

Care service inspection report

Care UK Homecare Ltd - East Lothian

Support Service Care at Home

Unit 9 Millwalk Business Park
Tantallon Road
North Berwick
EH39 5NB

Type of inspection: Unannounced

Inspection completed on: 27 January 2015



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Service provided by:

Care UK Homecare Limited

Service provider number:

SP2013012018

Care service number:

CS2013317622

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

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	2	Weak
Quality of Staffing	3	Adequate
Quality of Management and Leadership	2	Weak

What the service does well

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. Please refer to the inspection report 13th October 2014 for comments on "what the service does well."

What the service could do better

Whilst we saw that improvements in the service had started to take shape, including revised personal plans, quality assurance reviews and home visits from the field care supervisors, at the point of inspection these had not been consistently achieved. We found gaps in follow-up action from quality audits, reviews of support and telephone calls. Improvements need to continue be made in all aspects of the service to show sustained improvement.

We were disappointed to find that the improvement plan evidenced at the previous inspection had not been updated since that time to show what had been achieved, what was still to be done and to what timeframe. Because of this we did find it difficult at inspection to easily track the improvements made to date, for example it was not clear how many personal plans were still to be updated or the specific timeframes for this or how many reviews were outstanding at the point of inspection. Should the improvement plan have been updated we would have had a clearer picture at inspection of the improvements yet to be made and what had been completed.

What the service has done since the last inspection

We saw that the new management team had recognised the failings in the service and had a clear idea of what was needed to sustain the improvements. Staff roles had changed to match skills, staff meetings had been held to discuss expectations roles and responsibilities which had a positive impact on supporting the service move forward. Field care supervisors were now based in the community and had started to complete home visit assessments and update timings of visits. The feedback from the manager was a great deal of time since the last inspection had been taken up ensuring the foundations were in place within the staff team to ensure everyone was aware of what was expected with regard to audits, personal plans, communication and quality assurance.

There had also been issues with the information held on Cold Harbour, the I.T system, which in most cases had been inaccurate and out of date. It had taken and continues to take a great deal of work to update this so accurate timings of support and support information can be linked to the system to ensure this can be easily audited.

Conclusion

At the point of this inspection the improvements made had yet to have a full and sustained impact on the support to service users and could not be fully evidenced. However we did see that a number of quality reviews and home visits had been undertaken and that service users said they were very happy with their support but with some indicating they still had issues with timings of visits.

We will follow-up that the improvements identified have been put in place through future inspections of the service. Because the improvements were in the very early stages of being introduced in a consistent way for everyone using the service, we were unable to change the current grades made at the previous inspection. However the manager and quality care manager were very confident that now the foundations were in place that they could move forward to improve documentation and consistency. The manager accepted this will take a prolonged period of time, given the level of work needed to be put in place. However the next inspection should show significant improvement.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

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 Inspectorate.

Care UK Homecare Ltd East Lothian provided a Homecare service which operates from an office base in North Berwick. It is registered as a care at home service. Care UK Homecare Ltd East Lothian provides generic support to a wide range of people with varying needs. At the time of inspection the service supported approximately 160 people throughout East Lothian. The service is generally available 24 hours per day seven days per week to provide flexible packages of care appropriate to service users' needs.

The service has a manager responsible for the management of the service, this is supported by two care managers, who can deputise for the manager. There four field care supervisor posts and four coordinator posts. Field care supervisors are responsible for the day-to-day supervision and management of the homecare workers. Coordinators are responsible for the allocation of support and work closely

with the field care supervisors. There was also a part-time quality assurance manager. The service was split into four geographical areas, Musselburgh, North Berwick, Dunbar and Haddington.

The aim of the service is to 'provide high quality care and support services to assist in the tasks of daily living to allow freedom of choice to continue to live independently and safely at home in dignity and in familiar comforting surroundings and thus enhance the quality of life.'

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

Quality of Care and Support - Grade 2 - Weak

Quality of Staffing - Grade 3 - Adequate

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.careinspectorate.com or by calling us on 0345 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 medium 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

The Inspector made an unannounced visit to the office base of the service in North Berwick and carried out the inspection on 26/01/14 between the hours of 8.30am and 3.30pm.

As part of the inspection we also sent out 100 relatives and service users questionnaires to the manager to distribute, however at the point of inspection these had not been sent. We looked at feedback from service users and relatives from Care UK quality audits as evidence for the inspection.

As part of the inspection we sampled the following:

- Service user's personal plans, with an exemplar plan for staff to follow
- Reviews of support, audits of medication records and daily diaries.
- Records of missed visits and complaints
- Staff training records for medication training
- Minutes of staff meetings
- Quality assurance documentation

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

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

The requirement

The provider must make proper provision for the health, safety and welfare of service users. In order to do so, the provider must:

- *Ensure that records are kept of discussions as part of the 6 monthly reviews of the personal plans from service users and family where appropriate
- *Ensure the 6 monthly reviews of support show who was invited to the review
- *Ensure that where suggestions or requests for changes to the service are made that there is clear evidence of follow up to these, including feedback to the person making the request
- *Show that when there are changes to support identified from review that these can be cross referenced to updated personal plans which reflect any changing need for the service user.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of users and SSI 2011/210 5 (2) (a) and (b), Personal Plans Account should also be taken of National Care Standards, Care at Home, Standard 3, Your personal plan.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 1, under theme 1 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The Provider must ensure that quality assurance procedures are effective and appropriate for ensuring that the service is provided in a manner which promotes quality. This would include:

- *The review of the current quality assurance process with regard to surveys and indicators from the survey results
- *The review the quality assurance reports sent to service users to ensure they are accessible and easy to read.
- *Ensuring findings from the surveys are actioned as required with feedback given to service users and their families on the progress of the actions where improvements

have been identified.

This is in order to comply with SSI 2011/210 Regulation 3 - a regulation regarding principles.

It is also in accordance with the National Care Standards Care at Home Standard 4 - Management and Staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 1, under theme 1 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The provider must ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:

(i) Detailed information on the specific needs of the individual service user with regard support with medication.

(ii) Accurate audits of medication records and systems to ensure staff competency in administration.

(iii) All staff receive appropriate training which is updated as per Care UK policy on the administration of medication.

(iv) Ensure that the support plan and associated risk assessments match the levels of medication administration as in Care UK Ltd medication policy.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 3, under theme 1 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The provider must ensure that all service users have a written plan in place (personal plan) that clearly describes their preferences, their support and care needs, and how these needs will be met. All staff supporting service users with specific health needs

as identified through the personal plan should receive appropriate training to enable them to effectively support the person.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation (4)(1)(a) Welfare of users and Regulation 5(1) Personal plans.

Time scale: to commence on receipt of this report and be completed within 12 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 3, under theme 1 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

*Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

*Regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 4, under theme 1 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must

(i) Review the current scoring system used for internal audits

(ii) Clearly record what required action has been identified as a result of an audit in a format that can be measured to timescales

(ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectation of the audit, how to monitor outcomes and record follow-up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes

account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

What the service did to meet the requirement

This requirement is discussed in detail under statement 4, under theme 4 in the body of this report. We have carried this requirement forward at this inspection.

The requirement is: Not Met

The requirement

The provider must inform the Care Inspectorate of any relevant incident as issued in the guidance "Guidance on notification reporting for all registered care services".

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report.

What the service did to meet the requirement

Since inspection we have been notified of all relevant events. We saw that the manager had followed the guidance on reporting for all registered care services.

The requirement is: Met - Within Timescales

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

Eleven recommendations were made at the last inspection. As the purpose of this inspection was to measure progress made in meeting the requirements made, we have not had a focus on examining progress in meeting recommendations made from the last inspection. All recommendations have therefore been carried forward in the body of this report. Please refer under each theme and statements for recommendations carried forward.

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: Yes - Electronic

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. We did not request a self-assessment to be submitted as part of this inspection.

Taking the views of people using the care service into account

Service users views were not available at this inspection as the 100 questionnaires sent out had not been distributed prior to the inspection being carried out.

Taking carers' views into account

Carers views were not available at this inspection as the 100 questionnaires sent out had not been distributed prior to the inspection being carried out.

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: 2 - Weak

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 purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

We made two requirements at the last inspection. These are detailed below with progress taken to meet each requirement.

1. The provider must make proper provision for the health, safety and welfare of service users. In order to do so, the provider must:

*Ensure that records are kept of discussions as part of the 6 monthly reviews of the personal plans from service users and family where appropriate

*Ensure the 6 monthly reviews of support show who was invited to the review

*Ensure that where suggestions or requests for changes to the service are made that there is clear evidence of follow up to these, including feedback to the person making the request

*Show that when there are changes to support identified from review that these can be cross referenced to updated personal plans which reflect any changing need for the service user.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of users and SSI 2011/210 5 (2) (a) and (b), Personal Plans

Account should also be taken of National Care Standards, Care at Home, Standard 3, Your personal plan.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

At inspection we saw that some reviews of support had been completed. However there was no improvement plan available to show how many were completed and how many were outstanding with timescales. We were able to see that service users gave positive feedback about their service from the reviews we saw and when the reviews were completed these were put on the I.T system so the system would show the accurate date for the next review.

We saw that there were two very positive outcomes for service users where they were very unhappy with the service, complained about this, and this had been investigated resulting in significant changes which did lead to sustained improvements for them. However we also saw that where feedback showed that improvements could be made these were not always effectively followed up. There was still further work to be done to show that where service users gave feedback which could indicate improvement was needed that the actions put in place were followed up and shown to lead to sustained improvement.

It was not clear on the reviews of support who had been invited to the review, although the service user did where able to sign the completed document.

We did see that an audit sheet had started to show the date of the review, the outcomes and what actions were needed. However in some instances the review was completed stating no changes and the personal plan was not up to date. We saw that there were improvements from the last inspection however these were not consistently achieved for all service users and in some cases the same issues as previously remained, specifically that reviews of support had not always been followed up to show improvement.

We discussed with the manager that the personal plans also indicated that the next review would be in 12 months' time, where this should have read 6 monthly. This has been an error and the manager will ensure that personal plans state reviews are to be held 6 monthly.

Because the improvements put in place had not been consistently achieved and it was too soon to show that these had led to improved outcomes this requirement has been carried forward. (See requirement 1)

2. The Provider must ensure that quality assurance procedures are effective and appropriate for ensuring that the service is provided in a manner which promotes quality. This would include:

- *The review of the current quality assurance process with regard to surveys and indicators from the survey results

- *The review the quality assurance reports sent to service users to ensure they are accessible and easy to read.

- *Ensuring findings from the surveys are actioned as required with feedback given to service users and their families on the progress of the actions where improvements

have been identified.

This is in order to comply with SSI 2011/210 Regulation 3 - a regulation regarding principles.

It is also in accordance with the National Care Standards Care at Home Standard 4 - Management and Staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

At the last inspection we said that East Lothian area came 38th out of 39 homecare services provided by Care UK in Scotland and England. Only 35% of service users would have recommended Care UK at this time. However on the report produced by Care UK to send to service users it stated there were no "priority" actions to complete. We thought this could be perceived as a lack of respect for service user's opinions and suggestions to aid improvement. We also thought the format for the feedback was in accessible in both content and the size of the text. It was also not clear how many surveys were returned to calculate the figures presented. We were also concerned that the North Berwick area came 3rd out of all homecare services provided by Care UK when 48% of service user users would not recommend Care UK. We have carried forward this requirement to the next inspection as at this point in time no new quality assurance surveys had been sent out by Care UK and the quality re audit was not due until April 2015. It was too soon to see evidence that a review had been undertaken with regard to quality assurance systems. (See requirement 2)

Two recommendations were made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

At the last inspection we saw that although quality assurance systems were in place, there was a gap in how the systems all linked together to enable feedback to be given to service users and their families. For example observed practices did not record detailed feedback from service users, although there was space to do so. We saw that the questionnaires sent out and collated did not evidence how responses were given to those who raised issues individually. Although we could see that the service user newsletters started to include general feedback as the outcome of the surveys we have carried forward the previous recommendation made, to follow up at the next inspection. (See recommendation 1)

Whilst there was a service user involvement policy in place which was detailed as to how views of people supported by Care UK service we discussed that as the policy was more a corporate document to guide quality assurance processes that an easy to read format should be completed for service users to ensure they were aware of the importance of seeking their opinion and how this would be done. (See recommendation 2)

We discussed at the previous inspection that within the format for personal plans there were outcomes identified for the service user, however often these were what

would be the expectations of care and support and not specific outcomes which could be measured, for example "important I know the carers and they are on time". We discussed that further training should be given with regard to outcome led planning. We will follow this up again at the next inspection.

Care UK have a website where service users were encouraged to give feedback and also access information about the service. We looked at the information for East Lothian and found it did not have a link to the previous inspection report, outcomes of quality assurance surveys or gave any information about the improvement plan for the service. To enable service users and their families make informed choices about services available the inspection report should be available on the East Lothian service link page. We will follow this up at the next inspection.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The provider must make proper provision for the health, safety and welfare of service users. In order to do so, the provider must:
 - * Ensure that records are kept of discussions as part of the 6 monthly reviews of the personal plans from service users and family where appropriate
 - * Ensure the 6 monthly reviews of support show who was invited to the review
 - * Ensure that where suggestions or requests for changes to the service are made that there is clear evidence of follow up to these, including feedback to the person making the request
 - * Show that when there are changes to support identified from review that these can be cross referenced to updated personal plans which reflect any changing need for the service user.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of users and SSI 2011/210 5 (2) (a) and (b), Personal Plans Account should also be taken of National Care Standards, Care at Home, Standard 3, Your personal plan.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

2. The Provider must ensure that quality assurance procedures are effective and appropriate for ensuring that the service is provided in a manner which promotes

quality. This would include:

- * The review of the current quality assurance process with regard to surveys and indicators from the survey results
- * The review the quality assurance reports sent to service users to ensure they are accessible and easy to read.
- * Ensuring findings from the surveys are actioned as required with feedback given to service users and their families on the progress of the actions where improvements have been identified.

This is in order to comply with SSI 2011/210 Regulation 3 - a regulation regarding principles.

It is also in accordance with the National Care Standards Care at Home Standard 4 - Management and Staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

Recommendations

1. Further review of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and any service user forums into overall quality outcomes, to feedback to service users and their families.

National Care Standards, Care at Home, standard 11, Expressing your views.

2. An easy to read guide on service user involvement should be made available for homecare service users detailing how they can become involved in assessing and improving the quality of care and support

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

Statement 3

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

Service strengths

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

We made two requirements at the last inspection. These are detailed below with progress taken to meet each requirement.

1. The provider must ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:

(i) Detailed information on the specific needs of the individual service user with regard support with medication.

(ii) Accurate audits of medication records and systems to ensure staff competency in administration.

(iii) All staff receive appropriate training which is updated as per Care UK policy on the administration of medication.

(iv) Ensure that the support plan and associated risk assessments match the levels of medication administration as in Care UK Ltd medication policy.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

At the previous inspection we saw that there was contradictory information within personal plans about medication administration. We also saw that staff did not follow the medication policy with regard to consistency in recording of medication. From the revised personal plans we sampled we found that there was accurate information in these with regard to medication. Where appropriate a medication assessment had been completed. However a number of personal plans for people who required support with medication were still to be updated.

We saw that all staff were trained on the administration of medication in the service as part of their induction. We also saw that since the last inspection a planned approach had been taken to ensure all staff attended refresher training in medication. A comprehensive medication management policy was in place. Home visit assessments to service users included sampling medication records to ensure

consistency. However we found that audits of medication still did not show that these picked up on errors in recording. Although we could see that all Field Care Supervisors had been given instruction that all medication records must be audited monthly at the point of inspection we saw there were still errors that were not picked up by the audits. From the 12 audits we sampled that indicated there were no issues, 5 of these had errors in medication records. Although we could see improvement from the previous inspection this was inconsistent. We have therefore carried forward the previous requirement made. (See requirement 1)

2. The provider must ensure that all service users have a written plan in place (personal plan) that clearly describes their preferences, their support and care needs, and how these needs will be met. All staff supporting service users with specific health needs as identified through the personal plan should receive appropriate training to enable them to effectively support the person.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation (4)(1)(a) Welfare of users and Regulation 5(1) Personal plans.

Time scale: to commence on receipt of this report and be completed within 12 weeks.

At the last inspection we found the content of personal plans were varied but in general they lacked detail were often incorrect. We saw that work had started to update the personal plans to give accurate information on the support to be provided, however this was in the early stages of completion. As the improvement plan had not been updated since the last inspection we could not see how many plans had been completed and how many were outstanding. We did see that the revised plans showed significant improvement with the information recorded and that an exemplar plan had been written for staff to follow. However whilst we could see that the revised and updated plans accurately reflected support, we could also see the majority of plan still required updating. We have therefore carried the previous recommendation made forward. (See requirement 2)

Three recommendations were made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

At the last inspection we found that staff had been instructed to sign for each individual medication administered on the recording sheet should a service user be assessed as needing support with the administration of medication. However the medication was in blister packs in one section for specific times of administration. We discussed with the manager that staff could not be expected to identify individual tablets from a number within the blister pack sections. The system in place would usually only be used when medication was dispensed from their original container. We discussed that the practice of signing for individual tablets stored together in blister packs should be revised. We have made a recommendation about this. (See recommendation 1)

There was a system in place to directly observe staff practice on a regular basis through "home visit assessments". Records of the checks formed part of discussions in supervision and fed into staff appraisals. However the visits did not pick up some of the issues we found with medication and personal plans. Whilst we could see that home visit assessments did happen there needs to be a review of the quality of these and the outcomes for improvement as a direct result of the visits. (See recommendation 2)

Whilst it was recognised that all service users had risk assessments in place we found that often the risk assessments were not dated or signed. We also found where risk levels were medium or high, there was inconsistency in detailing what the specific risk was and how to minimise this. This was discussed at the previous inspection and we have therefore carried the recommendation made forward. (See recommendation 3)

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 3

Requirements

1. The provider must ensure that all staff follow policy and procedures with regard to the administration of medication and that there are systems in place to support the medication policy. This includes:
 - (i) Detailed information on the specific needs of the individual service user with regard support with medication.
 - (ii) Accurate audits of medication records and systems to ensure staff competency in administration.
 - (iii) All staff receive appropriate training which is updated as per Care UK policy on the administration of medication.
 - (iv) Ensure that the support plan and associated risk assessments match the levels of medication administration as in Care UK Ltd medication policy.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) a Regulation relating to staff training.

Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

2. The provider must ensure that all service users have a written plan in place (personal plan) that clearly describes their preferences, their support and care needs, and how these needs will be met. All staff supporting service users with specific health needs as identified through the personal plan should receive appropriate training to enable them to effectively support the person.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation (4)(1)(a) Welfare of users and Regulation 5(1) Personal plans.

Time scale: to commence on receipt of this report and be completed within 12 weeks.

Recommendations

1. The provider should revise the current medication policy of administering medication stored in one section of a blister pack.

National Care Standards - care at home Standard 4, Management and staffing arrangements and Standard 7, Keeping well - healthcare. Royal Pharmaceutical guidance "Improving patient outcomes, the better use of multi compartment compliance aids" February 2013

2. Observation of staff practice should be reviewed to ensure that there is evidence that staff meet expected competencies as discussed through induction and value based training. These should be recorded and link into practice development of staff.

National Care Standards, Care At Home, Standard 4, Management and staffing.

3. Risk assessments should reflect the information within the personal plan and include measures to be taken to minimise the risk identified.

National Care Standards Care at Home Standard 4, Management and Staffing.

Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

Service strengths

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

We made one requirement at the last inspection. This is detailed below with progress taken to meet the requirement.

1. The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

*Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

*Regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

At the last inspection feedback from service users and their relatives was that in general there were a number of occasions where visits were late, where they did not know who would be supporting them and the named person on the rota was not who turned up. The nature of using SMART phones meant that changes could be made very quickly and communicated to staff. This had both a positive and negative effect on the service provided. We saw that timings and communication was still an issue for some service users through comments made at reviews of their support. The quality care manager told us that timings of visits were all being reassessed with the individual service users at reviews of support. Once the review was completed this information was put on the I.T system to ensure that's times accurately reflected people's choices. This was a very positive approach to resolving the issues identified by service users of support times being different to what was expected. Whilst there was further work to be done to ensure consistency for all service users we could see that this had led to improved outcomes for some people at the point of inspection.

However as this had not been consistently achieved we have carried forward the requirement to be able to evidence that this process had been completed for all service users. (See requirement 1)

Two recommendations were made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

There was also no reference to travel times in the introductory information given to service users. The provider should include a clear and unambiguous statement concerning the practice of "travel time". We found issues with regard to travel through the staff rotas. Often staff were allocated on the rota to support an individual service user at exactly the same time the previous support ended. (See recommendation 1)

On Care Uk website it stated that there would be a minimum of 30 minute visits which is not correct. Although we could see this was for Homecare Select in England the website is very ambiguous with regard to giving accurate details of the service provision in Scotland. Thought should be given to updating the relevant pages of the website for accurate information for the services provided in Scotland.

East Lothian Council contracts were in use for all service users. These have the details of the costs of the service, agreed times and days of support. However we could not find information for service users on how to end or change the service. The Care UK website stated that 28 days' notice was needed by homecare service users to end their agreement however it was not clear what the arrangements were in the East Lothian service. At the last inspection we spoke with a relative who was given very short notice of the service ending which left her relative without support. Because we found no records to show discussion about this and no indication through written evidence that notice to end the service had been given we have made a recommendation. (See recommendation 2)

At the last inspection as an area for improvement we said that thought should be given to the content of the service user personal plan folder when first being introduced to the service. We saw that this contained the full Adult Support and Protection policy, Whistle blowing policy and Complaints policy. All of these were large documents and we thought it would be of more benefit to service users to have an easier to read summary of these. We will follow this up at the next inspection.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

*Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

*Regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 4 weeks.

Recommendations

1. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to travel time.

National Care Standards, Care at Home, standard 1, Informing and deciding

2. All service users should have a written agreement which clearly defines how to end the service, the process for this and timescales. There should be written evidence of notice given to end or change written agreements.

National Care Standards, Care at Home, standard 1, Informing and deciding

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

One recommendation was made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

Although systems were in place for service users to give feedback about staff practice which could link into staff appraisal at the point of inspection these were not consistently used. Whilst home visit assessments and reviews of personal plans and did take place there was no consistent recorded feedback about staff practice. The initial shadow shifts undertaken by staff would also be a good opportunity for service users to make comment on new staff members as part of their induction to the service. (See recommendation 1)

See under Theme 1, statement 1.1 for recommendations and requirements made which are also relevant to this statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should demonstrate how it uses the information received from people using it and their relatives to develop staff practice.

National Care Standards, Care at Home, Standard 4, Management and Staffing and Standard 11 Expressing your views.

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 purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

Two recommendations were made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

At the previous inspection we saw that as part of the induction an evaluation of the new homecare worker was given. However we could not see a programme of support which was documented for new homecare workers. We saw that 1:1 meetings could happen up to two months after starting employment and whilst there documented evaluation of shadow shifts these did not link into any probationary process. Whilst we could see that new homecare workers did complete one shadow shift and had a one to one meeting we discussed there should be a documented robust probationary system in place, this would include an indication that the period had been passed, failed or extended and should also link into the completion of the common induction standards to be completed in a 12 week period. Whilst we could see there were informal meetings and staff said they felt well supported this should be evidenced. The quality of the one to one meetings also varied. (See recommendation 1)

The manager discussed that a role of shadow trainers was being introduced in the service whereby new staff would be mentored by more experienced staff who would link in with the person's line manager. However this was in the early stages of introduction at inspection.

We found that staff who had been successful at interview were expected to attend unpaid induction training. Whilst we saw it as good practice that all staff attended induction prior to working with service users this decision may have an impact on the recruitment of staff to the service.

From looking at staff files of newly appointed staff we saw that often only one staff member would interview a candidate. As good practice and to ensure consistency two staff should interview any prospective member of staff. (See recommendation 2)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. An evidenced probationary programme should be consistently achieved for all new staff to show the support they have received since starting employment for the duration of the probationary period.

National Care Standards, Care at Home Standard 4 Management and Staffing

2. Prospective candidates for all posts should be interviewed by two staff to ensure there is a balanced and consistent approach to recruitment,

National Care Standards, Care at Home Standard 4 Management and Staffing

Statement 3

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

Service strengths

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

One recommendation was made in the last inspection report of 13th October 2014. Progress on these will be monitored at the next inspection and the recommendations are therefore carried forward.

At the last inspection we saw there was a shortage of staff in some of the geographical areas of East Lothian. Staff we had spoken with fed back that this had meant they had worked excessive hours which in the longer term would not be able to be sustained. The shortage of staff also impacted on the service users with staff feeling rushed and not always being able to stay the allocated time. The manager was aware of this and steps had been taken by Care UK to try to improve the recruitment of staff to the organisation. This had resulted in staff being offered contracted hours after 6 months of working with Care UK. We would see this as a positive step forward in being able to recruit and retain staff.

Whilst we saw that all staff had been trained and assessed as competent in the administration of medication. We discussed under theme 1, statement 1.3 issues with regard to staff practice and medication records. This links into this statement with regard to a professional and trained workforce.

At the previous inspection whilst we could see there were systems in place to monitor, evaluate and develop staff practice these were not being effectively used at the time of inspection. Minutes of meetings were of variable quality and we saw that comments from staff as part of supervision were often not evidenced as having been followed up. This meant that competency was not being consistency and effectively monitored. (See recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The competency of staff should be monitored effectively so that it links into staff development, supervision, and staff appraisals.

National Care Standards, Care at Home, Standard 4, Management and Staffing

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

The purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

This report should be read in conjunction with the inspection report of 13th October 2014 where identified areas of improvement are discussed and remain relevant at this inspection.

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 purpose of this inspection was to measure the progress made in meeting the requirements made at the inspection on 13th October 2014. This report should be read in conjunction with the inspection report of 13th October 2014 where identified strengths are discussed and remain relevant at this inspection.

Areas for improvement

As the purpose of this inspection was to measure progress made in meeting the requirements made at the last inspection, this Statement was not fully examined at this visit.

We made two requirements at the last inspection. These are detailed below with progress taken to meet each requirement.

1. The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must

(i) Review the current scoring system used for internal audits

(ii) Clearly record what required action has been identified as a result of an audit in a format that can be measured to timescales

(ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectation of the audit, how to monitor outcomes and record follow-up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

At the last inspection and at this one from looking at service users files we found that monthly audits of medication records and care plan notes had not been consistently achieved. We found that whilst some audits we completed for medication records for service users these did not always pick up the issues we found at inspection. We also saw that where audits did pick up issues, for example with records of medication it was difficult to see how this had been effectively followed up. There was inconsistency in the overall management of quality assurance audits within the service. Whilst these issues had been identified by the manager and actions were being put in place to make improvements at the point of inspection this was still a work in progress. We have therefore carried this requirement forward. (See requirement 1)

At the last inspection we discussed that the internal full audit carried out by the quality assurance manager for Scotland did not reflect all the issues we identified or

to the extent they had directly impacted on the service provided. On looking at the format for audits we saw that this was a system based audit where there were yes or no questions with a score to reflect if the system was in place. However we found that whilst the systems were all in place the quality of records and documentation did not meet the expectations of Care UK. We also discussed with the quality assurance manager that there was a very small sample taken of five service user files and five staff files.

We saw that the overall result for East Lothian even though significant actions had been identified through the audit was 92% compliance. This was because the audit scored the system being in place and not the quality. We felt this was flawed and that the audit scoring system should be rethought.

We also saw that the timeframes for the action plan as a result of the audit were not always measurable. For example the timeframe would say "as soon as possible" or "on going". This was not looked at at this inspection as it was an issue for the provider to review their quality assurance systems and not for the service, it was too soon at this inspection to see if any changes were to be made to the quality systems used by the provider. (See requirement 1)

Comments made under statement 1.1 are also relevant to this statement, specifically actions not being evidenced as having been followed up as the direct result of feedback from the service users. This has been taken into account for the grading for this statement.

2. The provider must inform the Care Inspectorate of any relevant incident as issued in the guidance "Guidance on notification reporting for all registered care services". This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report.

Since inspection we have been notified of all relevant events. We saw that the manager had followed the guidance on reporting for all registered care services. This requirement has been met.

See under Theme 1, statements 1.1,1.3, 1.4 and theme 3, statement 3.1 for recommendations and requirements made which are also relevant to this statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

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.

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 - 2 - Weak	
Statement 1	2 - Weak
Statement 3	2 - Weak
Statement 4	2 - Weak
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Quality of Management and Leadership - 2 - Weak	
Statement 1	2 - Weak
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings
13 Oct 2014	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 2 - Weak
9 Oct 2013	Announced (Short Notice)	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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