

## Care service inspection report

# Nestor Primecare Services Ltd trading as Saga Homecare - Edinburgh

## Housing Support Service

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Inspected by: Janet Wilson

Type of inspection: Unannounced

Inspection completed on: 22 March 2012



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### Service provided by:

Nestor Primecare Services Ltd trading as Medico Nursing and Homecare

### Service provider number:

SP2008009958

### Care service number:

CS2008182806

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

### What the service does well

During the inspection the service was in a transition phase of moving from one organisation to another. They had informed every person using the service in writing of the changes and that it would not impact on the care they received. Staff had been inducted and trained by Saga Homecare.

### What the service could do better

People using the service, families and carers commented during meetings and on the Care Inspectorate questionnaires that communication between all parties of the organisation was inadequate. The service needs to update all of its support plans at least every six months, or more often if the needs of people change.

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

The service had developed a Participation Policy since the last inspection. At the time of the inspection this was still being discussed by senior management regarding its implementation.

### Conclusion

Nestor Primecare Services Ltd are in a phase of change. How the company has progressed under Sage Homecare regarding quality assurance, participation, training, recording and communication on all levels will be reviewed at the next inspection.

**Who did this inspection**

Janet Wilson

# 1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Care Inspectorate, took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continues its registration under the new body, Care Inspectorate.

Nestor Primecare Services Ltd Trading as Medico Nursing and Homecare - Edinburgh (referred to in this report as 'the service') is part of a national organisation. They provide combined Care at Home and Housing Support Services to a range of people, of all ages across the country. The service was registered with the Care Inspectorate in February 2009. The service notified the Care Inspectorate on 24 November 2011 that it would be trading as SAGA Homecare as of 1 December 2011. Nestor's actual date of starting to operate as SAGA Homecare was 16 January 2012. No changes were to be made to the function, running, staffing and management of the service.

The service provides care and support to older people, children with disabilities, people with mental health problems and people with learning disabilities. The support ranges from one or two hours to larger packages of care with 50 - 60 hours and 24 hour packages. This service is provided to service users across Scotland with office bases in Edinburgh, Glasgow and Oban. The service is managed by a manager based in Edinburgh who is supported by co-ordinators and support staff.

The Aims and Objectives of the service include:

"We aim to be a leading and valued partner in UK health and social care and to provide you with personal care in your own home and/or a range of support, assistance and advice that :-

- Does not take away your rights as a citizen
- Promotes your independence
- Enables you to make choices about your life
- Meets your assessed needs

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 2 - Weak**

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

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

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

## 2 How we inspected this service

### **The level of inspection we carried out**

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

### **What we did during the inspection**

The report was written after an unannounced inspection between the 18 January and 15 February 2012. Feedback was given on 22 March 2012. The inspection was carried out by Care Inspectorate Inspector, Janet Wilson (referred to as the 'Inspector' in this report).

During this inspection we gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents, including:

Information on people using the service

Information on staff

Recruitment information

Induction and training information

A range of documents, forms and questionnaires

Discussions with the Manager, co-ordinator, care workers, family and people using the service

Consideration of the National Care Standards - Housing Support Service & National Care Standards - Care at Home

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

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

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

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

### **Fire safety issues**

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



## 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.

Care Inspectorate received a self assessment document from the service provider.

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

Sixty nine Care Standard Questionnaires were received prior to the inspection. Twenty four were generally happy with the service provided. Twenty one were unhappy with the service provided and were unaware of the services policies, procedures, complaints procedure and contents of their Support Plans. Twenty four people were often unaware of which care staff would be supporting them. Comments included:-

'When my usual carers are on holiday or ill, it seems to put the organisation in a whirl, and the timetable goes haywire! Maybe more back up staff required?'

'The care is not too bad but the admin and invoicing is very poor.'

'I find communication from the office very poor. Earlier this year I asked to speak to the branch manager about a delicate matter. He acknowledged my concern and said he'd get back to me - I have heard nothing.'

'Plans need updating / reviewed.'

'The only complaint I have is that the girl's don't get enough time.'

'Communication between Medico administration and staff is poor, especially when notified that the service is not required on a specified occasion, workers are often not informed.'

'Punctuality can be variable, on occasions I have showered and dressed by wife as staff have arrived considerably after the agreed time.'

'The service provided is only as good as the carer.'

'I am happy with the service, the carers are competent at their job.'

'I think carers should have more time to work with clients or maybe have a little chat.'

'Quality is a bit inconsistent as regards to washing, occasionally seems a bit of a lick and a promise. High turnover in staff has led to my feeling rather insecure regarding keysafe.'

'Although I know the majority of staff names, I'm not always told names of weekend staff. Would rather have regular named weekend staff as Monday - Friday.'

Five people were spoken to during the course of the inspection. Feedback included:-  
'I do not like carers to use their mobiles when they are supposed to be taking care of me. They always seem to be interrupted by the office.'

'The list of carers sent out to me very often do not match who is sent along, staff do not get enough time to go from one visit to another. They always seem to be rushing and shattered.'

'I have never had a review since I have been with Nestor.'

'Most of the carers are really good and know me well, sometimes when a new person is sent it can be difficult as I have to tell them what needs to be done.'

'There is not much communication from the office as to who is coming or if someone is going to be later - or not turn up at all.'

### **Taking carers' views into account**

Views from carers were taken into consideration from the Care Standards Questionnaire feedback and from conversations during home visits. Some comments included:

'Whilst we have agreed the staff times that mother requires for her support and care needs, we have evidenced occasions where these are cut short - significantly in the area of meal preparation and the subsequent clear up requirements. A recent example was where she asked for bacon and eggs for lunch only to be told by the carer that she didn't have enough time to cook the meal - so the focus was on microwave food only. I should stress that this is the exception rather than the rule, but suggest it would be helpful if the care package is documented to say exactly what the carers can and don't do with food - so we as a family know what we should be shopping for. My other concern is an apparent lack of knowledge regarding the safe administration of medication.'

'Overall very happy although consistency can be lacking which can be frustrating from time to time. The carers also don't understand why this has to occur! Really happy with team of carers.'

'More detail in my care plan would help the carers, such as where my husband's clothes are. Usually I get everything ready, but it would help if they also knew where to get things.'

'Office staff generally tend to let me know if there are any changes to carers or if they are going to be late.'

## 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

Grades within this report reflect the evidence found at the time of the inspection.

The service had a range of policies and procedures in place which covered all areas of the organisation.

Saga had sent out welcome information to people using the service. This included the range of services available, what could be provided and how, staffing and assurance of the quality of service they would receive. They also ensured that all staff had attained their Values Accreditation and training.

The services Self-Assessment document stated:

'Having an 'open door' policy whereby service users and their representatives can access the branch office if they wish to visit.' Although the manager said anyone was welcome to visit at any time, no one had at the time of the inspection.

At the time of the inspection the service had a draft Participation Policy available which was being reviewed by the management team.

#### Areas for improvement

The service sent out annual Satisfaction Surveys. This information was co-ordinated by the services head office and findings fed back to the manager. Although a lot of information was included in the feedback, there was a lack of evidence of outcomes to improve the service people received. The service needs to demonstrate what the outcomes are from the information gathered, and how these benefit people using the service. It was not clear if or how the findings were fed back to the people who had taken the time to complete the survey.

See Recommendation 1.

The services Self-Assessment document stated:

'Service user participation commences from the outset, from the initial care plan collaboration, and continues through the service review, quality monitoring and annual satisfaction questionnaire. Service users are welcome to make any suggestions, comments and complaints regarding service provision, which will always be dealt with in a speedy and professional manner.' The Inspector found that although people were initially involved in the content of their care plan, all of the people spoken with said there had been minimal contact or participation after this. Only a few people had had a review of their care plan, but not within the stipulated timescale of six months, and only one person spoken to during the inspection was aware of completing the services Satisfaction Survey.

See Requirement 1.

The following recommendation was made at the last inspection.

The service should develop a participation policy which details how the views of service users, staff and carers will be sought and used to improve the quality of the service provided.

This recommendation has been partially met as the service had a draft Participation Policy available, but had not implemented the policy as recommended to do at the last inspection. This recommendation has been updated to reflect the outstanding elements of the original recommendation. See recommendation 1.

The services Self-Assessment document stated:

'It is important to gain the views of service users who receive the service and also that of their relatives and/or representatives and other stakeholders. These views are provided through various methods, namely: Working in partnership with service user, family and/or their representatives at initial care assessment visit to compile support plan to ensure that support provided will meet all their needs and requirements.' The feedback from those spoken to during the inspection highlighted that people had very little communication with the manager, no one spoken to thought their views were asked for or welcomed. The service needs to evidence what changes have happened within the service due to the feedback from people using the service and their families. See recommendation 1.

Care plans evidenced during the inspection were found to have out of date information and had not been regularly reviewed. Some information regarding a person's preferences were not written down. Care plans in the office were also found to be different to those in a person's home in some cases. Some staff had updated plans when changes had been made, but there was no systematic, consistent approach. See requirement 1.

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

**Number of requirements:** 1

**Number of recommendations:** 1

## Requirements

1. The provider must ensure that all care and support plans and risk assessments are reviewed at least once in every six month period, or where there is significant change in a service users health, welfare or safety needs or when requested to do so by the service user or their representative. Care and support plans and risk assessments must be accurately updated as required. Care and support plans and risk assessments retained in service users homes must be consistent with those retained in the office base. Service users and/or their representative should be informed of any such revision to care plans.

This is to comply with Scottish Statutory Instrument 2011/210 Regulation 5(2)(b)(ii)&(iii) , 5(2)(c) and (d) a Regulation relating to Personal Plans Account should be taken of National Care Standards, Care at Home Services, Standard 2. The Written Agreement.

This is to be undertaken immediately.

## Recommendations

1. The service should develop a participation policy which details how the views of service users, staff and carers will be sought and used to improve the quality of the service provided.

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

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

## Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### Service strengths

Grades within this report reflect the evidence found at the time of the inspection.

Once a person has contacted the service an assessment was carried out with all relevant parties. Each person using the service had a file which included contact information, a list of existing support - such as a district nurse, a personal assessment which included a person's general health, mobility, mental health, equipment used and home environment.

The service users and families spoken to during the inspection said most staff tried to give people using the service as much choice as possible. This was with regard to meal preferences, clothes or what they wanted to watch on television.

### Areas for improvement

The services Self-Assessment document stated:

'All service users have a small team of care/support workers to support their needs, with other members of staff whom the service user is familiar with, to ensure continuity in the event of holidays or sickness cover.'

The feedback from people spoken to during the inspection and from the Care Inspectorate questionnaires was that the level of communication throughout the service was poor. People said the service they received was often inconsistent with staff turning up who did not know them or what their care needs were. Some said there was inconsistent contact with staff in the office, often they were unaware of changes to staff or when staff were going to be late or not turn up.

Some staff also said communication between them and the office could improve.

The service needs to ensure all documents in a person's file are legible, signed clearly and dated. Copies of some forms evidenced were found to be difficult to read.

The services Self-Assessment document stated:

'The care plan is compiled in collaboration with service user and/or other stakeholders to accurately document how service user is to be supported; how they wish to be addressed; their likes and dislikes in relation to food/drink; their preferred rising and retiring time; how any communication issues can be addressed and resolved; records of any regular visitors to the premises re safety.'...'Personal profile sheets are created which give quick reference guides to workers in relation to likes and dislikes, topics of conversations, pointers for conversations.'

This was not evidenced during the inspection, the information looked at in people's files was found to be inconsistent and out of date. The people spoken to during the inspection said they had not been involved in any updates of care plans or reviews;

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many were unaware of what was in either their or their family members care plan.

The review of some health and safety risk assessments looked at were overdue, one was dated 10/1/11. When speaking to the family of this person they told us that the health and safety needs of their family member had changed a lot since the last update. Some moving and handling risk assessments had also not been reviewed since they were originally completed. The service needs to ensure all risk assessments are updated at least every six months or more often when required to ensure the safety of each person using the service and for staff to be aware of their changing needs.

Requirement 1 in 1:1 refers.

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

**Number of requirements:** 0

**Number of recommendations:** 3

## Recommendations

1. The service needs to improve the systems in place to ensure levels of communication are improved between service users, staff and management.  
National Care Standards, Care at Home, Standard 4 Management and staffing:  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements.
2. The service must ensure that service users are supported by a consistent staff team. Staff supporting service users should be known to service users and staff should be knowledgeable about the care needs of the service users they support. All staff should be competent in the delivery of care to the service users they support.  
National Care Standards, Care at Home, Standard 4 Management and staffing.  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements.
3. The service needs to demonstrate how it ensures that people using the service and their families participate fully in all of their care and support plans including any review of care and support plans.  
National Care Standards, Care at Home, Standard 3 Your Personal Plan  
National Care Standards, Housing Support Services, Standard 6 Choice and Communication.



## Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

### Service strengths

Grades within this report reflect the evidence found at the time of the inspection.

The service had a brochure and supporting information on what could be provided to support someone in their home.

The services Self-Assessment document stated:

'Information packs are provided to individuals who express interest in commissioning our service. The Information pack comes in a form of different brochures which are geared towards different service user groups, and are not generic. They can be provided in large print and in different languages.' People spoken to during the inspection thought the information packs were informative and presented well.

### Areas for improvement

No evidence was found regarding the service getting information from people when they left the service. The service needs to ensure it gets feedback from people no longer wishing to use their service. It needs to evidence how this information has been gathered and what the outcomes are in the development of the service due to the feedback.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service needs to evidence how it gets feedback from people who are ceasing to use the service and how they use this information to improve the service offered.

National Care Standards, Care at Home, Standard 11 Expressing your views

National Care Standards, Housing Support Services, Standard 9, Choosing to leave or end the service.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

### Statement 1

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

#### Service strengths

See Quality Statement 1.1 for supporting evidence

#### Areas for improvement

See Quality Statement 1.1 for supporting evidence.

The services Self-Assessment document stated:

'We collaborate with service users regarding recruitment, and gain their consent and understanding during the 'shadowing' aspect of the induction process, and thank those that involve themselves. This goes some way towards the service user feeling involved in the process, that their views are taken into account and acted upon.'

The people spoken to during the inspection and from information from the Care Inspectorate questionnaires did not reflect the services views on getting people involved with assessing staff. People commented on how they were rarely asked their opinion about staff, often their only feedback had been when contacting the service regarding an issue or complaint.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service needs to evidence how it has involved people regularly in assessing and improving staffing.

National Care Standards, Care at Home, Standard 11 Expressing your views

National Care Standards, Housing Support Services, Standard 8 Expressing your views.

## Statement 3

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

### Service strengths

Grades within this report reflect the evidence found at the time of the inspection.

Staff had received training from Saga. Information regarding legislation, the National Care Standards and best practice was covered during the services induction training. The manager said she also intended to continue to discuss these during team meetings and supervision sessions.

The Staff Handbook contained information about the services policies, procedures, aims and objectives. It also outlined training opportunities, care worker reviews being held every three months and one to one group meetings.

Each staff member had a personal file which contained all of their contact details, application form, identification, references, certificates, PVG information and training attended. Files had information and certificates in them of what training had been completed.

The services Self-Assessment document stated:

'As well as mandatory induction training, it is important that staff receive regular training sessions on different aspects of care provision .... Comprehensive records are maintained of all training carried out in the branch, and certificates copied and added to personnel files.'

Staff training records and certificates from courses were evidenced during the inspection. Records and staff files looked at showed staff had completed appropriate induction and additional training. Some training had been specific to meet the health and wellbeing needs of people using the service.

### Areas for improvement

No evidence was found regarding the service following its procedural timescales for staff supervision, appraisals and team meetings. The Inspector also found a lack of consistency in training records in staff files.

A recommendation with regard to this issue was made at the last inspection.

Staff supervision and appraisals should follow the service policy and procedures and the manager should ensure that this takes place. This recommendation has not been met and will be carried forward and reviewed at the next inspection.

The staff personal files were found to be inconsistent in their content. Not all forms had been fully completed, some files contained information that others did not - i.e. details on supervision, spot checks, people having a schedule instead of contracts of employment and training records.

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

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. Staff supervision and appraisals should follow the service policy and procedures and the manager should ensure that this takes place.  
National Care Standards, Care at Home, Standard 4 Management and staffing  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements
2. The services should ensure that the information held in staff files is consistent and accurate.  
National Care Standards, Care at Home, Standard 4 Management and staffing  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

## Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

## Service strengths

Grades within this report reflect the evidence found at the time of the inspection.

The manager said that all staff from their initial contact were told of how important it was to work as a team and treat people using the service and each other with respect. This area was also highlighted in the Staff Handbook and throughout training sessions. All of the staff spoken to throughout the inspection were friendly, helpful and open in their opinions of how the service could be improved.

The services Self-Assessment document stated:

'From the beginning, from initial interview, potential care/support workers are informed about the importance of good standards of personal conduct, respect, care and conscientiousness.'

Most of the people using the service and their families said the staff were helpful, friendly and had no issues with the way they were addressed and treated. One person thought some staff could be a little abrupt with her.

The services Self-Assessment document stated:

'Service users and staff are informed that the branch manager will always be available should they require to discuss matters of a confidential nature.'

All staff spoken to felt able to speak to the manager or co-ordinator if they needed to pass on any information or had any issues.

### **Areas for improvement**

The services Self-Assessment document stated:

'it is important to maintain continuity and consistency in service provision, because a care/support worker who knows the service user very well will know extensively their needs and requirements and how best to support and collaborate with them to maintain their independence, thereby providing quality outcomes for the service user.'

The Inspector found a lack of consistency regarding staff teams. The people spoken to said they were often unaware of who would be coming and many staff did not know them or their particular care needs when they came, especially at weekends.

The services Self-Assessment document stated:

'Care/support staff are aware of the importance of positive outcomes for service users. They assist with and promote independence, working collaboratively with the service user to ensure that their needs and expectations regarding the service are being met. Any concerns are reported to the branch.'

Some people using the service, families and staff said they did not always get information back from the manager or office staff if they had passed on any concerns or changes to the needs of an individual. People said if they had reported any issues, this was not always dealt with or no one fed back the outcome of the issue.

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

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. The service needs to develop and implement an effective system that informs service users and/or their representatives in advance of any necessary changes to the time of the home care visit.

National Care Standards for Care at Home, Standard 4 - Management and Staffing  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

2. The service needs to develop and implement an effective system to respond to any concerns, issues or complaints and feedback to relevant parties.

National Care Standards for Care at Home, Standard 4 - Management and Staffing  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

### Statement 1

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

#### Service strengths

See Quality Statement 1.1 for supporting evidence.

#### Areas for improvement

As Quality Statement 1.1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

We involve our workforce in determining the direction and future objectives of the service.

#### Service strengths

Grades within this report reflect the evidence found at the time of the inspection.

The services Self-Assessment document stated:

'Care-co-ordinators receive instruction regarding the importance of always being courteous and helpful when conversing with care/support staff. They have good collaborative relationships with care/support staff and frequently ask their opinions regarding the efficiency of care packages.'

Staff spoken to during the inspection said they would contact the office if they had any problems or concerns. They felt they would be listened to and appropriate action taken. This was evidenced during the inspection with office staff recording appointments passed on by staff and contacting a service users family if they had concerns regarding the health of a person.

#### Areas for improvement

The service had still not implemented a participation policy which detailed how the views of staff would be sought and used to improve the quality of the service provided. This was a recommendation made at the last inspection which has not been met.

The services Self-Assessment document stated:

'Staff receive 4 one to one supervision sessions, quarterly staff/team meetings,

annual performance appraisal and annual staff satisfaction surveys in which they can discuss with management their feelings, hopes and aspirations, and also if they have any comments, suggestions or complaints they wish to make.'

At the time of the inspection this had not happened, only one person had received formal supervision. All other support was found to be on an informal basis.

The management needs to evidence how staff supervision and appraisals follow the services policies and procedures. This is outstanding from the last inspection. See recommendation 1 in Statement 3:3.

The services Self-Assessment document stated:

'Staff are collaborative with regards to service provision and how best they think their time and skills can be utilised. For example, we always liaise with staff when new care packages commence regarding how effective the care and support plan is in their opinion, and if they have any comments which may improve and/or enhance the quality of service provided.'

Staff spoken to did not feel involved in any decisions as to how their time and skills could be best utilized. They felt they were not involved in updating care plans, they considered due to their knowledge of the people they cared for their input would be very valuable.

See recommendation 1

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. How staff have been involved in the development of the service needs to be evidenced.  
National Care Standards, Care at Home, Standard 4 - Management and Staffing Arrangements  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

### 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

Grades within this report reflect the evidence found at the time of the inspection.

Information on this statement can also be found in Quality Statement 1.1

During the inspection the first audit of the service had been undertaken by Saga staff.



The manager said these audits would take place on a monthly basis and felt they would highlight areas that needed to be addressed and how these could be worked on to benefit people using the service. The manager also said the audits would help to improve the overall service and add to the services on-going development.

The service had a Quality Assurance Policy in place which covered its purpose - which stated 'The Quality System is established to enable staff to deliver services that satisfy or exceed customer expectations on a daily basis. It therefore encompasses all activities that contribute to this.' It also included the policies principles and standards, management commitment, aims, objectives and values, audit of the policy, related polices such as complaints, review date and getting feedback on the policy.

### **Areas for improvement**

Although the service had a Quality Assurance Policy, more evidence of how this has benefited people using the service, families and staff would help to see how effective it has been.

The serviced needs to ensure all of its policies and procedures are current and dated. The policy for Protecting Adults at Risk of Abuse had no date. The Accident and Incident reporting policy (no 25) was last updated in June 2005. The medication policy had no date. No policy of the Protection of Vulnerable Groups could be found. The internal audit previously carried out by Medico was not dated. The service needs to ensure all documentation appropriately signed and dated.

The services Recruitment Policy did not state two references would be required. It did not state people could not start until all Protection of Vulnerable Groups (PVG) checks and references have been returned. In the policy there was no mention of what the induction timeframe was and what the procedures is for people that are not meeting the induction criteria, although this was in the staff file. All of the above were mentioned to the manager who agreed to review these immediately.

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

**Number of requirements:** 0

**Number of recommendations:** 2

### **Recommendations**

1. ReThe service needs to evidence all of its policies and procedures are current and dated when reviewed.  
National Care Standards, Care at Home, Standard 4 - Management and Staffing Arrangements  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

2. The services recruitment policies are to be reviewed and updated.  
National Care Standards, Care at Home, Standard 4 - Management and Staffing Arrangements  
National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements

## 4 Other information

### Complaints

All complaints have been dealt with and the service has responded appropriately

### Enforcements

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

### Additional Information

Feedback from staff questionnaires

'I do feel support to service users has and is getting affected because care workers cancelling visits at short notice all the time has been causing all sorts of problems with everybody that is providing care and support to service users Medico has go a lot of good care workers, but some are letting us down.'

'Have been waiting for over a year to be put through / given the opportunity to do social care level 2. But was told to wait as there was no funding. Also manual handling over 9 months overdue!'

'Lack of management, lack of communication between office staff and carers, lack of support for staff / carers from management.'

'I enjoy my work, working with people.'

### Action Plan

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

## 5 Summary of grades

<b>Quality of Care and Support - 2 - Weak</b>	
Statement 1	2 - Weak
Statement 2	2 - Weak
Statement 6	3 - Adequate
<b>Quality of Staffing - 2 - Weak</b>	
Statement 1	2 - Weak
Statement 3	3 - Adequate
Statement 4	3 - Adequate
<b>Quality of Management and Leadership - 2 - Weak</b>	
Statement 1	2 - Weak
Statement 2	3 - Adequate
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
10 Aug 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
22 Jan 2010	Announced	Care and support 2 - Weak Staffing 2 - Weak 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.

## To find out more about our inspections and inspection reports

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## Translations and alternative formats

This inspection report is available in other languages and formats on request.

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ہے بایتسرد می م وونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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