

# Falkirk Council - Housing Support Service - West Locality Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Falkirk Council

**Service provider number:**  
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## About the service

Falkirk Council Care and Support at Home - West locality is provided for people living in their own homes, in the west Falkirk Council area. There are two other areas, Central and East, which operate under their own registrations. These three localities cover the whole of the Falkirk Council area.

The service is provided for people with a wide range of care and support needs including older people, adults with physical disabilities, people with enduring mental health problems and people living with dementia. Services are provided on both a short-term and long-term basis.

The service is managed by a team manager, who oversees day to day operations, led by senior workers and home care managers. The senior workers and home care managers are responsible for managing resource coordinators, social care officers, senior carers and care staff who work in assigned geographical areas. The managers for all three localities within the Falkirk Council care and support at home teams continued to work closely together.

## About the inspection

This was an unannounced inspection which took place on 5, 6, 7, 8, 11 and 12 March. 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.

In making our evaluations of the service we:

- spoke with 11 people using the service and nine of their relatives
- spoke with staff and management
- observed practice
- reviewed documents
- spoke with four associated professionals.

## Key messages

Falkirk Council Care and Support at Home - West Locality was a very well-managed and improvement focused service. People who used the service were happy overall with the care and support they received. We found that staff working in the service were dedicated and committed to ensuring the best outcomes for people. Staffing pressures had some impacts at times on the level of continuity of 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

## How well do we support people's wellbeing?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Care staff were polite, respectful and caring towards people they attended to. Staff were responsive and attentive to changes, and alerted their managers if there was something they had concerns about. We also found that staff were knowledgeable about people's reviews, and that some staff had involvement in these for people they regularly attended to. This offered staff the opportunity to contribute to care planning, making it more robust and recognising staff expertise.

There was a strong focus on reablement across the service, not just for those people who received a specific reablement package of care. We saw that the reablement skills had been embedded in staff practice. People were supported and cared for by staff encouraging them to do as much for themselves as possible. We noted how staff did not take over and do things for people whilst ensuring people were still safe.

It was positive to see that the service had involved relatives in staff meetings to share insights into their loved ones needs and conditions. This helped ensure very good quality of care and support.

The service had worked in partnership with other departments to make it easier for people to access small pieces of equipment, such as raised toilet seats and commodes for example. This had been done in a planned way so that staff could make assessments about suitability and safety whilst still being able to respond quickly to these needs. People were clear how much this improved their confidence and quality of life.

Visits to people were in place in order to support local clubs and groups that they attended. This helped to keep people engaged, active and involved.

People told us how much they liked their care staff. Relatives were also overall very happy with the care and support provided. Some comments people made to us included, "I can't praise them enough", "I think it's great. There's no bother at all," and "All staff are nice, but there are two or three that I really like."

Staff were skilled and knowledgeable about safe handling of medications, and recorded administration appropriately using a Medication Administration record (MAR chart). The service continued to support with safe medication by using the pharmacy technicians to help ensure appropriate support was put in to help people remain well at home. Audits took place and the team responded to any suspected errors as well to check what has happened and rectify as needed. We saw learning and actions were identified as a result of audits. This helped ensure staff learning needs were actioned and people continued to receive safe care and support. Staff responded appropriately if someone seemed unwell, and they expressed feeling a high level of confidence in their seniors and managers in regards to dealing with things appropriately and alerting relatives or health professionals. Staff responded with care and compassion in emergency situations, giving reassurance and comfort to people.

People were supported and cared for in a way that was responsive to changing needs. Changes were agreed and made to people's care plans/visit times through reviews and ad hoc changes. People using the service and relatives confirmed they were involved in reviewing their needs.

The service actively sought feedback from people through satisfaction surveys and this was used to inform the improvement plan. People were confident that they would speak to a senior or manager if there was an issue, and described a responsive service. This gave people confidence in their service.

People described receiving care from a regular core team of staff. People expressed how much they valued this and the difference this made to their day. People also said that they did sometimes experience high numbers of different staff, and this was not good for them. We could see that the reports on staff continuity reflected that the majority of the time staff worked with the same people, but there was sometimes a high level of variance. We encouraged the management team to continue working to improve this and were pleased that this was already a focus area for the service.

### How good is our leadership?

### 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

The service had an Improvement plan that was really robust, and were in the early stages of developing a self-evaluation approach which was encouraging to see. The plan brought in information from several different reports and feedback, so was well-informed and structured. There were opportunities for staff to contribute to this as well, and there was ongoing communication to staff through meetings.

Observations and competency checks took place regularly and there was auditing of personal outcome plans (POPs) carried out throughout the year. We could see that where things were identified, appropriate action was taken to make improvements.

Team meetings took place with more regularity and staff expressed feeling well supported and listened to. Staff told us they felt valued for the most part.

There had been a lot of work on leading improvement across the service, the reablement focus was really evident at this inspection and helped ensure very good outcomes for people. There were also improvements around workforce development in terms of supporting staff in their roles. Some staff we spoke with had recently completed SVQ qualifications, and expressed how this had been good for their confidence.

The service worked really closely with partners in health and social work, and was building those networks in ways that benefitted people using the service. By enabling people to remain safe and well at home, reducing barriers to accessing small pieces of equipment and by looking creatively at ways to identify and respond to frailty in people, the service was beginning to develop exemplary practices. We look forward to seeing how this progresses.

### How well is our care and support planned?

### 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Personal outcomes plans (POPs) had a clear focus on outcomes, they were very clear and easy to follow in terms of the things people needed care and support with. We also noted that there was a really good degree of personalised and respectfully written information about people's history and conditions, how these affected the person and what they needed staff to do to help them. This helped ensure that care plans reflected people's needs and wishes.

Information about how to support people was clear, with really good information around communication needs. This helped ensure staff had a consistent approach.

We noted a couple of plans included information that could be worded better and fed this back to the management team who remedied this.

Relatives confirmed that care planning reviews took place and they had involvement in these as they wished. We saw that the service had an overview of reviews with trackers and planners in place. This showed that for the vast majority of people using the service, reviews had been held within appropriate timescales and those that were now overdue had agreed dates set to allow for relatives' involvement. This meant that the service worked closely and respectfully with people and their families to ensure the care and support was right.

Risks assessments were carried out to a very good standard with risks and control measures identified and included throughout the personal plans. This offered a level of robustness to ensuring people's needs were recognised and met.

There was work underway to redesign the reablement focused personal plan document, and staff were able to contribute to the design of this. This showed how the service engaged with and valued staff views.

## 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

In order for the service to fully deliver on its aims and objectives in providing a high quality care at home service to people, improvement is needed in how effectively the resource coordinators are working.

This improvement should include but not be limited to:

- Sharing geographical knowledge about areas care staff are working in, in order to maximise resource management, consistency of care, and reasonable expectations on care staff about what they can realistically do.
- Assisting each other as part of a wider team during times of staff shortage or cover needs, to ensure that care and support can be delivered as effectively as possible.
- Providing more responsive and considerate support to care staff in order that they are properly supported in their day to day work.

This is to ensure that care and support is consistent with the Health and Social Care Standards;  
4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event, and  
4.27 I experience high quality care and support because people have the necessary information and

resources, and

4.3 I experience care and support where all people are respected and valued.

**This area for improvement was made on 26 April 2022.**

#### Action taken since then

We noted that there was improvement felt across the majority of the home care staff team, however, there were still some issues with staff knowledge of geographical areas and the best use of resources to cover in staff absence. We felt confident that the management structure in place was supportive of the development and learning needs for those staff.

Some staff expressed feeling under pressure due to staffing levels, however, acknowledged that adjustments had been made to make it easier for them to fulfil their roles, and did feel they were overall being listened to if they raised issues. We felt enough work had been completed to meet this area for improvement, and that in line with the service development plan actions were in place to support ongoing progress.

**This area for improvement is met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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