

Carr Gomm Argyll & Bute Responder Support Service

Carr Gomm
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Lochgilphead
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Announced (short notice)

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Service provided by:
Carr Gomm

Service provider number:
SP2003002607

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About the service

Carr Gomm is a charity providing support and care to adults and older people with mental health needs, physical disabilities and learning disabilities living in their own home and in the community. The Responder services work across Argyll and Bute areas including Campbeltown, Dunoon, Oban, Rothesay, Lochgilphead and Helensburgh. The service operates 24 hours a day seven days a week responding to telecare alarms and supporting hospital discharges. The service mainly respond to call outs and also provide some planned support. At the time of inspection approximately 2110 people in Argyll and Bute were registered to the service.

About the inspection

This was a short notice announced inspection which took place on 17, 18, 19, 22, 23, 25, 26 April 2024. The first day of inspection 16 April 2024 was virtual. We visited people between 08:30 and 18:00 in the evenings in Dunoon, Lochgilphead and Rothesay. We spoke with people in the other areas covered by the service.

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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 22 people using the service and eight of their family/friends
- spoke with 31 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals and another by questionnaire
- gained the views of 23 staff by questionnaire issued by the Care Inspectorate.

Key messages

- People received support from a staff team who were skilled and compassionate.
- Leaders demonstrated commitment and understanding on where they need to drive improvements.
- Recruiting and retaining staff in some areas had an impact on service delivery though staff worked hard to counter this.
- Staff training was of good quality, supporting staff to deliver care well.
- Information in some personal plans was inconsistent and needed to improve.
- Supporting legal documentation was not always in place to protect and uphold people's rights.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - 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 evaluated this key question as very good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced care and support with compassion because there were warm, skilled staff who often knew people and had built relationships through scheduled visits. We observed people experienced support that promoted their independence, and choice to remain in their own home. People receiving a responder service (emergency alarm call) did not always know who was visiting due to the nature of the service being an emergency response. Other people using the service on a planned basis would benefit from being advised in advance of who will be visiting them.

We did not see that anyone had to wait too long for assistance however people and relatives advised that sometimes they felt they had to wait too long for support with personal care from the responder service. This appeared to be specific to the Lochgilphead area where there are both geographical and resource challenges. Most people told us they were happy or very happy with their service.

People's health and wellbeing benefitted from staff in the service who understood their role in supporting people's access to healthcare. Staff recognised changing health needs and shared this information with the right people including relatives. Where people experienced a gradual decline in health this was not always reported timeously enough. The service provided an alarm or emergency response service and people we spoke to were confident and felt reassured that staff respond to alerts.

Staff were able to use an online system for personal plans and risk assessments relating to health and wellbeing to provide the support required. People had a copy of their care plan in their home however these were not always up to date. Staff made sure that pertinent information was shared with the office staff who could update the electronic files benefitting people.

People had access to a range of professionals and there were regular visits by the nurse team if people required this. There were referral pathways in place for all external professionals. In some areas the communication between staff and professionals was limited due to a number of factors and this made it difficult to work jointly for the benefit of the person. Relatives told us that they were confident that the service would recognise when their loved one was unwell and the steps to take including contacting them. People could be confident their health and wellbeing needs were being met.

People were protected as there were safe medication management policies in place. There was a robust medication management system that adhered to good practice guidance except for people without legal documentation in place which we looked at further in 'How well is our care and support planned?'. People could be confident medication was administered safely and recorded appropriately. During planned visits, people's wellbeing benefitted from an approach that enabled them to engage with staff without feeling rushed. We saw staff supporting people compassionately.

The service responded to people who had fallen and staff were trained in moving and handling techniques and how to use equipment to support people safely. Staff were skilled and supportive meaning people were reassured when supported.

Staff told us they had recently had training in Adult Support and Protection (ASP) and could clearly tell us

when people were at risk. The manager told us that ASP awareness is part of induction. This meant people could be confident that staff were trained and knew what to do if there were any protection or risk concerns. We concluded that both peoples wellbeing and safety benefitted from this support.

How good is our leadership?

4 - Good

We evaluated this key question as good where leaders recognised what was working well and what improvements were needed. We found that strengths in the service impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality assurance processes, including self-evaluation and improvement plans, were works in progress and needed to improve to ensure that improvements are driven forward . A range of audits were being completed regularly. The operational manager had been covering several geographical areas due to one vacancy at management level; this key vacancy was filled at the time of the inspection. These additional demands meant not all audits were completed though we were confident that leaders had a good service improvement plan recognising where improvements were required.

We recognise it can be difficult to gain the views of people who use a service on an infrequent basis; despite this there had been a recent questionnaire sent out to gain the views of people supported. Responses from people that could inform improvements should be added to the service improvement plans to support better experiences for people using the service. Leaders were responsive to feedback and provided examples of this such as improved medication practice. We concluded that the service used learning to improve.

People told us they were confident to compliment or complain and that leaders were approachable and they were sure that any issues would be addressed quickly. We saw there was a complaint form within files in peoples homes. Complaints were dealt with appropriately.

Managers had a range of audits to gauge the performance of the service including oversight of staff training and any learning needs. Managers should improve the way training is monitored to accurately reflect the staff training levels and gaps and allow for a training needs analysis to inform the training plan moving forward. Some staff told us they had not had recent supervision. Staff supervision should be improved to align with the organisations policy. This was recognised and there were plans in place to action this. We looked at this in 'How good is our staff team'.

Leaders could demonstrate there was support for staff including a clear pathway for staff who were delivering unplanned supports. In the event that something went wrong or staff needed to contact someone with queries or for advise out with regular office hours there was access to an on call system. Following visits, staff provided written reports submitted both to managers and social work staff which were closely monitored. This oversight was part of agreed quality assurance activity providing assurance for people using the responder service and their relatives.

A record of all accidents and incidents occurring in the service was maintained and notifications were made to the Care Inspectorate and/or the appropriate body. There were quality assurance processes around accident and incidents and evidence of learning from these.

We concluded that quality assurance was led well and that increased leadership capacity would continue the service's improvement journey.

How good is our staff team?

4 - Good

We evaluated this key question as good where people told us that 'staff are wonderful' and 'I don't know what I would do without them'. We observed staff were caring and relatives told us this too which increased their trust in the service. We saw staff working well together and helping each other whilst making time to chat with people. Staff told us there is enough time to spend with people. This contributed to positive outcomes for people.

The management team used a planner for assessing people, their needs and preferences, and how many staff hours are required to achieve this. Staff who were not providing direct care had a good understanding of their role particularly with regard to communication. There was one responder on shift during the day and two doing night shift. There was good partnership working with other providers when for example, a responder is called out and during office hours there is only one staff member. Staff link in with the person's planned support to deliver safe and effective care. People benefitted from this flexible approach.

Safe and effective recruitment practices were in place. The Human Resources (HR) department completed most of the pre employment checks. We sampled a few files and met with HR. The provider used a robust system. People could be confident staff were recruited safely which contributes to reducing risks to vulnerable people. There were difficulties in certain areas recruiting and retaining staff which had an impact on service delivery though staff worked hard to counter this by changing their shifts and covering others at short notice.

Staff told us they had good shadowing opportunities and that induction training was robust covering mandatory training with staff having an observation of practice before being signed off as competent. Most staff we met were skilled and competent. Some staff were less experienced than others and would benefit from being paired with a more skilled member of staff or being supported with regular supervision if lone working. Staff were registered with an appropriate professional body such as the Scottish Social Services Council (SSSC) and HR maintained oversight of this.

Staff were trained in adult protection and were clear in knowing when and how to make referrals, including notifying the Care Inspectorate and other bodies. During our visit training had been booked for alcohol and drug awareness training. This was to assure people that staff are clear about their role when supporting people and ensure there is current knowledge in this area.

People were supported in their own homes and staff were respectful of this knocking on the door and announcing their presence. Some people used a variety of equipment to assist them. Staff were clearly trained and confident to use equipment required by individuals they were supporting. This helped people using the service feel reassured of their safety and that staff were skilled.

The majority of staff told us they liked their job, felt valued and supported. We asked staff to complete a questionnaire and the response was good. Whilst most staff agreed there was enough time to spend with people some staff commented that the service could improve by having more time with people and increased staffing levels in their area. The service had just recruited to several vacant posts which had been difficult to fill in more rural areas.

Staff told us they were encouraged to develop themselves and many staff had embarked on, or completed, Scottish Vocational Qualifications to a good level. There was a new training plan for staff and confidence amongst the team that if staff requested particular training to support peoples specific needs that this would be provided.

There were some planned team meetings both in person and an online format for staff. This meant staff were able to keep abreast of updates and current guidance. Whilst staff told us they had occasion to discuss their role and progression through supervision or joint review, some told us they had not had this opportunity for some time. Supervision should provide an opportunity to discuss their work, reflect on practice and how to improve outcomes for people. See area for improvement 1.

Areas for improvement

1. To ensure staff who are supporting people are skilled and have opportunities to reflect on their practice the provider should ensure supervision is delivered in line with the organisations policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where some strengths impacted positively on outcomes for people however there were also key areas for improvement.

People and their relatives told us they had been initially involved in developing care plans and taking part in a review or chat with the office staff. The online care plan the service used (PASS) could be accessed by people and their relatives should they wish. Care plans were accessible to people as they were also kept within their own homes however some information in the paper files was outdated. This was addressed by the management team when pointed out. Risk assessments were contained within the plan highlighting areas of risk and providing staff with information on how to manage risk safely. People were supported to maintain their independence.

The service recognised that more personalised information was required to inform staff. They created a new section within the care plan called 'about me' to address this. We could see that where this was recorded there was benefit to people using the service and the staff providing care. This information was more difficult to obtain for those people not actively using the service. This was also true of future planning though the service should find a way to capture peoples preferences so that future care is delivered in line with their wishes.

Some information was difficult to find in the care plan and we spoke with the manager about this. The service was still developing their approach to care planning using the online system. This meant there were inconsistencies and care plans could be improved so that staff could clearly find information when supporting people.

Not everyone registered with the responder service was 'currently' receiving a service making tracking of reviews more complex. Some people had never used the call out service and therefore were recorded as inactive. Hence there was no requirement to review care for these individuals but a need to ensure information in the care plan was updated and current. There were some regular planned visits with the responder service and these should have been reviewed with resulting updates to care plans. Quality assurance audits had not highlighted this despite a review tracker being in place. To ensure those receiving

support have reviews in line with good practice the provider should consider how they can improve current practice in this area.

Some people did not have supporting legal documentation contained within the care plan. Recording of next of kin, power of attorney, Adults With Incapacity (AWI) and guardianship was not clear. People who held proxy powers such as power of attorney (POA) told us they were involved in their loved one's care and respected in their role, however certificates and treatment plans were not always in people's files. Whilst this was limited to certain areas the service covered, we did not find POA documents in all instances and the service should seek to ensure these are obtained when a person is assessed as lacking capacity. This is to ensure peoples legal guardians are noted, staff are aware of the powers and the details are accurate.

It is important where a person is unable to make decisions that appropriate care and treatment plans are in place to keep people safe. This was particularly true for people who did not have capacity and who were administered medication or where capacity has changed. We appreciate there were challenges in sourcing this documentation. The care inspectorate have discussed these points of concern with the Health and Social Care Partnership (HSCP) who have given assurances that they will clarify the Standard Operating Procedure (SOP) for providers where AWI certification is not in place. The HSCP will also implement a Standard Operating Procedure where a persons needs are changing and interim arrangements are needed to safeguard those involved in providing support; in particular when medication administration is needed.

Professionals we spoke with all commented positively about the service. One professional advised that 'Carr Gomm are really responsive to peoples needs and think outside the box to deliver personalised support. I cannot commend them enough'. Another commented that 'staff communicate well with me regarding a person's care'.

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

The provider should develop staff on-call guidance and procedures to support out of hours decision making. All staff should sign to confirm they have read and understood policies and procedures and any revisions made to these.

This area for improvement was made on 8 December 2023.

Action taken since then

All staff were instructed to use, read and sign, the guidance contained within the Responder folder. This contained clear staff on call guidance and procedures. We saw this had been completed.

We asked that managers need to ensure any new staff or those returning from absence had all read and understood the guidance.

All staff had updated ASP training on 1/11/2023. New staff have ASP as part of induction and managers or

team leads get enhanced training with the local social work team.

We saw that all daily reports from on call are monitored closely.

The training has been booked for alcohol and drug awareness training to ensure responder staff are trained and competent in this area.

We found this AFI to be met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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