

## Oran Home Care Support Service

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Cupar  
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Telephone: 01334 652987

Type of inspection: Unannounced  
Inspection completed on: 5 June 2017

**Service provided by:**  
Oran Home Care Ltd

**Service provider number:**  
SP2011011724

**Care service number:**  
CS2011303568

## About the service

Oran Home Care was registered with the Care Inspectorate in August 2012. This is a small but expanding service providing domestic and care support to older people living in their own homes. The service recently received approval from the Care Inspectorate to provide a service to children and adults in addition to older people. At the time of this inspection the additional service was not being delivered.

The service is privately owned by two directors, one of the directors being the registered manager.

The service currently supports 65 service users. The service users receiving care and support have a range of diagnoses including dementia. The Oran Home Care office is based in Cupar. The service can support people privately or through contractual arrangements with Fife Local Authority.

The service states their aims as;

- To provide a person-centred service tailored to meet the unique needs of each of our individual clients.
- To provide a flexible service that can respond to the changing needs of our clients.
- Work in partnership with clients to meet their personal goals.
- Provide a service that promotes independence and where appropriate, support clients to be active participants in their care and where possible support reablement programmes.
- Where appropriate, involve relatives and friends in the planning of care.
- Provide a service that acknowledges that the rights, dignity, privacy and welfare of service users are the cornerstone of our care.
- Build a team of well-trained, experienced staff who are appropriately paired with their client to deliver the care.

## What people told us

The majority of people experiencing care and support from Oran Homecare told us that they were very happy with the quality of service. Some people however, were disappointed with the lack of consistency of carers and the changes to times that carers visited.

Comments from people experiencing care included:

- I am very happy with the carers who visit. They are very good and make sure I have everything I need.
- If there are any changes to carers I don't always know who will be coming in their place.
- Wonderful carer,s could not ask for better.
- I wasn't happy with some things but they got sorted out quickly.
- I don't look at the care plan, the writing is too small to read so I don't bother.
- I have had carers come in for a while now. I am very happy with everything. I met the manager, she sometimes does the care job too if they are short staffed.

- I don't always know who will be coming but it is getting better. There haven't been any changes for a wee while now.
- My relative is very happy with the care, it gives me peace of mind to know she is being well looked after.
- I don't think there is good communication between nurses who come in to my relative and the carers or manager. There needs to be a better system so everyone knows what should happen.
- Sometimes the carers are a bit rushed, if they have been delayed elsewhere. The carers carry out what needs to be done during their visit.

## Self assessment

We are currently not asking services to submit a self assessment. We discussed actions and development plans for the service with the manager and director.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	4 - Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	4 - Good

## What the service does well

We spoke with people experiencing care and the majority felt the care was good or very good. We observed staff carrying out their role providing care and found them to be caring, kind and interacted well with the person they were assisting and their family.

Staff were mindful of particular needs of people and, from our observations, were very aware and knowledgeable about people receiving care. Throughout the inspection staff displayed very good values for service users, carers and each other. They told us they were happy in their work and were observed treating individuals with dignity and respect. They had a very good approach to resident's individual needs. They were patient, non-judgmental, relaxed and easy to approach.

Care needs assessments were carried out by the service manager or deputy manager ensuring details about individuals care needs were recorded and added to care plans for staff to follow. In general care plans held good information about the person but could be more personalised.

People experiencing care told us they had been involved in care reviews but had not received copies of the review record. We were unable to see any documentation within care plans to evidence care reviews had been carried out. We did however see that the Co-ordinator had an overview of care reviews and when they were due.

Staff carried out medication support well and recorded the support provided within the care plan. There were good records of medication support within the care plans. However we had some concerns about the correct level of support being provided in relation to the information within the care plan. This is discussed below under 'What the service could do better'

We heard from staff that there had been some difficulty with the staff rota however, this was being improved and felt there was better management of the rota.

A complaint was upheld and requirement made regarding safe recruitment procedures. We sampled recruitment files and found that since the complaint, safer recruitment has been carried out for the employees files we sampled. There is now a recruitment officer in post who oversees all recruitment procedures including checks with the Scottish Social Services Council and Disclosure Scotland, Protection of Vulnerable Groups.

We sampled audits the service carries out and found them to be of a good standard. However, the audits need to be more robust, identifying actions and outcomes to ensure essential information, for example, within care plans, are highlighted and actioned. We will monitor this at the next inspection.

We heard from staff that there were good working relationships between care staff and the service manager, and deputy manager. Staff felt the management team were approachable and helpful.

## What the service could do better

We found the care plans we sampled to be quite disorganised and difficult to access information easily. Information which was specific to the healthcare needs of the person was not highlighted to alert staff that specific measures should be undertaken in an emergency situation.

We were aware that there were people being supported in their own homes and were received end of life care. We could not see any information within the care plan that related to the specific care needs of the person receiving end of life care. A requirement has been made about healthcare needs and care plan information.

The service should review their assessment of medication support. We observed that some people who were deemed able to be prompted with medication were actually being supported with administration of medication. The service should ensure that regular assessment are carried out to ensure the correct level of medication support is being carried out. A requirement has been made about medication.

We heard from the manager that induction takes place over two days. However we saw from a staff file we sampled and heard from a staff member, that the induction lasted one day. Moving and handling training was included in this induction. Some staff we spoke with felt the moving and handling training was not long enough to ensure they felt safe and confident when carrying out moving individuals. Occasionally a full day moving and handling session was available to staff although, not all were able to participate and this was not mandatory. This training session should be available to all staff before carrying out moving and handling with individuals in their homes to ensure safe moving and handling practice. It is recommended that observed competency of moving and handling is carried out regularly and recorded.

Staff felt there were not enough team meetings taking place. We discussed this with the manager and a plan of team meetings is being put in place to ensure all staff have the opportunity to attend team meetings. We will monitor progress of this at the next inspection.

Relatives told us that they do not always know which carers will be coming to carry out care. They said they did not receive a phone call in advance of any changes and it was usually left to the carers visiting to update them on any changes.

We recognise that improvements have been made since the last inspection however, there were some areas that still required development to ensure good outcomes for people receiving care and support.

## Requirements

### Number of requirements: 3

1. The service provider must ensure medication is managed in a manner that protects the health and wellbeing of service users. In order to achieve this the service provider must ensure that:

- (a) there is a comprehensive assessment to ensure the correct level of support is being carried out
- (b) there is a regular review of medication support carried out and recorded within the required six monthly care review or sooner if required
- (c) care plans are updated to reflect the medication support required.
- (d) staff must be aware of the support required and record their actions on the medication log or Medication Administration Record depending of the type of medication support required

Timescales; with immediate effect and to be fully implemented by 30 September 2017

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

2. The provider must ensure that it is always suitably competent persons who carry out safe and effective moving and assisting techniques in order to protect service users and staff. All staff must receive appropriate training, updates and observed competencies in line with good practice guidance in order to carry out safe and effective moving and handling practices.

In order to achieve this the service provider must:

- (a) provide comprehensive moving and handling training at induction for new employees.
- (b) provide the opportunity for all staff to attend a moving and handling training session.
- (c) carry out a minimum of annual observed competency assessment of all staff in moving and handling practice.
- (d) ensure there is a record of all moving and handling training and observed competency based moving and handling assessments for staff.

Timescales; with immediate effect and to be fully implemented by 30 September 2017.

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

3. The provider must ensure that residents care plans provide robust detail that has been fully assessed, and provide staff with guidance on how to support residents. In order to achieve this, the provider must:

- (a) Undertake a full assessment of the resident's specific healthcare needs and carry out a risk assessment and instructions in the event of a potential emergency situation arising.
- (b) ensure that the written plan is clear and concise.
- (c) ensure that where end of life care is provided, there is a clear written plan of care to be provided and that all staff are aware of the information within the care plan.
- (d) ensure that the written plan is being effectively monitored and audited.

Timescales; with immediate effect and to be fully implemented by 30 September 2017.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

## Recommendations

**Number of recommendations:** 1

1. It is recommended that there is a system of communication in place to support effective liaison between healthcare professionals and the services' care staff to ensure best practice and the delivery of safe, effective care and support.

National Care Standards, Care at Home, Standard 7; keeping well - healthcare

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Inspection and grading history

Date	Type	Gradings
20 May 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
15 Dec 2015	Unannounced	Care and support Not assessed Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
22 Dec 2015	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
3 Jul 2015	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
13 Aug 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
15 Jul 2013	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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