

Care service inspection report

Nestor Primecare Services Ltd trading as Saga Homecare - Inverness

Housing Support Service

1st Floor
62 Academy Street
Inverness
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Inspected by: Lindsey McWhirter

Type of inspection: Unannounced

Inspection completed on: 2 November 2012



HAPPY TO TRANSLATE

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Service provided by:

Nestor Primecare Services Limited trading as Saga Homecare

Service provider number:

SP2008009958

Care service number:

CS2008184713

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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

Staff are caring and committed to the service. People using the service generally speak well of the staff who provide the support and the care they provide.

What the service could do better

The management and staffing arrangements need to improve to ensure the service is reliable and can meet the needs of the people using the service.

People using the service should receive clear information about who they receive the care and support service from and what they can expect from the service. Communication between the service and people using the service needs to be better.

All staff should have clear guidance, training and supervision to ensure they are adequately supported and appropriately skilled.

What the service has done since the last inspection

There has been no progress since the last inspection.

Conclusion

Staff are caring and committed to the service. People using the service generally speak well of the staff who provide the support and the care they provide. The information about who provides the services and communication between the service and people using the service needs to be better.

The management and staffing arrangements need to improve to ensure the service is reliable and can meet the needs of the people using the service. There needs to be planned structured action by the provider to ensure that people using the service receive reliable, quality care and support that meets their needs.

Who did this inspection

Lindsey McWhirter

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.scswis.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

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.

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 based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration.

Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

Nestor Primecare Services Ltd trading as Saga Homecare - Inverness is registered to provide a care at home and housing support service to people in their own homes. The service is provided in Inverness-shire, Ross-shire and Moray. The service's registered office is in Inverness and there is a locality office in Elgin.

The service is provided by Nestor Primecare Services Limited trading as Saga Homecare which also operates other Care at Home and Housing Support Services and Nurses Agencies in Scotland.

Nestor Primecare Services Ltd trading as Saga Homecare - Inverness, Care at Home and Housing Support Service aims and objectives include the following:

* 'To provide you with personal care in your own home and/or a range of support,

assistance and advice that

doesn't take away your rights as a citizen'

* 'allows your inclusion in the local and wider community'

* 'promotes your independence'

* 'enable you to make choices about your life'

* 'allow you to learn new skills and enjoy new opportunities'

* 'meets your assessed needs'

At the time of the inspection the service was providing care and support to people in their own homes. No Housing Support hours were currently being provided.

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.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

We wrote this report after an unannounced inspection that took place between 17 and 31 October 2012. The inspection was carried out by Care Inspectorate Inspector Lindsey McWhirter. The inspection included visits to the office bases in Inverness and Elgin. We provided formal feedback on the findings of our visit to the provider's Business Manager for Scotland East on 02 November 2012.

As requested by us, the provider sent us an annual return and a self assessment form.

We sent the service questionnaires to issue to people who used the service and their carers. We received forty-four completed questionnaires before the inspection.

We sent the service questionnaires to issue to staff. We received fifteen completed questionnaires before the inspection.

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

- * support plans, care documentation and review records
- * training records
- * staff hours rotas
- * accident and incident records
- * questionnaire and survey results

We also spoke with various people, including:

- * carers and people who were using the service
- * staff including a co-ordinator, care worker, administrator, operations support manager and business manager for Scotland East .

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

undefined

What the service did to meet the requirement

The service business manager and co-ordinators in the Inverness office had relayed the issues about alerts to the out of hours team. Alerts were on the call monitoring system. Communication and more comprehensive hand-overs between the service and the out of hours team had been implemented and were being monitored to check these were effective. The business manager for Scotland East who was overseeing the management of the service was being kept informed about any problems that arose and was monitoring the situation. The service reported there had been a reduction in the number of calls because of the handover system.

As these arrangements had recently been implemented, this area will continue to be monitored at future inspections.

The requirement is: Met

The requirement

The service provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

In order to do this the service provider should take into account:

- a) Staff recruitment and induction
- b) The assessed need and risk assessment of the person using the service.

This is in order to comply with; SSI 2011/210 Regulation 15 (a) (b) Staffing.

What the service did to meet the requirement

The action to address this requirement was in the early stages of implementation and the requirement had not yet been fully met. This requirement will remain and will be monitored at the next inspection.

See Quality Theme 4, Quality Statement 4 of this report.

The requirement is: Not Met

The requirement

The provider must ensure that all complaints are fully investigated and within 20 working days after the date on which the complaint is made, or shorter period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

This is in order to comply with; SSI 2011/210 Regulation 18 (3) (4) Complaints.

What the service did to meet the requirement

The action to address this requirement was in the early stages of implementation and not yet fully established. This requirement will remain and progress of the way the service deals with complaints they receive and will be monitored at the next inspection.

See Quality Theme 4, Quality Statement 4 of this report.

The requirement is: Not Met

The requirement

It is required that the management systems in place ensure that visits are undertaken within a reasonable time frame of the agreed time and that when the service is aware of potential delayed visits service users and or other relevant persons are, as part of the process, informed in a timely manner.

This is in order to comply with; SSI 2011/210 Regulation 4(1) (a) (b) Welfare of users. National care standards for care at home. Standard 4. Management and staffing.

What the service did to meet the requirement

There were management systems in place to try and ensure that visits were undertaken within a reasonable time frame of the agreed time. The service needs to ensure that there are sufficient staff employed in the service and that systems are followed. The action to address this requirement is in the early stages of implementation and needs to become established practice. This will be monitored at the next inspection.

The requirement is: Not Met

The requirement

That all staff are informed of the 'No reply policy' and that action is taken to ensure that this policy is properly implemented.

This is in order to comply with; SSI 2011/210 Regulation 4(1) Welfare of users National care standards for care at home. Standard 4. Management and staffing.

What the service did to meet the requirement

Staff had been made aware of this policy. Training, supervision and monitoring should be re-established to ensure that this policy is properly implemented.

The action to address this requirement needs to be fully implemented and become established practice. This requirement will remain and will be monitored at the next inspection.

The requirement is: Not Met

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 received a fully completed self assessment document from the service. The service provider identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

There were eighty-four people using the support service during the inspection visit. We received forty-four completed Care Standard Questionnaires (CSQs) before the inspection visit. Some of these had been completed by people who used the service, some had been completed on their behalf by a friend, relative or advocate and some with the help of a carer who worked for the service. We spoke by telephone with three people who used the service.

90% of the people who returned CSQs agreed or strongly agreed that overall, they were happy with the quality of care and support this service gave them.

Comments included:

'They don't always come when they are supposed to - this happens at least once a week and they don't let you know in advance....apart from that the carer is kind and respectful'.

'When usual carer is off tend to be different carers but they are all good'.

'Happy with the service.....always comes on time and no problems'.

'Communication within the office could do a lot better not reliable to pass messages on from one person to another. No complaint about care staff'.

'Quality of care is no better than adequate. The carers cannot operate the wheelchair.'

'I would like to be informed when carers are going to be late for my care. I also feel it's not fair that sometimes there's only one carer when I'm supposed to have two at all times.'

'I am fully satisfied with the care I get'.

'[staff name} is the best carer ever. She doesn't constantly ask me 'What shall I do next, what shall I do next' She gets on with the job in hand.'

'My carer is always on time and she knows what to do to help me.'

'.....problems have arisen because of staffing levels causing no show / late arrivals or very short attendance time'.

Taking carers' views into account

There were eighty-four people using the support service during the inspection visited. We received forty-four completed Care Standard Questionnaires (CSQs) before the inspection visit. Some of these had been completed by people who used the service, some had been completed on their behalf by a friend, relative or advocate and some with the help of a carer who worked for the service. We spoke by telephone with four people who used the service. Carers or relatives comments we received from the CSQs or by telephone included:

'.....there have always been ongoing problems, which we have usually managed to straighten out. We have three excellent carers but during holiday times and times of illness when they are off duty, everything falls apart, i.e carers failing to turn up because office haven't told them to come'.

'We are happy to the most part with the carers, we are not happy with Saga Homecare, people regularly leave and are often not totally trained up before they come to work in our home'.

'No problems with carer, always get same one, turns up on time - had some problems in the beginning but these were all resolved'.

'Carers turn up on time, would let you know if they were running a bit late because of the previous person - very very good - happy with the service very very good standard. [my relative] most vulnerable in the morning - any issues have been resolved'.

'Overall, I am very happy with the care my [relative] receives from her very friendly and efficient carers but I do feel that the office / management team seem to run on a very tight shoestring and if a carer goes off sick or leave the times of the carers visits can be quite erratic.'

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

We found this service's performance to be weak in the areas covered by this statement. We concluded this after we spoke with the senior management, staff, people using the service and their carers. We also examined care and support documentation and review records, questionnaire and survey responses and the written information about the service.

People using the service and their carers where applicable, had some opportunities to be involved in giving their views on the service. We found that some people had been involved in their agreed care plan and the review of their care and support plan.

The service had carried out a Client Satisfaction Survey in June 2012 and received a 29% return from people using the service in Inverness and the surrounding areas and a 46% return from those in Moray. The purpose of the questionnaire was to enable service users to pass comment on all aspects of the Saga Homecare Service, including organisation and professionalism of the branch staff in arranging their care and on the quality of the care workers.

There was a Saga Homecare Service User Participation policy which was available to staff on the computer system.

There were arrangements in place for carrying out telephone monitoring with people receiving the support service. There was some evidence that this had taken place earlier in the year with some people receiving care and support at home.

Areas for improvement

People using the service, and their carers where applicable, should be involved in agreeing their initial support plan and with subsequent reviews thereafter. See recommendations under Quality Theme 1, Quality Statement 3 of this report.

A Client survey had been carried out in June 2012 and the collated results were displayed in the respective office bases. There was no evidence to support that the results were passed on to the people using the service and their carers or that any resulting action had been taken based on the findings. See recommendations under Quality Theme 4, Quality Statement 4 of this report.

The service proposed to introduce Saga Homecare Service users' packs, 'Your Personal Care Plan and Service Guide'. The written information for people using the service was currently out of date and there were a mixture of different organisations' paperwork in use. Consequently it might be difficult for people using the service to determine who the service was actually being provided by. People using the service should be provided with clear up-to-date information which should include details of the service provider, the manager, contact details, complaints procedure and details of the services provided. See Recommendations.

Although there was a Saga Homecare Service User Participation policy it was difficult to determine if people using the service were aware of the policy or the ways they could be involved in giving their views about the service. The provider should take appropriate steps to provide people using the service and their carers with opportunities and the information about the different ways they can be involved in assessing and improving the service.

The provider and management should consider how they tell people about the feedback they receive and how they use the information to make the quality of care and support, staffing and management and leadership better. See Recommendations. Consideration should be given to the way the service gives this information to ensure it is provided in a way that is clear, easily understood and in suitable formats for the range of people who use this service.

The provider and management should continue to look at ways they can involve people who use the service and their carers, where applicable, in assessing and improving the different aspects of the service.

The service highlighted in their self assessment they proposed to arrange a service user group coffee/open day.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. People using the service should be provided with clear up-to-date information which should include details of the service provider, the manager, contact details, complaints procedure and details of the services provided.

National Care Standards, Care at Home, Standard 1: Informing and deciding.

National Care Standards, Care at Home, Standard 2: The written agreement.

2. The provider and management should consider how they tell people about the feedback they receive and how they use the information to make the quality of care and support, staffing and management and leadership better.

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

We found this service's performance to be weak in the areas covered by this statement. We concluded this after we spoke with the senior management and staff, and people using the service and their carers. We also examined care and support documentation and review records, internal audit results, monitoring information, questionnaire and survey responses and the written information about the service.

Each person using the service had a personal care and support plan which included a summary of the care and support that was to be provided. The level of support provided varied according to individual need.

92% of responses we received in the care standard questionnaires from people using the service confirmed they had a personal plan or support plan which contained information about their support needs. 77% of responses confirmed that the service regularly checked with them that they were meeting their needs.

The majority of people we received feedback from were happy with the care and support they received.

Areas for improvement

We sampled care documentation, including personal plans and review documentation. Some of the information was clear, specific and up-to date, however, the quality of the information in support plans varied across the sample and some were found to be of a poor standard and out-of-date. One person told us they thought their relative had a care plan but it had been a 'Medico' one. They thought that a review had taken place about two years ago by phone. There were several records where there was no evidence that the care and support had been reviewed in the last two years. People

using the service, and their carers where applicable, should be involved in agreeing their initial care and support plan and with subsequent reviews thereafter to ensure they contain relevant, up-to-date information about how the persons care and support needs are to be met. This will provide an opportunity for a person using the service and their carer where applicable to have a say and give feedback about the care and support they receive and to monitor that the planned care and support meets their needs. See requirements.

Although the majority of people we received feedback from were happy with the care and support they received, the reliability of the service was a concern to several people who used the service. We were given several examples where people had gone without their agreed care and support as no one had turned up from the service or they had experienced physical discomfort because the carer had turned up much later than the time agreed. The service had recently taken action to address these issues and put arrangements in place to monitor that visits were not missed and to ensure people received the support at the correct time. A requirement had been made since the last inspection that to ensure that visits are undertaken within a reasonable time frame of the agreed time and that when the service is aware of potential delayed visits service users and or other relevant persons are, as part of the process, informed in a timely manner. The service needs to ensure that there are sufficient staff employed in the service and that systems are followed. The action to address this requirement is in the early stages of implementation and needs to become established practice. This will be monitored at the next inspection. See requirements under Quality Theme 4, Quality Statement Statement 4.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. Each person using the service must have a review of their agreed plan of care and support at least once every six month period and more frequently when indicated by a change in their needs or circumstances. The provider must put in place systems for regular reviews of each personal plan at least once in every six month period, to ensure the way care and support is planned and provided is current and meets the needs of the person using the service. Accurate records are to be maintained. The Provider must ensure that where it has been agreed, representatives of the person using the care service are offered the option to be fully involved in the review of care and support plan.

This is in order to comply with Regulations 5(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

Scottish Statutory Instrument 2011/210.

Timescale for completion: 31 December 2012.

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

We found this service's performance to be weak in the areas covered by this statement. We concluded this after we spoke with the senior management, staff, people using the service and their carers. We also examined care and support documentation and review records, questionnaire and survey responses and the written information about the service. See Quality Theme 1, Quality Statement 1.

Areas for improvement

The areas for Improvement reported previously in this report are also relevant to this Quality Statement. See Quality Theme 1, Quality Statement 1 of this report.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found this service's performance to be adequate in the areas covered by this statement. We concluded this after we spoke with the senior management and staff, and people using the service and their carers. We also examined policies, staff records and took account of the responses we received through the Staff Questionnaires we received before the inspection.

The service had safe recruitment procedures to follow to ensure the fitness of employees before they commenced employment. The records we sampled supported the service generally followed their recruitment procedures well. There were systems in place for the induction of new staff which included a five day induction training programme, shadowing opportunities and formal supervision after 6 weeks of

employment.

The majority of staff who completed questionnaires confirmed they had received induction when they started their job with this service.

Areas for improvement

The service highlighted in their self assessment to continue to plan for Scottish Social Services Council (SSSC) regulation of care workers and required qualifications.

There were occasions where only one reference had been obtained which was not in line with the services own policies and procedures. The service should ensure they fully follow robust, safe recruitment practices and maintain accurate records.

Although the majority of staff who completed questionnaires confirmed they had received induction, the records used to monitor induction, shadowing and supervision were poorly maintained. The service should ensure that all staff receive appropriate induction and training and accurate records are maintained to evidence these are completed and provide appropriate induction training to protect the people using the service and staff . Accurate records should be maintained.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

0. All staff receive appropriate induction and training for the role they are employed for to ensure both staff service users are protected. Accurate records should be maintained.

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

We found this service's performance to be adequate in the areas covered by this statement. We concluded this after we spoke with the senior management and staff, and people using the service and their carers. We also examined policies, staff records and took account of the responses we received through the Care Standard Questionnaires (CSQ) and Staff Questionnaires we received before the inspection.

Staff were issued with a handbook which set out information about their employment with Saga Homecare. The training programme had been improved and staff received

regular training updates. The staff induction included introduction to relevant policies, procedures and guidance.

The provider and staff were aware that they would need to apply to register with the Scottish Social Services Council (SSSC) once the register is open to staff working in Care at Home and Housing Support Service. The majority of staff who completed questionnaires confirmed the care service had provided them with opportunities to access education or training in the last 12 months.

Areas for improvement

A requirement had been made since the last inspection that all staff are informed of the 'No reply policy' and that action is taken to ensure that this policy is properly implemented. Staff had been made aware of this policy. Training, supervision and monitoring should be re-established to ensure that this policy is properly implemented.

The action to address this requirement needs to be fully implemented and become established practice. This requirement will remain and will be monitored at the next inspection. See requirements.

We found that some staff were not aware of the services' policies for example, whistle-blowing policy, complaints policy, restraint policy and the aims and objectives of the service. Staff should be aware of the policies and procedures used by the service and know how to put these policies and procedures into practice. Staff should receive regular supervision and training to review these and identify their training needs. See recommendations.

The majority of staff who completed questionnaires confirmed they were not given the opportunity to meet up with other staff and talk about their day to day work or to have regular supervision with their manager. The provider was currently recruiting to fill the vacant management post. The service was being overseen by the senior management in the interim period. See 'Areas for Improvement' under Quality Theme 4, Quality Statement 4.

A comprehensive training programme and Saga Learning and Development portfolio was in the process of being rolled out. We will monitor the progress of this at the next inspection visit.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. That all staff are informed of the 'No reply policy' and that action is taken to ensure that this policy is properly implemented.

This is in order to comply with; SSI 2011/210 Regulation 4(1) Welfare of users
National care standards for care at home. Standard 4. Management and staffing.

Timescale for completion: 31 December 2012.

Recommendations

1. The provider needs to ensure that their supervision and appraisal systems are carried out in line with their own policies. This is to ensure that all staff receive support and development opportunities and the systems in place are effective, meaningful for staff and contribute to bringing about improvement in the service.

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

We found this service's performance to be weak in the areas covered by this statement. We concluded this after we spoke with the senior management, staff, people using the service and their carers. We also examined care and support documentation, review records, questionnaire and survey responses and the written information about the service. See Quality Theme 1, Quality Statement 1.

Some people we received feedback from felt the service listened to them and took their suggestions or concerns on board. The people using the service we spoke with told us if they had a concern, issue or complaint to discuss, they would contact the local office.

Areas for improvement

The areas for improvement reported previously in this report are also relevant to this Quality Statement. See Quality Theme 1, Quality Statement 1 of this report.

Some people we received feedback from felt that the office staff did not always give feedback or return calls. Two people commented that they had previously made complaints to the service and no action had been taken and nothing had changed. There had been a requirement since the last inspection regarding complaints which remains. See Quality Theme 4, Quality Statement 4.

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

We found this service's performance to be weak in the areas covered by this statement. We concluded this after we spoke with the senior management, staff, people using the service and their carers. We also examined care and support documentation, review records, questionnaire and survey responses and the written information about the service.

The people using the service we spoke with told us if they had a concern, issue or complaint to discuss, they would contact the local office.

Communication and more comprehensive hand overs between the service and the out of hours team had been implemented and were being monitored to check these were effective. The business manager for Scotland East who was overseeing the management of the service was being kept informed about any problems that arose and was monitoring the situation. The service reported there had been a reduction in the number of calls because of the handover system.

The service carried out an annual client satisfaction survey to gain feedback from people who used the service.

People using the service and their carers where applicable, had some opportunities to be involved in giving their views on the service. We found that some people had been involved in their agreed care plan and the review of their care and support plan.

There were arrangements in place for carrying out telephone monitoring with people receiving the support service. There was some evidence that this had taken place earlier in the year with some people receiving care and support at home.

There was some evidence that shadowing opportunities took place during staff induction and some staff supervision had taken place.

Some internal auditing had been carried out on different aspects of the service since the last inspection.

Areas for improvement

The service highlighted in their self assessment to ensure that information was available to appropriate persons whilst continuing with merge and organisational change. The provider needs to streamline their current information to ensure that staff, people using the service and stake holders are provided with clear and accurate information about the provider of the service and the service provision.

Since the last inspection a requirement had been made that the provider ensures that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. The service had advertised and were actively trying to recruit a manager and

additional care workers for this service. The business manager for Scotland East was overseeing the management of the service in the interim period and was working in Inverness at least two days a week. The operations support manager was available to the office staff for advice and support by telephone. The business manager was monitoring the recruitment activity and proposed to increase the number of staff available. The provider had taken the decision not to provide any new care and support packages until the staffing situation had been resolved. The action to address this requirement was in the early stages of implementation. This requirement will remain in place and action taken by the service will be monitored. See Requirements.

Some people we received feedback from told us they found the office staff did not always give feedback or return calls. Two people commented that they had previously made complaints to the service, no action had been taken and nothing had changed. Since the last inspection we made a requirement that the provider must ensure that all complaints are fully investigated and within 20 working days after the date on which the complaint is made, or shorter period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken. There was an automatic system in place which operated like a traffic light system for severity of complaints. We were told this should allow the management to monitor and track complaints and intervene if complaints have not been actioned within 10 days. The action to address this requirement was in the early stages of implementation and not yet fully established. This requirement will remain and progress of the way the service deals with complaints they receive will be monitored at the next inspection.

Since the last inspection there had been some serious failings in the out of hour's emergency backup provided by the service. This had led to a failure to provide planned care to some people using the service on several occasions. We had made a requirement to ensure the service addressed this area of concern. There were management systems in place to try and ensure that visits were undertaken within a reasonable time frame of the agreed time. The service needs to ensure that there are sufficient staff employed in the service and that systems are followed. The action to address this requirement is in the early stages of implementation and needs to become established practice. This will be monitored at the next inspection.

Comments we received from people who used the service or their carers included that communication within the service had been poor, documentation was out of date and one person felt that specific spot checks being carried out by one of the regular carers was pointless as they were too close to the other carer they were checking.

A Client Satisfaction Survey had been carried out in June 2012 and the collated results were displayed in the respective office bases. There was no evidence to support that the results were passed on to the people using the service and their carers or that any resulting action had been taken based on the findings. The provider needs to consider how they can effectively use the information gained from the questionnaires

completed by people who use the service, relatives, staff and stakeholders to contribute to their quality assurance process and making improvements to the quality of the service.

Although some internal auditing had been carried out on different aspects of the service since the last inspection, the action to address areas for improvement highlighted by the audits had not been acted on. The provider should take measures to develop and evaluate the quality assurance process they use to ensure that they are effective. Where areas for improvement are identified for example, through internal or external audits, questionnaires, reviews, external reports or suggestions, the provider should ensure that appropriate action is planned and carried out within reasonable timescales and is effective in improving the quality of the service.

See recommendations.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Requirements

1. It is required that the management systems in place ensure that visits are undertaken within a reasonable time frame of the agreed time and that when the service is aware of potential delayed visits service users and or other relevant persons are, as part of the process, informed in a timely manner.

This is in order to comply with; SSI 2011/210 Regulation 4(1) (a) (b) Welfare of users National care standards for care at home. Standard 4. Management and staffing.

Timescale for completion: 31 December 2012.

2. The provider must ensure that all complaints are fully investigated and within 20 working days after the date on which the complaint is made, or shorter period as may be reasonable in the circumstances and inform the complainant of the action (if any) that is to be taken.

This is in order to comply with SSI 2011/210 Regulation 18 (3) (4) Complaints.

Timescale: From time of inspection feedback.

3. The service provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

In order to do this the service provider should take into account:

- a) Staff recruitment and induction
- b) The assessed need and risk assessment of the person using the service

This is in order to comply with SSI 2011/210 Regulation 15 (a) (b) Staffing.
Timescale: From time of inspection feedback.

Recommendations

1. The provider should monitor all aspects of the service, especially its quality. Effective quality assurance arrangements should be implemented to monitor, develop and improve the quality of the service.

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

4 Other information

Complaints

There have been two upheld complaints about the service since the last inspection.

You can find information about complaints that have been upheld or partially upheld on our website www.careinspectorate.com.

These complaints may have affected the service's grades.

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in 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

Quality of Care and Support - 2 - Weak	
Statement 1	2 - Weak
Statement 3	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 1	2 - Weak
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
12 Dec 2011	Unannounced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
27 Aug 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
21 Aug 2009	Announced	Care and support 3 - Adequate Staffing 4 - Good 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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