

Care service inspection report

Eildon Ltd - Support Services

Housing Support Service

Eildon House
39 High Street
Inverness
IV1 1HT

Inspected by: Dan MacKay

Type of inspection: Announced (Short Notice)

Inspection completed on: 31 October 2013



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Service provided by:

Eildon Limited

Service provider number:

SP2012011849

Care service number:

CS2012308692

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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	1	Unsatisfactory
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

This was the service's first inspection visit. The members of staff we met demonstrated a determination to learn from the experience and a willingness to address the concerns and issues identified by the inspection process.

What the service could do better

There are significant areas of concerns that the provider must address immediately. These include:

- * to put in place a robust and safe recruitment and selection process to ensure members of staff are appropriately vetted before commencing employment.
- * to put in place person-centred personal plans which identified appropriate outcomes for each individual service user.
- * to ensure that appropriate risk assessments had been carried out and that measures were identified to minimise the likelihood of any incident occurring.
- * to ensure that members of staff employed by the service received training appropriate to the work they performed. Regular arrangements to support and supervise staff should also be put in place.
- * to implement robust quality assurance arrangements.

* to survey the views of service users, families and other stakeholder about ways in which the quality of care and support could be further improved.

What the service has done since the last inspection

This was the service's first inspection visit. Due to recent changes to the service's registered status we included the care at home service as part of this inspection.

Conclusion

This inspection report provides details of a number of regulatory requirements that the service must address in order to raise the current unsatisfactory standards of care and support.

Who did this inspection

Dan MacKay

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

The service was registered with the Care Inspectorate on 4 October 2012. In May 2013 it extended the terms of its registration to provide a care at home service.

Requirements and recommendations -

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Eildon Ltd is registered to provide a housing support and care at home service to adults who have experienced homelessness as identified by the provider at the point of application and are living in their own homes.

The aims of the service are to "enable those who require support to enjoy a valued life". The service aimed to "support adults to achieve a level of independence and maintain their accommodation".

One of the service's objectives was to "work in partnership with other agencies, the public, private or voluntary sectors to provide a good quality of personal care and home based support".

The service had two offices - one based in Inverness town centre the other in MacDuff, Banffshire.

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 1 - Unsatisfactory

Quality of Management and Leadership - Grade 1 - Unsatisfactory

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.careinspectorate.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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following a short notice announced inspection. This was carried out by Inspector, Dan MacKay. The inspection took place on 3 and 25 September 2013 in Inverness. A further site visit took place in MacDuff on 10 October 2013. We gave feedback on 31 October 2013.

As part of the inspection we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- * Two service users
- * Six family carers
- * 4 Service Managers and one of the Directors
- * Four members of staff

We looked at:

- * The Participation Strategy (this is the service's plan for how they will involve service users)
- * Personal Plans
- * Risk Assessments
- * Staff training records
- * Employee Handbook
- * Supervision and Appraisal arrangements
- * Quality Assurance arrangements

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

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 completed self assessment document from the provider.

This was the service's first inspection since its registration. We would anticipate that future self assessment submissions will reflect on the inspection outcomes and use these to more fully contribute to the self-evaluation process.

Taking the views of people using the care service into account

We issued 8 Care Standards Questionnaires (CSQs) for the service to distribute to service users. These provided service users with an opportunity to let us know how they felt about the service. None were returned to the Care Inspectorate.

We carried out telephone interviews. The following views were offered:

Another interviewee described staff as "very kind, very nice".

Another told us they were "happy" with the service provided.

Taking carers' views into account

"Things are absolutely fine now [after initial misunderstandings]. The new carer is absolutely champion". [The service was rated as] "first class. 10 out of 10. No complaints. It's a hard job to do. They are very pleasant."

Another interviewee told us she was "not happy with the care [my family member receives]." We were told the service deployed "a lot of different carers" some of whom

"haven't got what it takes". Although there were some good carers we were also told "experience not there to look after him". We were told staff seemed to be "rushing".

"No concerns. They are good."

"Some of [the staff] are not very punctual. I don't want to complain."

(We issued ten Care Standards Questionnaires (CSQs) for the service to distribute to members of staff. These provided them with an opportunity to let us know how they felt about the service. None were returned to the Care Inspectorate).

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

It is Eildon Ltd's policy to ensure that all service users, relatives and representatives are encouraged to make comments and suggestions about the quality of the service provision. The service's 'welcome leaflet' stated, as one of its objectives, that it would "take account of the views of service users and members of the public regarding our service".

Service users were provided with a copy of Eildon Ltd's "complaints and compliments" procedure which is included in their information packs. An examination of the complaints log provided evidence that the service had acted appropriately in dealing with complaints. This had led to the provider, in some instances, following appropriate disciplinary processes. The service had sought to learn from its experiences in order to achieve positive outcomes for service users and their families.

During our inspection of the service we noted that a relatively new 'feedback and evaluation folder' had been devised and this provided evidence of a range of positive feedbacks from some service users and their families indicating levels of satisfaction with the service provided to them.

We carried out a number of telephone interviews with both service users and their next of kin. We heard, variously, about initial difficulties with the quality of the service provision. The managers of the service indicated a determination to put things right. We received some of the following comments from our telephone interviews:

"Things are absolutely fine now [after initial misunderstandings]. The new carer is absolutely champion". [The service was rated as] "first class. 10 out of 10. No complaints. It's a hard job to do. They are very pleasant."

Another interviewee told us she was "not happy with the care [my family member receives]". We were told the service deployed "a lot of different carers" some of whom "haven't got what it takes". Although there were some good carers we were also told "experience not there to look after him". We were told staff seemed to be "rushing".

Another interviewee described staff as "very kind, very nice".

Another told us they were "happy" with the service provided.

Areas for improvement

There was limited evidence of service users involvement in their personal care plans.

The service had yet to survey the views of service users and their carers about ways in which the quality of care and support could be further improved. Once undertaken the collated views and feedback should be used to inform an action or improvement plan to further develop the quality of care and support provided. **(See Recommendation 1)**

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider to survey the views of service users and carers about ways in which the quality of care and support could be further improved. An action or improvement plan based on these surveyed views and suggestions should be devised and implemented.

National Care Standards, Care at Home: Standard 11 - Expressing Your Views.

Statement 3

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

Service strengths

We saw some good examples of personal plans which provided members of staff with clear and detailed instructions to support vulnerable individuals. The level of care planning, in these instances, was good and would usefully contribute to positive outcomes for the individuals being supported.

We interviewed members of support staff who told us that despite initial difficulties in the running of this relatively new service there were signs that "things were improving". Eildon Ltd had developed a small team of support workers and was providing them with a range of in-house training. We were told staff felt "well supported".

We carried out a number of telephone interviews with both service users and their next of kin. We heard, variously, about initial difficulties with the quality of the service provision. The managers of the service indicated a determination to put things right. We received some of the following comments from our telephone interviews:

"Things are absolutely fine now [after initial misunderstandings]. The new carer is absolutely champion". [The service was rated as] "first class. 10 out of 10. No complaints. It's a hard job to do. They are very pleasant".

Another interviewee told us she was "not happy with the care [my family member receives]". We were told the service deployed "a lot of different carers" some of whom "haven't got what it takes". Although there were some good carers we were also told "experience not there to look after him". We were told staff seemed to be "rushing".

Another interviewee described staff as "very kind, very nice".

Another told us they were "happy" with the service provided.

Areas for improvement

The provider must consistently develop the personal plans to ensure that they provided background information and details which are based on appropriate referrals. **(See Requirement 1)**

We saw little evidence of plans being reviewed on a six monthly basis. All personal plans must be reviewed at least once in every six month period, or sooner if individual circumstances necessitate. **(See Requirement 2)**

Some of the risk assessments had identified the possibility of some service users carrying out illegal activities. The provider needed to ensure that all risk assessments properly identified the degree of risk and put in place appropriate measures to minimise the likelihood of any harm or incident occurring. **(See Requirement 3)**

The personal plans needed to adopt a person-centred approach to individual care and support planning arrangements. An outcome focussed approach should be put in place and ongoing records used to evidence what results were being achieved. **(See Recommendation 1)**

Quality Theme 3, Statement 3 and Quality Theme 4, Statement 4 of this inspection report will more fully detail the service's lack of robust recruitment and selection

processes and poor quality assurance arrangements which have adversely impacted on the quality of care and support delivered by Eildon Ltd.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 3

Number of recommendations: 1

Requirements

1. The provider must further develop the personal plans to ensure that they provided background information and details based on appropriate referrals.

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 5 (1)

Timescale: One month of receipt of this inspection report.

2. The provider must ensure all personal plans should be reviewed on a six monthly basis.

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 5 (2) (b) (iii)

Timescale: Six months of receipt of this inspection report.

3. The provider must ensure that all risk assessments properly identified the degree of risk and put in place appropriate measures to minimise the likelihood of any harm or incident occurring.

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 4 (1) (a)

Timescale: One week of receipt of this inspection report.

Recommendations

1. The provider needed to ensure that the personal plans adopted a person-centred approach to individual care and support planning arrangements. An outcome focussed approach should be put in place and ongoing records used to evidence what results were being achieved.

National Care Standards, Care at Home: Standard 3 - Your Support Plan.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service strengths

The findings in this statement are similar to those reported on in Quality Theme 1, Statement 1.

Telephone interviews with some service users and their carers revealed levels of satisfaction with some members of the service's support staff.

We interviewed members of staff during the inspection process and learnt that despite initial difficulties with the running of the service "things were improving".

Areas for improvement

Eildon Ltd is a relatively new care service. It has experienced critical feedback from some of its service users and their families. The provider had failed to put in place robust recruitment and selection procedures. This, together with a limited staff induction process, had led to the standards of care and support being compromised by staff who had not been appropriately vetted or trained. As a result there was an increased risk of potential harm. Quality Theme 3, Statement 3 and Quality Theme 4, Statement 4 of this inspection report will outline our findings in more detail.

The service had yet to survey the views of its various stakeholders - including members of its own staff group - about ways in which the quality of its staffing could be further improved. A recommendation has been raised about this in Quality Theme 1, Statement 1.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths

The provider had contracted an agency to assist with the development of its staffing policy and procedural arrangements. An 'employee handbook' was issued to all members of staff which detailed the service's terms and conditions, including its grievance and disciplinary arrangements. An 'employee safety' handbook had also been issued. The managers of the service were aware of their responsibilities in relation to employment legislation.

Areas for improvement

We examined the service's staff recruitment and selection processes and identified a number of failures. These had compromised the integrity of the quality of the care and support being offered to service users. The provider had exposed vulnerable service users to members of staff who not been appropriately vetted.

There had been a series of complaints by service users and their families following poor outcomes.

The provider had not always taken up the necessary job references for new applicants. Nor had they always sought appropriate references from the applicants' previous line managers. We noted one example from a previous line manager who indicated that they would not re-employ the individual for whom they were acting as a referee yet this individual was employed by Eildon Ltd. There was no evidence of any follow-up risk assessment to judge the suitability of candidates with weak references.

The quality of many of the references we examined was poor. In some instances staff had been deployed before satisfactory Protecting Vulnerable Group (PVG) checks had been undertaken.

The provider had endeavoured to rely on local knowledge whilst recruiting new members of staff but these processes were both unsafe and unsatisfactory.

The provider must put in place robust safe recruitment and selection processes which complied with current best practice guidance (such as 'Safer Recruitment Through Better Recruitment' - guidance in relation to staff working in social care and social work settings). **(See Requirement 1)**

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider to put in place robust safe recruitment and selection processes which complied with current best practice guidance (such as 'Safer Recruitment Through

Better Recruitment' - guidance in relation to staff working in social care and social work settings).

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 15 (a)

Timescale: One week of receipt of this inspection report.

Statement 3

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

Service strengths

During the inspection process, which entailed site visits to Eildon Ltd's Inverness and MacDuff offices, we met with various managers and members of staff. There was, generally (amongst those members of staff we spoke to), a recognition that the service delivery had got off to a poor start. The service had experienced a high turnover of personnel with poor levels of staff retention. During interviews members of staff told us they felt "well supported" by their managers. We heard positive feedback about the service's in-house training arrangements. The managers we met all showed a determination to raise the standards of care and support as soon as practically possible.

Areas for improvement

The service was offering a range of care and support to vulnerable people in their own homes. Some of the tasks involved related to support with diabetic care, catheter care, infection control and meal preparation. Interviews with members of staff confirmed that they had not all received appropriate training in these and other tasks.

The provider must ensure that all members of staff are appropriately inducted and that they receive training appropriate to the work they perform. In addition to this the provider must put in place regular arrangements to support and supervise members of staff. The provider should further ensure that those senior members of its staff group are appropriately registered with the Scottish Social Services Council (SSSC).
(See Requirement 1)

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all members of staff are:

- (i) appropriately inducted
- (ii) receive training appropriate to the work they perform
- (iii) receive regular support and supervision
- (iv) appropriately registered with the Scottish Social Services Council (SSSC)

This is in order to comply with: The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 15 (a) (b) (i) (ii) and The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 4 (1) (a)

Timescale: Three months of receipt of this inspection report.

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

The findings in this statement are similar to those reported on in Quality Theme 1, Statement 1.

Telephone interviews with some service users and their carers revealed levels of satisfaction with some aspects of the care and support provided.

We interviewed members of staff during the inspection process and learnt that despite initial difficulties with the running of the service "things were improving". They told us they felt "well supported" by their managers.

We met with the service's managers in Inverness and MacDuff who conceded there had been a range of difficulties and short comings in the development of the service. They told us they were determined to learn from the inspection process and put things right.

Areas for improvement

Eildon Ltd is a relatively new care service. It has experienced critical feedback from some of its service users and their families. The service's managers had listened to these concerns and acted appropriately. However the failure to put in place robust recruitment and selection procedures, together with a limited staff induction process, had led to the standards of care and support being compromised by staff who had not been appropriately vetted or trained. Quality Theme 3, Statement 3 and Quality Theme 4, Statement 4 of this inspection report will outline our findings in more detail.

The service had yet to survey the views of its various stakeholders - including members of its own staff group - about ways in which the quality of the management and leadership could be further improved. A recommendation has been raised about this in Quality Theme 1, Statement 1.

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 provider had devised a quality assurance statement which indicated the importance of quality to the service's business. It had begun to develop internal quality assurance procedures and we saw examples of the type of templates it intended to use to check and verify that its quality assurance measures were working. At the time of the current inspection it was clear that these had yet to be fully instigated.

Areas for improvement

An examination of the service's complaints log highlighted a series of complaints alleging to a series of incidents relating to breaches of confidentiality; failings in the delivery of personal care; staff attitudes and a medication administration mix-up.

From an examination of the records we could see that the provider had dealt with the complaints and disciplinary processes appropriately.

Where appropriate the service had sought to make up for any deficiency by providing those members of staff involved with training to ensure that they could perform their duties.

It was clear that the service's quality assurance measures were ineffective. A recommendation is being raised for the service to implement robust quality assurance practices as a matter of priority. This recommendation taken in conjunction with the various requirements throughout this report should collectively ensure that the provider more effectively addresses the shortcomings in service delivery.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. In order to move forwards standards of care and support it is recommended that the service improves the quality assurance processes being used to ensure that areas for improvement are identified and actioned by the management team.

National Care Standards, Care at Home: Standards 4 - Management and Staffing.

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

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 3	1 - Unsatisfactory
Quality of Staffing - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 2	1 - Unsatisfactory
Statement 3	2 - Weak
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

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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