke with on the phone confirmed that they received their rotas in time for the following week.

**The requirement is:** Met

## **The requirement**

The provider should ensure that a signed/dated care plan is in place which reflects the current needs/wishes of the individual. The plan should be regularly reviewed, at least once in every six months, and updated. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210 5 (2)(b) Timescale:- To commence immediately on receipt of report and to be completed within eight weeks.

## **What the service did to meet the requirement**

This requirement has not been met. This requirement is repeated please see Statements 1.1 and 1.3.

**The requirement is:** Not Met

## **The requirement**

The provider must demonstrate:- (i) Service user personal plans contain clear assessment, evaluation information regarding service user needs and planned interventions by staff to meet these needs. (ii) Personal plans must reflect the choices and preferences of service users in meeting these needs. (iii) The provider must evidence that all care plans are reviewed regularly following their guidance (iv) That clear protocols are developed to ensure that all parties are clear about responsibilities for administering medication. (v) That clear protocols are developed to ensure that all parties are clear about responsibility for managing monitoring diabetes and dietary intake. (vi) That clear guidance is in place for staff to follow when applying creams, lotions and topical applications ensure that all creams, lotions and topical applications are applied as instructed by the prescriber. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210 4 (1)(a) Timescale for Completion:- To commence on

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receipt of report and be completed within (i) (ii) (iii) - Within 6 weeks of receipt of report (iv) (v) (vi) -Within 2 weeks of receipt of report.

### **What the service did to meet the requirement**

This requirement has not been met. This requirement is repeated please see Statement 1.3.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that all staff receive training to meet service users specific support needs. This should include a training needs analysis to ensure that all staff have the skills and knowledge to support service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011 15 Staffing (a)(b).  
Timescale for completion: To commence on receipt of report and be completed within 8 weeks of receipt of report.

### **What the service did to meet the requirement**

This requirement has not been met. This requirement is repeated. Please see Statement 3.3.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that company policy is followed in relation to any complaints or concerns raised. This should include an acknowledgement to the complainant and any follow up actions taken. This is in order to comply with The Social Care and Social Work Improvement Scotland requirements for care services Regulations 2011, Scottish Statutory Instrument 2011/210 3,4 1(a)(b) and 18 (3), (4).  
Timescale: on receipt of this report.

### **What the service did to meet the requirement**

We examined complaints records. We found that where complaints or concerns had been raised that the new manager had written to complainants to acknowledge their concerns and met with two families to address these and agree improvements.

**The requirement is:** Met

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## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** No

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings we grade them under.

## Taking the views of people using the care service into account

We issued 50 Care Service Questionnaires to people using the service in Fife and Perth areas.

We received 31 back. Peoples comments about the service included:

- > 'Although I know the names of most of the staff providing my support and care, there are occasions when staff come who I do not know'
- > 'Carers have all been excellent, only sorry you are losing some very good people. Occasionally we have been let down by rota system and feel the carers do not have enough time to get from one client to another.'
- > 'Staff do not get enough training, they shadow others and pick up their bad habits'
- > 'There is no consistency of staff as they keep leaving. Promises made and not carried out'
- > 'I do not always get informed if there is a change to my rota and often my care is unallocated and I don't know who is coming'

We asked people if they were overall happy with the care and support the service gives them. Five people strongly agreed, 18 people agreed, 4 disagreed and 1 strongly disagreed.

## Taking carers' views into account

Please see views of people using the service.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 1 - Unsatisfactory

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

The service had a Participation Policy which identified how staff and service users could be involved in making comments on their care. The service had a complaints policy in place. We saw that the service was now acknowledging complaints and investigating these appropriately.

The service met with some service users prior to commencing their care package. This allowed them and their relatives an opportunity to discuss the service required.

We saw that some people had reviews of their care, where reviews had taken place, there was evidence that service users and their relatives had opportunities to comment on the service.

Since the last inspection there were some indication that the service were trying to introduce additional ways to involve people in the service and to inform them of developments.

This included:

- > Questionnaire had been sent to service users across Perth and Fife areas. The results had been received and collated.
- > The first edition of a newsletter had been sent to service users introducing the new manager. This also informed people that the results of the questionnaire would be analysed and feedback given in the next newsletter detailing how the service would act on peoples comments. One idea being considered was a 'You said, We did' section in each newsletter.

> The management team had commenced courtesy calls to service users to ask them how they found the service. This was in the very early stages of development with approximately 20 phone calls having been made at the time of the inspection. (The service supports approximately 200 people across Fife and Perth areas.)

### **Areas for improvement**

Areas for improvement identified included:

> Reviews of care to be arranged for all service users at least every six months or more often if required.

At the last inspection we had identified that not all service users had up to date care plans or their care reviewed at least every six months. We made a requirement that the provider should ensure that a signed/ dated care plan be in place for all service users which reflected the current needs/ wishes of the individual and that this be regularly reviewed, at least once in every six months, and updated.

At this inspection we found that this requirement remained unmet.

> In Perthshire we were told that 74 people had up to date personal plans, 35 had plans which required to be reviewed, updated and agreed by service users. 26 people had no ILS personal plan in place.

In Fife we were told that 25 people had up to date personal plans, 26 had plans which required to be reviewed, updated and agreed by service users. 13 people had no ILS personal plan in place.

This meant that overall 39 people had no opportunity to meet with the service and agree a personal plan which met their individual needs and 61 peoples plans needed to be reviewed with them to ensure that the care and support detailed in it still met their needs. (See Requirement One.)

> Courtesy calls had commenced to check if service users were satisfied with the service.

There had been some courtesy calls made to service users. We examined records of courtesy calls which had been made to 14 service users since the last inspection. Whilst people were generally happy with the service, where people had made negative comments or raised concerns these still had to be actioned by the service. This method of seeking peoples views of the service needed to be fully implemented to ensure that concerns raised resulted in a clear plan of action to address these concerns.

> Some people not received planned visits, whilst there was evidence that a few people had been contacted to acknowledge this and apologise, this was limited

to a small number of service users. This meant that many service users were left without support with no acknowledgement.

(For full details, see areas for improvement in Statement 1.3)

The service should fully implement the new methods that were being implemented to increase participation and fully explore additional ways to seek the views of service users. (See Recommendation One.)

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 1

## Requirements

1. The provider should ensure that a signed/dated care plan is in place which reflects the current needs/wishes of the individual. The plan should be regularly reviewed, at least once in every six months, and updated. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210 5 (2)(b) Timescale:- To commence immediately on receipt of report and to be completed within eight weeks.

## Recommendations

1. It is recommended that the service further develops methods in order to involve residents, relatives and stakeholders in assessing and improving the quality of the service provided. Methods should demonstrate how participation has improved practice within the service.

National Care Standards - Care at home- Standard 11 Expressing your views:

- You can freely discuss any concerns you have with your home care worker, other staff or management of the service

## Statement 3

We ensure that service user's health and wellbeing needs are met.

## Service strengths

We found that some personal plans contained detailed information about the support required by service users. Examples of this included:

- > Health information
- > Basic care needs
- > How to assist people in their preferred ways
- > Safe mobility around their home including the types of equipment used

Service users that we spoke with commented favourably on the staff who supported them. They told us that they got on well with most staff who were friendly and sensitive to their needs.

Most people we spoke with told us that staff tried to attend to them at the correct time and that if there was to be any significant delay that they would contact them to keep them up to date.

### **Areas for improvement**

#### Personal Plans

The provider delivers this service across two local council areas. One council provides a basic outline of the support needs of people. At the last inspection it was acknowledged by the provider that this shared assessment was not adequately detailed to guide staff to interventions required when supporting people and that this needed to be supplemented by a detailed support plan.

As described in Statement 1.1 a significant number of people had no personal plan in place (39 people.) Whilst care workers receive a weekly rota outlining the support required by each person, the information is limited and there is no environmental risk assessments or manual handling risk assessments to guide staff how to support people safely.

We sampled 10 personal plans. Examples of improvements necessary included:

> A service user who had been using the service since November 2011 had no personal plan in place to guide staff to their care needs. The original referral from the local council indicated that the person may have some mobility issues. No manual handling assessment had been undertaken. There was no evidence of an initial meeting with them to discuss and agree their care and support needs, no information for staff regarding the level of support required with personal care or how much the person could do for themselves to promote them to be as independent as possible.

Whilst we acknowledge that there is normally a rota for each member of staff working with people on a planned basis, if a late change has to be made to the carer outwith their rota there would be no care and support information available to them.



- > One plan had been identified at the last inspection as not being up to date to reflect the current support needs of the service user. This plan did not provide up to date medication guidance or how to support the person to manage a specific health need, protocols had not been developed to ensure that all parties were clear about their responsibilities. At the time of this inspection this plan was still being updated. This meant that staff did not have current guidance between March and June.
- > Most plans sampled provided no information on how to effectively communicate with service users. (See Requirement One.)

### Missed Visits

We examined a range of bookings to monitor the support received by service users between the 1st May and 25th June 2012. We found that there were numerous missed visits or visits where only one member of staff attended when two staff were required to support people safely and effectively. In total 32 service users were affected by missed visits.

In the Perth area, 11 service users missed one visit, 4 people missed 2 visits and 2 service users who required two staff each on two occasions were supported by only one staff member.

In the Fife area, 3 service users missed one visit, one missed 2 visits and 3 service users who required two staff each on 2 occasions were supported by only one staff member.

This meant that people missed essential support including:

- assistance to take their medication
- assistance with meals and drinks
- assistance with personal care
- mobilising
- assistance to get up in the morning or go to bed

Specific examples included:

- A person who had a short term physical injury which means they required assistance with most areas of daily living received no support from the service on two separate occasions. This is very poor practice.

- A family who receive support one afternoon from two staff to allow their relative a break did not receive two staff on two occasions, this meant that the second member of staff had to leave without offering the agreed support.

- One person did not receive assistance to take their medication or receive their meal at lunchtime.

We were concerned that these omissions were identified by us and that the service had not identified any of these missed visits through their own monitoring systems and were therefore unaware of most of these missed supports. This is very poor practice.

A lay assessor spoke with eight people on behalf of the Care Inspectorate. Responses when asked if they had a regular team of staff included:

- Six people commented that they had a regular team
- Two peoples comments were 'Not regular staff when care started 30 or more - stabilised in the last six months 8 staff now' and 'various staff not always regular'

In their own questionnaires to service users 16 of 45 people in Perth and 9 of 34 people in Fife responding rated the service either weak or unsatisfactory when asked if they were kept informed of changes to their service.

This is unsatisfactory. (See Requirement Two.)

### Continuity of Care

We examined continuity sheets for the period 1st January to 31st May 2012. We found that many people using the service had received support from a high number of support workers which highlighted a lack of consistency of support.

Examples of this included:

- In Perthshire 16 people had between 21-30 workers supporting them in this period
- In Perthshire 7 people had between 31- 40 workers supporting them in this period
- In Fife area 13 people had between 21- 30 workers supporting them in this period
- In Fife area 5 people had between 31-40 workers supporting them in this period
- In Fife two people were each supported by 45 different support staff in this period

Whilst it is acknowledged that some people received up to four visits per day with two staff this still represented a significant turnover of staff in their home. This is not good practice. (See Recommendation One.)

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**Grade awarded for this statement:** 1 - Unsatisfactory

**Number of requirements:** 2

**Number of recommendations:** 1

## Requirements

1. The provider must demonstrate:-

(i) Service user personal plans contain clear assessment, evaluation information regarding service user needs and planned interventions by staff to meet these needs.

(ii) Personal plans must reflect the choices and preferences of service users in meeting these needs.

(iii) The provider must evidence that all care plans are reviewed regularly following their guidance.

(iv) That clear protocols are developed to ensure that all parties are clear about responsibilities for administering medication.

(v) That clear protocols are developed to ensure that all parties are clear about responsibility for managing monitoring health conditions.

(vi) That clear guidance is in place for staff to follow when applying creams, lotions and topical applications ensure that all creams, lotions and topical applications are applied as instructed by the prescriber.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210 4 (1)(a)

Timescale for Completion:- To commence on receipt of report and for (i) (ii) (iii) to be completed within 6 weeks of receipt of report and for (iv) (v) (vi) -Within 2 weeks of receipt of report.

2. The provider must develop and implement an effective system to ensure that all service users receive their care and support at the times that are agreed in their care plan and service agreement. The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210 4 (1)(b).

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210 4 (1)(a)

Timescale for Completion: Immediately on receipt of this report.

## Recommendations

1. It is recommended that the provider reviews systems to maximise continuity of care for service users. This should include developing regular support teams for individuals.

National Care Standards - Care at Home Standard 4 Management and Staffing Part 6

- You know that the service will be consistent and reliable in who is giving the care and also in the way and timing of how it is given. You will be notified in advance of any necessary changes to the timing of your care at home service and who is your home care worker.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

Please see Statement 1.1 for areas of strength which are also relevant to this statement.

#### Areas for improvement

Please see Statement 1.1 for areas for improvement which are also relevant to this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

The organisation had a staff handbook which contained information about their core values and a summary of key policies such as whistle blowing and training and development.

Training records showed that some staff had attended training in areas including: customer care, values, adult support and protection, medication and moving and handling.

Since the last inspection supervision had been implemented for about half of the staff team. The management team told us that they were committed to ensuring that staff have regular and planned supervision.

The newly appointed manager discussed that he had implemented courtesy calls to members of staff to check on their wellbeing and offer them opportunities to discuss any work issues or training needs. This was to offer support to staff due to high levels of lone working in their role. This was in the very early stages of development and he hoped to roll this out to all staff within the next month.

We spoke with eight service users. They told us that overall staff were able to meet their support needs and appeared to be competent in their role. They told us that staff who supported them were caring, professional and supportive to them.

All people spoken with told us that staff were polite, asked them how they wanted their care provided.

Comments from service users included:

- 'They are lovely and they always ask'
- 'Very nice they always ask if they are not sure'
- 'They're great - we have a laugh'
- 'Yes, local people we know'

The providers questionnaire indicated that the majority of service users felt that staff treated them with dignity and respect. One person commented: 'The staff I get are almost like members of my family. Very good' and another 'The staff have been really good'.

They asked if staff conducted themselves in a friendly and professional manner. The majority of people felt staff were very good or excellent. Comments included: 'I've never had a bad member of staff' and 'Most staff good'.

### **Areas for improvement**

We saw that supervision had commenced for about half the staff team. We examined records of supervision sessions. Supervision records were of mixed quality. Agreed action plans were not always in place and some records held limited content regarding practice issues and training needs. Annual appraisals were still to commence, the manager hoped to establish these following all staff commencing regular supervision.

It may be appropriate to provide additional training for staff who offer supervision in how to make supervision meaningful and effective. (See Recommendation One.)

The provider had introduced an Employee Engagement Programme to support staff in their new job over a 26 week programme which would lead to a Performance Appraisal. We examined records for four newly appointed staff. We saw that one person had received shadowing opportunities with records kept. There were no records for the other three members of staff. We found it difficult to establish how the service satisfied themselves that staff were competent to work independently with service users. (See Requirement One.)

We identified at the last inspection that staff supported service users with specific support needs including non verbal communication systems, epilepsy and diabetes. Whilst some staff had received appropriate training this was not consistent for all staff supporting people with particular needs.

One member of staff we spoke with told us that they took instruction from a family member on how to take blood sugar tests whilst other staff had received training from a district nurse. The service must be clear with staff about their responsibilities where no formal training has been provided.

Staff undertake regular updates of manual handling training and had recently agreed to update all staff medication training to meet the requirements of one local council. The council had made this training mandatory to ensure that where service users were receiving support from more than one provider all were working to the same standards and system. At the time of the inspection some staff manual handling refreshers were due and some still had to receive updated medication training.

By stabilising the continuity of staff teams this would allow the service to identify individual training needs for staff supporting individuals. This would make it easier to carry out a training needs analysis system and make an annual training plan to make sure that staff receive training relevant to their role. (See Requirement Two.)

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 1

## Requirements

1. The provider must develop robust systems to ensure the health, welfare and safety of service users. In order to do this, the provider should; introduce a system to routinely record an evaluation of shadow shifts to assess and monitor areas of competency. The evaluation should also include feedback from service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 2011/210:3, 4(1)(a)(b) 15(a)(b)  
Timescale:- To commence on receipt of report.
2. The provider must ensure that all staff receive training to meet service users specific support needs. This should include a training needs analysis to ensure that all staff have the skills and knowledge to support service users. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instrument 2011 15 Staffing (a)(b).

Timescale for completion: To commence on receipt of report and be completed within 8 weeks of receipt of report.

### **Recommendations**

1. It is recommended that the provider establish use of management practices including supervision and appraisal, to support, develop and guide each staff member in their practice and ensure that each staff member was meeting expected standards of practice. It is also recommended that senior staff with responsibilities receive training on how to offer effective supervision  
National Care Standards - Care at Home Standard 4 Management and Staffing Arrangements.



## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

Please see Statement 1.1 for areas of strength which are relevant to this statement.

#### Areas for improvement

Please see Statement 1.1 for areas for improvement which are relevant to this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### Service strengths

The service had available to them a good range of quality assurance systems and processes to help them monitor the quality of the service and plan improvements.

ILS has an Internal Quality Assurance and Compliance Team. A member of the compliance team had commenced audits of personal plans and had identified action points to improve these plans.

The manager had recently updated the on call log system for management staff to use to allow tracking of events and actions taken as a result of on call issues. This included how issues were to be resolved.

Most people using the service knew about how to make a complaint either to the service or to the Care Inspectorate. This information was available in welcome packs.

We also took into consideration Areas of Strength in Statement 1.1 and 3.3 when assessing this statement.

#### Areas for improvement

Meetings

We were told by managers that a series of three meetings had been held with staff to update them on developments in the service. These had been held in Perth where several staff attended. No meetings had been held in the Fife area since the last inspection. No minutes of these meetings had been kept. It was unclear how the information discussed at these meetings would be passed to workers who had been unable to attend the meetings.

The new manager told us that he planned to commence locality meetings to seek staff views of how to make the service work better for service users in individual areas across both Perthshire and Fife. (See Recommendation One.)

### Audit Systems

The provider had a sophisticated staff plan computer system to allow them to monitor continuity of care and highlight where support sessions were required. It was not clear how this had been used effectively to ensure continuity of care and minimise missed visits. At the previous inspection the service used a Significant Events process to identify missed visits and to make contact with individuals and the local council to inform them. During this visit the provider was unaware of the majority of visits that had been missed or undertaken by only one staff member when two were identified as being required.

A contributing factor may be that there had been a significant turnover of 51 staff including within the management team since January 2012.

The provider was now aware of exactly how many personal plans were either fully completed, partially completed or where none were in place. This had been identified as an issue at the last inspection. To date this has not been addressed sufficiently. (See Requirement One.)

### Keeping people informed

In their questionnaire the service asked 'You should be informed whenever there is a change to your planned service. How well are you informed when changes in your support occur?'

'Not told by any changes as yet, even when staff don't or can't get in'

'Calls are rarely made when carers are changed. Never informed with fill in carers for numerous unallocated slots.'

'Almost never informed by admin, sometimes by carers'

'When a change of time had been made, we didn't know that the rota had been changed'

'Whilst weak, contact from office has been much improved only recently'

'The following weeks rota frequent but doesn't arrive until after the week has started'

'Never been informed'

The response to this question was consistent with our discussions with service users who told us that overall communication with the management team had been limited.

The manager told us that he planned to respond to these responses individually if appropriate or by way of a 'You said, we did' section in the newsletter.

We assessed that the findings on missed visits and continuity of care (see Statement 1.3) and lack of personal plans being in place impacted on the grade awarded for this statement.

We also took into consideration Statement 1.1 and 3.3 Areas for Improvement when assessing this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. To ensure quality assurance systems and processes are effective, the provider must;
  - ensure that all staff are provided with training to make them fully aware of their roles and responsibilities in relation to quality assurance processes and procedures.
  - ensure that staff are appropriately using quality assurance systems as these are necessary in their practice for the health, welfare and safety of service users. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 4 (1)(a) Welfare of Users and 15 (b)(i) Staffing  
Timescale:- Within four weeks of receipt of this report.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

None noted.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 1 - Unsatisfactory</b>	
Statement 1	2 - Weak
Statement 3	1 - Unsatisfactory
<b>Quality of Staffing - 2 - Weak</b>	
Statement 1	2 - Weak
Statement 3	3 - Adequate
<b>Quality of Management and Leadership - 2 - Weak</b>	
Statement 1	2 - Weak
Statement 4	2 - Weak

## 6 Inspection and grading history

Date	Type	Gradings
20 Mar 2012	Unannounced	Care and support            2 - Weak Staffing                        2 - Weak Management and Leadership 2 - Weak

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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هه بایتسد میم ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

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