

1st Homecare Irvine Housing Support Service

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Inspection completed on: 2 December 2016

Service provided by:
1st Home Care Ltd

Service provider number:
SP2005007703

Care service number:
CS2015340104

About the service

1st Homecare is registered to provide a Care at Home and a Housing Support combined service to adults and older people with physical/sensory disabilities, learning disabilities, memory impairment/dementia, mental health issues, brain injury and those with complex social or health needs in their own homes and the wider community. The office is based in Irvine to cover the locality of North Ayrshire. Ten staff teams provide supports throughout North Ayrshire.

The aims and objectives of the service state their Core services are to:

- Encourage Self Directed Support - enabling people to have a real choice, real voice, real lives
- Enables vulnerable people to remain within their homes and live independently, leading fulfilling lives in their communities
- Ensure that every service user is able to receive information, advice and support according to their individual needs.
- Our focus is to deliver innovative, responsive and sustainable services, working in partnership with NHS and Local Authority professionals to ensure the improvement of health, wellbeing and independence for service users and their families.

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 .

This service was registered on 16 September 2015.

What people told us

'No inspection needed. They do their job well. Sometimes it's a shame, they are rushed to get from A to B walking'.

'The carers are lovely and polite. My only concern is that it's not just one carer on a regular basis, it's quite a few different ones. I have asked for one specific carer for my needs but no one from the service has bothered to return my calls which is very disappointing. Also, when calling to arrange early visits, they don't always adhere to my requests which is the fault of the office ... not the carers.'

'My relative is happy they can stay at home so that makes me happy. The girls are good that come to see him.'

'It takes staff a few visits to realise what is required. That's fine if it is the same staff all the time, last week 4 different carers. Bit tense to say the least.'

Self assessment

The self-assessment supported some of the findings of this inspection. However, a more effective use of service audit and review could support identification of areas for development.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

As part of the systems and processes to engage with service users and obtain feedback, there was information provided through a welcome pack including a service user guide, which was provided at the start of the service. This pack included information on the organisational mission statement and aims and objectives for the parent organisation Real Life Options which covered 1st Homecare. Some supportive systems to obtain feedback including complaints must be made available to service users with clear details on how the processes comply with legislative timeframes. This information should be provided in a more service user friendly format to be more easily understood by service users who live with cognitive or sensory impairments. See recommendations 1 and 2 and requirement 1 in theme 4.

Positive feedback was evidenced during visits to the service office through thank you cards, letters and some feedback from reviews and courtesy calls. Varied feedback was provided from service users and carers during the inspection process on their involvement in processes including six monthly reviews where mandatory review of care plans should take place. Most service users told us they were happy, speaking highly about their supports whilst a few had some different experiences where they had previously raised some issues to improve and enhance their support. Some service users and carers did not agree that they were involved in six monthly reviews or in the development of care plans.

Each service user had a personal/care plan which was based on information received from the referring agency. The service should review referral criteria to ensure appropriate and necessary information is received to support care planning to provide a quality service. Include info on DNACPR, AWI, POA, advance statement, etc. Improvements to the care/personal planning process, review and assessment of service users and outcomes from six monthly reviews, must be reflected in care plans to ensure the current support needs are identified and provided in accordance with the needs and preferences of the person receiving the supports. Specific details including medication administration and moving and assisting procedures should also be clearly detailed. See requirement 1 and recommendation 3.

A more robust system of ongoing assessment and monitoring of service users needs should ensure appropriate supports are provided to service users to achieve best outcomes. Rotas provided to service users generally reflected a regular staff team to provide a consistent approach to service users support, and the ability of staff to monitor the effectiveness of support interventions to individual service users, using a person centred and outcome focussed approach. See requirement 1 and recommendations 3 and 7.

Liaison with health professionals provides staff with opportunities for developing their skills and promoting the health and wellbeing of service users. This was supported by the knowledge of staff on each service user to share relevant and appropriate information.

To support staff to promote the rights of service users, discussions highlighted the team would benefit from training to understand the role of Mental Welfare Commission best practice guidance in the promotion of their understanding on relevant practice. This includes, but is not limited to information on restraint, Adults with Incapacity, consent, Power of Attorney. See recommendation 4.

The service should continue to ensure communication with people using the service is improved. People should be informed in advance if there are changes in the home care worker who will be providing their care. People using the service should have confidence that if they contact the office their information will be acted on and shared appropriately.

Staff generally knew the service users and provided positive supports in meeting their basic needs. However, to continue to improve outcomes for service users, training relevant to individual service user needs could include nutrition, falls, Promoting Excellence Framework (dementia), diabetes, neurological conditions, pressure relief should be undertaken to support staff to monitor changes in the health of service users. See recommendation 5.

Records were kept on interventions by staff with support service users. Whilst there was some evidence to support appropriate record keeping, implementation of best practice guidance 'writing in plain English' would minimise the risk of using judgement or opinions within documents and focus on fact which would allow easier identification of changes to service users.

Medication training was provided for staff to support safe practice on administration. However, medication administration procedures should be reflective of an up-to-date policy which reflects current best practice guidance to support the health and wellbeing of service users. Safe medication practice must be developed and maintained to improve assessment and identify needs of individual service users. Ongoing evaluation in competency of staff, and appropriate recording of medication procedures should improve practice. This includes monitoring administration procedures for application of creams and application of eye drops. This may require some review policy to identify level of assistance considering whether the need is through physical dependency or through cognitive impairment. See requirement 2 and recommendation 6.

Requirements

Number of requirements: 2

1. The provider must improve the assessment of service user needs and care planning processes to reflect the current needs of service users in accordance with best practice guidance, with evidence on how service user needs are being consistently met with the plan is being followed on a daily basis. This includes:
 - a) completion of the appropriate best practice assessment tools and personal risk assessments
 - b) implementation and updating of care planning documentation for all service users
 - c) continuation on development of the content in personal plans to ensure plans fully address and provide staff with guidance on how health and social care needs of service users are to be met, in accordance with service user preferences
 - d) appropriate reference to medication administration procedures and recording practices
 - e) six monthly reviews of personal plans must be completed in accordance with legislative timeframes
 - f) ensuring use of a robust audit tool.

This is in order to comply with: The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 4(1)(a) Welfare of users, 5 (1) (c) Personal Plans.

Timescale: Within three months on publication of this report.

2. The service must review the policy and procedures for the procedures of medication administration in accordance with best practice guidance.

This is in order to comply with: The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 4(1)(a) Welfare of users and National Care Standards Care at Home, Standard 8: Keeping Well - Medication.

Timescale: Within three months on publication of this report.

Recommendations

Number of recommendations: 7

1. To improve the quality of service, a review of the strategy to promote involvement of service users and other stakeholders should be undertaken to improve the outcomes of service users.

National Care Standards, Care at Home - Standard 11: Expressing your views.

2. Information and documentation for service users should be provided in a service user friendly format.

National Care Standards, Care at Home - Standard 11: Expressing your views.

3. The service should review the referral criteria to ensure appropriate and necessary information is received to support care planning to provide a quality service. This should include info on DNACPR, AWI, POA, advance statement, etc.

National Care Standards for Support Services - Standard 3: Your personal plan and Standard 4: Management and staffing.

4. Training on use of best practice guidance from Mental Welfare Commission would benefit staff and protect service users.

National Care Standards, Care at Home - Standard 4: Management and staffing arrangements.

5. Training relevant to individual service user needs including nutrition, falls, Promoting Excellence Framework (dementia), diabetes, neurological conditions, pressure relief should be undertaken to improve staff awareness and improve outcomes for service users.

National Care Standards for Support services - Standard 4: Management and leadership.

6. The service should review the policy in the management of medication including controlled drugs in accordance with local health and social care partnership policy, legislative requirements and best practice guidance.

National Care Standards for Support services - Standard 4: Management and leadership and Standard 8: Keeping well - medication.

7. Ongoing development of audits should be continue to support and promote the safety and wellbeing of service users.

National Care Standards, Care at Home - Standard 4: Management and staffing arrangements.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Some involvement in the recruitment process was confirmed by service users and carers who stated they felt pleased to be given the chance to be considered to assist in providing traits and characteristics of staff to support them. The recruitment policy was being updates to reflect the updated best practice guidance on recruitment to assist in procedures to safeguard service users. See recommendation 1.

Positive interactions between service users and staff were described by service users who felt they were generally treated with respect. Service users spoke of how they had formed bonds with their staff which made them feel safe and happy to live at home. Whilst there was a fairly regular staff team was available, challenges to fulfil the work rota to meet the needs of service users proved challenges. Review of staff rotas demonstrated some difficulty in providing a level of consistency in staffing and timings of support in some geographical areas, which had the potential to compromise the dignity and safety of service users and had impacted on the ability of some service users to achieve their potential.

Staff reported positive communication between their team mates which they felt was imperative in providing the appropriate level of support for service users whilst being aware of their requirement to protect the confidentiality of each service user.

The e-learning training provided was not monitored or evaluated for effectiveness in how support needs of service users were met. A lack of oversight in the quality of supervisions being undertaken, with training and development needs and reflective practice issues not being discussed, did not support accountability or identification of positive practice. The management should ensure that methods are put in place to provide reflective discussions within supervision and also evaluate the effectiveness of e-learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training. See recommendation 2.

Induction processes included training on the role of care worker, communication, Protection of Vulnerable Groups (PVG), adult support and protection, health and safety and medication. Probationary assessments were being introduced to equip staff for their role and protect service users. Additional training included moving and handling, food hygiene and infection control. Timeframes for refresher of this training were set to ensure practice was current and relevant. Falls management was a new inclusion for training for staff which had been scheduled. After induction, training was largely provided through e-learning. Manager should consider how effectiveness of training has been on outcomes for service users and development of staff. See recommendation 3.

The registered manager and coordinators were available to provide advice and guidance. This promoted positive communications between the staff and management and encouraged staff to take responsibility for their practice.

Team meetings were facilitated within the geographical area in which staff proved effective. The recording of staff meetings could be improved with more detail on discussions, to ensure consistent recording and any actions planned at the meeting are progressed, monitored and evaluated timeously.

Understanding of policies and procedures including whistleblowing and lone working procedures, should be fundamental aspects of the induction programme. Some staff values and practice demonstrated that they promoted the principles of equality and diversity. Policy of the months was discussed at team meetings.

Consideration should be given to how the organisation is to support staff to register with the regulatory body, The Scottish Social Services Council (SSSC) within the designated timeframe. To support this, staff should also have the opportunity to achieve Scottish Vocational Qualification in care at the appropriate level to their role. See recommendation 4.

The recording of staff meetings should be improved to ensure discussion is consistently recorded and any actions planned at the meeting are progressed and monitored.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. Recruitment should include receipt of references from persons with appropriate authority. Interviewing staff should have received appropriate training on appropriate interview techniques, use of recruitment policy including questions and scoring matrix to employ appropriate staff.

National Care Standards, Support Service - Standard 4: Management and leadership.

2. Supervision could be more reflective of practice to continue to improve outcomes for service users.

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

3. The management should ensure there is a comprehensive staff training plan appropriate to the work staff are to perform, to meet identified individual service users needs and that this links to staff supervision and appraisal. National Care Standards, Care at Home - Standard 4: Management and leadership.

4. Consideration should be given to how support will be provided to staff to attain the appropriate qualification required to enable their registration with the staff regulatory body the Scottish Social Services Council.

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

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Responsive management was demonstrated through the introduction of an action plan in response to discussion and feedback provided by inspector throughout the inspection. To monitor effectiveness of any improvements systems should continue to be developed and implemented. This included review and evaluation of accidents and incidents which had or could modify practice or identify training needs for staff. Effective use of this system would support an ongoing assess, plan, do, review cycle which supports quality assurance. See recommendations 1 and 2.

Policies and procedures were being reviewed to ensure reflection of current legislation and best practice guidance. Some audit systems had been implemented. However, there remained outstanding areas which had not been identified through the quality assurance system, including some documentation which reflected the previous regulatory body. This compromised the effectiveness of audit systems and processes in use of appropriate information to protect and support service users. See requirement 1.

Audit systems should be further developed and implemented for areas including (but not limited to) obtaining feedback from service users and relatives, care planning, medication, infection control, accidents and incidents, risk assessments, staff feedback, supervision, training and development to ensure review and evaluation is carried out regularly to monitor the effectiveness of the service being provided. See requirement 1.

During the inspection, we observed how the manager and coordinators responded to concerns raised from service users. The manager immediately responded, which meant the issues was resolved to the satisfaction of the service user. Review in an appropriate timescale had been agreed with the complainant. To promote ongoing involvement and identify areas for improvements, feedback from stakeholders which was being addressed individually could be evaluated to identify areas which could promote service improvement.

An organisational system had been implemented to allow head office to monitor quality within the service. Spot checks were completed to review staff practice during visits to service user homes. Courtesy calls were carried out by co-ordinators to obtain feedback from service users. However, this was based on answering closed questions within limited scope. Improvement in development of how feedback was obtained and how recording on action taken on issues raised through this process could support identification on areas in which the service could continue to develop. See requirement 1.

News bulletins were provided to ensure staff received information along with their payslip, should there be any information that they required to have, in the absence of attending a meeting. There had also been a new newsletter introduced specifically for the service which provided more local service information

Some verbal feedback indicated a high degree of satisfaction with the carers who attended to provide supports whilst other people commented on the fact changes were made to the staff who had been attending them without consultation. Some families commented on how they had been involved in providing support to staff to enable them to understand their relative, whilst others felt communication could have been more effective in minimising distress reaction to their relative.

On-call arrangements were in place to support staff and service users outwith office hours with contact details clearly defined.

Requirements

Number of requirements: 1

1. The provider must review quality assurance systems and processes to ensure the quality of this service is improved. This includes, but is not limited to, audit and evaluation within systems to improve practice and outcomes for service users:

- Care planning
- Medication
- Staffing
- Service user visits
- Accidents and Incidents
- Policies and procedures to reflect best practice and current Scottish legislation.

This is in order to comply with: The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: Within three months on publication of this report.

Recommendations

Number of recommendations: 2

1. Consider potential development of audit processes including spot checks to incorporate more effective quality monitoring and review of personal plans on a regular basis. This could enhance the legal six monthly review process of personal plan review.

National Care Standards, Care at Home - Standard 4: Management and staffing arrangements.

2. The management should continue to enhance the development plan for the service with acknowledgement of issues identified through the quality assurance system.

National Care Standards, Care at Home - Standard 4: Management and staffing arrangements.

Grade: 3 - adequate

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

This service does not have any prior inspection history or grades.

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