

Homecare East Support Service

Homecare East
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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378054

About the service

Homecare East provides a service to adults, including older people, living in their own homes and in the community. The service provider is Scottish Borders Council.

The service operates in the east of the Scottish Borders, including Kelso, Duns, Coldstream and Eyemouth. The service operates from two offices, the main office in Duns and one in Kelso.

At the time of the inspection, the service was providing care and support to 193 people.

About the inspection

This was a short notice, announced inspection which took place between 7 and 14 February 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the registration of the service in December 2019.

In making our evaluations of the service we:

- Met with 34 people using the service
- Spoke with relatives of people using the service
- Spoke with 16 staff and management
- Observed practice and daily life
- Reviewed documentation

Key messages

- Staff were friendly and treated people with warmth, kindness and compassion.
- Some people knew their staff well and the provider was taking steps to ensure this was the case for everyone experiencing care and support.
- People were supported to make decisions about their own care and support, however improvements were needed to ensure the documentation reflected people's abilities around choice and control.
- The provider should implement systems to monitor changes of positioning, to ensure risks around people's skin integrity are minimised.
- Improvements were required with medication processes to ensure accurate, safe and up to date guidance was provided for staff.
- To promote learning and development, staff were supported to undertake training in a variety of topics.
- Managers had a focus on providing staff with support and supervision through a variety of meetings and forums.
- The provider must implement improvements to ensure personal plans are fully updated, accurate and available for people and staff.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Staff knew people well and treated them with genuine kindness and compassion. We observed positive interactions which were warm, chatty and friendly. Comments from people about their regular staff included: 'They're lovely', 'staff are very kind' and 'they treat me as if I was their own family'. We were assured people could build trusting relationships with staff, which helped meet their outcomes.

Some people had regular staff and they knew who to anticipate for their next visit. Where possible, staff let people know when they would next see them. Managers were aware of the need to provide regular and consistent staff and were taking significant steps to improve people's experiences. We look forward to seeing positive and sustained changes in the future.

Scheduling of care visits was being monitored by managers to ensure support was provided at pre-arranged times. Whilst feedback from some staff indicated the timing of visits was not always efficiently planned, this was limited to a small geographical area. This meant most people knew when to expect staff to arrive and could get on with their day.

People were recognised as having their own views and were supported to make decisions about their own care and support. We found in some cases however, not all documentation relating to people's abilities around choice and control was clear. We spoke to the provider about specific examples and immediate action was taken by managers to make improvements. The provider should review guidance for staff to ensure it accurately reflects people's ability to make key decisions about their personal outcomes. See area for improvement one.

People were supported well in relation to their general health and wellbeing needs. We observed good practice, including support for people to move around their home safely, with good communication and reassurance from staff. People's health conditions and diagnoses were written in their personal plans, however the quality of guidance for staff was inconsistent. We have made further comments in the section: How well is our care and support planned.

We had concerns about monitoring for people with limited mobility and those who spent long periods of time in bed. Whilst people were safe at the time of the inspection, there were potential risks around the integrity of people's skin. The provider should implement recording systems to ensure changes of positioning are monitored. See area for improvement two.

Referrals were made to external agencies where needed and there were good links with local health professionals. We saw some examples however where personal plans had not been updated in line with changes in people's care and support needs. We discussed these with the provider who took immediate steps to update the information. The provider should carry out further checks to ensure staff have the most up to date guidance to support people to meet their wellbeing outcomes. We have made further comments in the section: How well is our care and support planned.

We examined medication processes to check medicines were stored, handled and administered safely, in line with best practice.

Where people needed support with medication, separate folders were kept in their homes containing the necessary documentation for staff to access.

We found significant improvements were needed with medication processes however. This included updated information when the person's medication needs had changed, accurate completion of documentation and guidance around administering 'when required' medication. Although the provider had an improvement plan in place to address medication issues, more urgent action is required to ensure the safe handling and administration of medication. See requirement one.

Requirements

1. By 31 May 2024, the provider must ensure medication is managed in a manner which protects the health and well-being of people experiencing care. To do this the provider must, at a minimum:

- a) Ensure information is updated in a timely manner when people's medication needs have changed.
- b) Implement clear guidelines for 'when required' medication.
- c) Ensure medication audits are used effectively to check accurate completion of documentation.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Areas for improvement

1. To promote the best outcomes for people, the provider should ensure accurate information is held about people's ability and capacity to make key decisions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

2. To support good health and wellbeing outcomes for people with limited mobility and minimise risks around people's skin integrity, the provider should implement processes for accurate and contemporaneous monitoring of people's repositioning.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

People experiencing care should be confident of the provider's commitment to robust quality assurance. A series of checks and audits were implemented by the manager and key senior staff held responsibilities within small teams.

A comparatively small number of documents and processes had been sampled during audits, giving limited management oversight and potential for quality issues to be missed. The provider should take steps to improve their quality assurance processes, with more extensive checks around areas such as accidents and incidents, staff supervision and personal plans. This would facilitate improved capacity for ongoing evaluation and improvement of people's experiences to promote better outcomes. See requirement one.

The service had an improvement plan in place which was well structured and followed the principles outlined in the Care Inspectorate's Quality Framework. Timescales for development were documented and actions had been reviewed. Issues raised through feedback from people and their families were included in the plan, for example more consistency of staff.

Whilst the provider had a clear understanding of future service development, we suggested key areas which could be given higher priority to meet more urgent timescales. These included issues such as accuracy of information in personal plans, some of which had not been identified in management checks and audits. This would enhance people's confidence in the provider's commitment and ability for ongoing, dynamic and responsive improvement.

Not all information had been notified to the Care Inspectorate as per guidance. It is important for us to understand the systems the service has in place to address any incidents arising. This includes situations which are escalated to the appropriate services where necessary, in order to keep people safe. See area for improvement one.

Requirements

1. By 31 May 2024, the provider must ensure quality assurance systems are used more extensively and effectively to improve the continuous management of people's care. This must include, but is not limited to, regular checks for accuracy of personal plans, robust medication audits and comprehensive monitoring of accidents and incidents.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

Areas for improvement

1. To ensure information is reported to the Care Inspectorate timeously, the provider should submit notifications as required and in line with 'Records that all registered services (except childminding) must keep and guidance on notification reporting'.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The provider had a training plan in place to support staff learning and development. Most staff were trained in mandatory topics such as moving and handling, medication administration and adult support and protection.

Other learning opportunities had been made available to staff, relevant to the specific needs of individuals using the service. Fewer numbers of staff had completed training in topics such as understanding dementia, diabetes, nutrition and hydration, and oral care. Further learning would help staff understand more about how people's conditions impact on their general wellbeing and support needs. The provider had plans to increase staff training in these areas and we look forward to seeing a higher uptake of these opportunities in the future.

The provider had focused on supporting staff through significant changes in some localities and a series of team meetings had taken place. Feedback we had from some staff indicated they felt listened to and most of their difficulties had been resolved. In other localities staff felt there were still problems such as smooth scheduling of visits, opportunities to speak to a manager and time to read personal plans. The provider was aware of these issues and we were assured they had plans in place to support staff through ongoing change and improvement.

Some one-to-one supervision meetings had taken place where staff could discuss examples of good practice relevant to their roles. There was an emphasis on reflective practice and most staff told us they felt supported by their manager. We were assured to see that senior staff had clear plans in place for staff supervision meetings for the year ahead. This meant people could be confident their staff had the necessary support, whilst being aware of their professional responsibilities.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

To achieve the best possible outcomes, people experiencing care should be empowered to have meaningful input into reviewing their own support. Six month reviews had taken place and most people told us they had been involved in reviewing their personal outcomes. This meant people had the opportunity to express their wishes and preferences and help shape their care and support.

People should be confident staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Most people had personal plans in their homes, with information and guidance about their needs and planned outcomes. The quality of personal plans was inconsistent however and we shared examples with the provider to illustrate the improvements needed.

Some personal plans were not dated, therefore staff would not know if the information was up to date and relevant to the person's needs. A few plans had not been accurately updated as people's needs had changed and the written guidance was not consistent with our observations.

We found some sections in personal plans had limited information about people's health and wellbeing needs. For example, there could be more details of how people's health conditions such as dementia and diabetes impacted on their general wellbeing. Not all individual manual handling assessments were completed and present in people's homes.

In conclusion, people could not be confident their plans would be updated following a review and made available to staff delivering their care and support. The provider must take immediate steps to ensure assessments and personal plans are fully completed, accurate and updated in line with people's changing needs. See requirement one.

Requirements

1. By 31 May 2024, the provider must improve the quality and content of personal plans. In order to do this the provider should ensure:

- a) Personal plans are dated, accurate and reflect people's current health and wellbeing needs;
- b) Personal plans are regularly evaluated and updated in a timely manner; and
- c) People and/or their representatives have access to the most up to date personal plans.

This is in order to comply with Regulations 4(1)(a) and 5(2)(a-d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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