

SSCN Healthcare Housing Support Service

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Type of inspection:
Unannounced

Completed on:
31 January 2024

Service provided by:
Support and Social Care Network Ltd

Service provider number:
SP2013012211

Service no:
CS2013322125

About the service

SSCN Healthcare is part of Support and Social Care Networks Ltd which is a privately owned company.

The service provides a combined care at home and housing support service to people living in their own homes in various localities of Edinburgh and Fife. The service is managed from an office in Edinburgh.

At the time of the inspection the service was being delivered to c109 people.

The Provider's aim and objectives states that;

"We pride ourselves in delivering the best service to all our clients in the comfort of their own homes and in the community. We make the personalisation of social care a practical reality for you by supporting you to achieve your goals and lead your life the way you want. We do this by working in partnership with you, your family, your carers and other people in your life. You will be at the centre of all we do and together we will find creative ways to meet your needs to achieve personal goals and aspirations"

About the inspection

This inspection took place between 11 January and 31 January 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 previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection, including an upheld complaint.

In making our evaluations of the service we spoke with management, reviewed documents and spoke with involved professionals.

Key messages

The Provider must ensure that all staff understand and follow their organisational protocols in respect of moving and handling best practice and escalating concerns to the management team.

The Provider must ensure that it provides notification of significant events to the Care Inspectorate in line with regulatory guidance.

More robust quality assurance approaches to assessing the competency of staff practice will help ensure that all staff consistently deliver care to a high standard.

Medication management must improve in order to maintain health and well being outcomes for people experiencing care.

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?	2 - Weak
How good is our leadership?	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?

2 - Weak

We introduced this Key Question to our follow-up inspection in response to our concerns around aspects of the service's performance since the time of the previous inspection.

There were times when staff did not administer medication as prescribed. Failed administration of medication has the potential to lead to serious negative well-being outcomes for the people concerned. This was a requirement from our previous inspection of the service, which we have extended and repeated at this inspection (see requirement 1)

Personal plans did not always accurately outline the support required in order for medication to be given in line with the prescribers instruction. Personal plans must outline detailed guidance for staff around the levels of support required to deliver safe medication administration outcomes (see requirement 1).

In order to ensure that care is delivered safely, all staff must follow their organisation protocols around moving and handling best practice. The Provider must ensure that all staff understand when to seek advice and guidance and not place people at risk by pro-actively carrying out lifting manoeuvres if they have had a fall (see requirement 2).

We were concerned that staff failed to escalate concerns appropriately following a series of missed visits to a person who experienced care (PWECC) . These missed visits took place for numerous scheduled calls across a whole weekend .

When staff finally gained access to the person's home, they did not act with sufficient care or compassion, leaving the PWECC in an undignified and unsafe environment. This event presented as a dereliction of caring responsibilities, with the potential for significantly poor health and well-being outcomes (see requirement 2).

Requirements

1. 1. By 31 May 2024,

The Provider must ensure that:

- All medication is administered as per the instructions of the person authorised to prescribe a medicine.
- Support planning documentation must contain an accurate description of medication to be administered.
- Staff must follow policy and best practice guidance around medication administration and documentation of administration.
- Personal Plans must accurately assess the level of support required for safe effective medication administration.

This is in order to comply with: SSI 2011/28 regulation 4 – a requirement for records all service must keep. And SSI 2011/210 regulation 4(1)(a) – a requirement for the health and welfare of service users.

2. 1. By 31 May 2024,

The Provider must ensure that:

- Staff understood organisational protocols for escalating concerns around the well-being of People Who Experience Care. This should include, but not be limited to, scheduled visits where staff are unable to gain access to people's homes.
- Staff provide support that maintains hygiene, dignity and health and well being.
- Staff follow organisational guidance around safe moving and handling practice and seek appropriate advice and guidance before attempting any intervention.
- All planned support is delivered as commissioned.

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: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

How good is our leadership?

3 - Adequate

We introduced this Key Question to our follow-up inspection in response to concerns around aspects of the service's performance since the previous inspection.

There were two separate changes of registered management in the service since the last inspection. The Provider did not follow regulatory guidance and failed to formally notify the Care Inspectorate about these changes .

The Provider did not always provide adequate notifications around key events associated with care delivery staff practice and staff disciplinary actions. Some incidents that were reported lacked detailed explanations of the event and outcomes that arose from it.

We found an example whereby a worker was dismissed from the service for misconduct. However, the Provider failed to follow best practice guidance and initially did not refer this member of staff to the Scottish Social Services Council (SSSC), despite being asked to do so. The Provider has now done this retrospectively.

We have made a requirement regarding submitting appropriate notifications in line with regulatory guidance (see Requirement 1)

The Provider should improve it's systems for evaluating staff competency. Observations of staff practice should be detailed, undertaken at an early stage in new workers employment and clearly demonstrate that staff are competent and able to deliver safe and effective support.

Competency based observations should cover all key areas of support and combine with regular supervision which includes reflective discussion of practice.

The Provider's training matrix shows significant gaps in staff Moving and Handling training, refresher training and IPC related learning. In order to support competent staff practice, the Provider must ensure that all core training is delivered and that training records are updated to reflect this (see Requirement 2).

We made an area for improvement (AFI) regarding Infection Prevention Control issues at a recent complaint inspection (see AFI 1).

We considered complaints issues raised directly with the Provider. We found that the service's complaints records did not always clearly outline the response to, or actions take in connection with, the concerns raised. In order to ensure that complaints were managed appropriately and key issues resolved satisfactorily , we made an area for improvement around complaints management (see AFI 2).

Requirements

1. By 31 May 2024

- The Provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.
- Notify the Care Inspectorate of an allegation of misconduct which warrants investigation, dismissal or other disciplinary action.

Notifications must be submitted in line with "Records that all registered services (except- childminding) must keep and guidance on notification reporting" (February 2016, Care Inspectorate).

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 and SSI 2011/210 regulation 9(1) - requirement about fitness of employees & SSI 2011/28 regulation 4(1)(b) - requirement about records, notifications and returns.

2. By 31 May 2024,

The Provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the Provider must:

- Ensure that at all times suitably qualified , skilled and experienced staff are working in the care service.
- Ensure that persons employed in the service receive training appropriate to they roles they are to perform.
- Ensure that staff understand organisational policy and best practice guidance.
- Demonstrate that appropriate advice is sought promptly from health professionals

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.

Areas for improvement

1. To ensure positive outcomes for people experiencing care, the provider should ensure that all care staff and co-ordinators receive training on infection prevention and control and on the appropriate use of PPE.

This should include regular direct observations and competency assessment of staff practice. Appropriate records should be kept to detail discussion and actions agreed.

This is to ensure care and support is consistent with Health and Social Care Standard, My Support, My Life (2017)

-1.19: My care and support meets my needs and is right for me.

2. To ensure that the service is responsive to concerns raised, the Provider should address any complaint within the timeframes outlined in the organisational complaints policy. Complaints and the response should be well documented and evidence how the Provider sought resolution.

This is to ensure care and support is consistent with Health and Social Care Standard, Health and Social Care Standard, My Support, My Life (2017)

- 4.20 I know how, and can be helped, to make a complaint or raise a concern about my care and support.

- 4.21 If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

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

Requirements

Requirement 1

By 07 November, 2023 the Provider must ensure that:

- All medication is administered as per the instructions of the person authorised to prescribe a medicine.
- Support planning documentation must contain an accurate description of medication to be administered.
- Staff must follow policy and best practice guidance around medication administration and documentation of administration.

This is in order to comply with the Health and Social care Standards-My life-my support, which state that:-

4.11 , I experience high quality care and support based on relevant evidence, guidance and best practice

This is in order to comply with: SSI 2011/28 regulation 4 – requirement for records all service must keep. And SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users

This requirement was made on 7 July 2023.

Action taken on previous requirement

We still found a number of examples whereby staff had made errors, failing to administer medication effectively.

This meant that we could not be confident that medication practice had improved sufficiently to meet the requirement.

We extended the time frame for meeting this requirement.

Not met

Requirement 2

By 07 November 2023 the Provider must ensure that:

Personal plans provide robust detail of presenting risk and risk based approaches to care delivery which offer staff effective guidance on how to support people safely.

- Risk management is fully recorded, with detailed support measures outlined in respect of any assessed risk identified.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Ensure that the personal plan is being effectively monitored and audited.

This is in order to comply with the Health and Social care Standards-My life-my support, which state that;

- 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

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 service users.

This requirement was made on 7 July 2023.

Action taken on previous requirement

Personal plans had been reviewed and were generally up to date. Risk was outlined, with appropriate contingency measures indicated.

Met - within timescales

Requirement 3

1. By 7 November 2023, the Provider must ensure that:

- Ensure that staff have the necessary skills and experience to raise concerns when people who use the service require further assessment for aids and equipment.
- Ensure that staff follow policy and best practice about accurate record keeping.

- Ensure that all planned support is fully implemented as commissioned.

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: 4(1)(a) - requirement for the health and welfare of service users.

See also the Health and Social care Standards-My Life, My support, which state that;

-3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty &

-1.19 My care and support meets my needs and is right for me.

This requirement was made on 7 July 2023.

Action taken on previous requirement

We had no concerns around staff's ability to raise concerns around the provision of aids and equipment or making accurate recordings of care provided at this inspection..

We found that the service did not always provide support as commissioned and repeated this element of the requirement (see requirement 2, KQ1 of this report).

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

1. The Provider should ensure that:

- Reviews are undertaken and sufficiently well documented so as to capture and record people's evaluations of the outcomes derived from their support.

This is in order to comply with the Health and Social care Standards-My Life, My support

-1.19 My care and support meets my needs and is right for me.

&

-2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 7 July 2023.

Action taken since then

Reviews were taking place. We will fully evaluate this area for improvement at our next inspection.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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