West Dunbartonshire Council Home Care Service
Housing Support Service

Clydebank Health & Care Centre
Queens Quay Main Avenue
Clydebank
G81 1BS

Telephone: 01412322317

Type of inspection:
Announced (short notice)

Completed on:
8 April 2024

Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Service no:
CS2004077075

About the service

West Dunbartonshire Council Home Care Services provide support to clients of all ages and ethnic groups, assisting them to live as independently as possible in their own home whilst respecting their right to dignity, privacy, choice, safety, realising potential, equality and diversity.

The service operates throughout the West Dunbartonshire area from two office bases, in Clydebank and Dumbarton.

At the time of our inspection, the service was supporting around 1340 people.

About the inspection

This was an announced (short notice) inspection which took place on 25, 26, 27 March 2024. The inspection was carried out by 3 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, survey results returned by staff, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 27 people using the service and 11 of their family members
- Spoke with 19 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with 4 visiting professionals

Key messages

- People mostly felt respected and happy with the standard of care from individual care staff, however, we felt that the service had not acknowledged people's changing needs and wishes.
- The service did not appear to be delivering the required care in terms of time spent with people to achieve good outcomes.
- We were not assured that the service had clear protocols regarding medication and several policies and guidelines were very out of date. We had concerns regarding recent poor outcomes for some people.
- Some improvements were noted, but progress had been slow and not always well documented.
- Staff training statistics were low, and staff often felt unsupported. Regular team meetings and supervision sessions had not been established across all area teams.
- Care planning had not always reflected the current needs of people receiving care. Six-monthly reviews were well behind schedule and risks of poor outcomes for people were evident.

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?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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 evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

People told us that individual staff members treated them with dignity and respect, and we also observed positive interactions between people and care staff. However, low numbers of reviews, sparse consultation with people and some absence of care plans showed a lack of dignity and respect for people and their needs and wishes. People's views, or that of their representatives, had not always been captured in reviews that had taken place. There were several examples of people who felt that their complaints and concerns had not been taken seriously or responded to. Several people told us that they found it difficult to get in contact with the office when they needed to. This meant that people's support was often being delivered with little regard to their needs and wishes.

People were mostly happy, or very happy with the staff who delivered their care and support, especially if this was delivered by familiar and consistent staff members. Many people were worried about knowing who was coming to support them, did not like unfamiliar staff or being supported by agency workers. We had real concerns about the amount of time that staff members had to spend with people. There was evidence that showed the service were delivering far fewer hours than were planned. We were aware that some of this was possibly due to staff not always clocking in and out on their work phones when attending people's homes. However, we did not think that this would account for as many hours as had appeared undelivered. We saw some examples where staff were scheduled to be in more than one place or had visits with no travel time between. This meant that we were not assured that people were getting the most out of their visits. The care diaries we sampled did not often capture people's wellbeing and only a few examples of recordings of this were found.

We did receive positive feedback from three external health professionals about home care organisers and the care that staff delivered. People who used the service valued the carers and told us, 'can't fault the staff' and 'my life would be hard without them'. We also heard from people who said, 'only in for a minute or three' and 'if it's people I don't know I panic'. Many people told us that they would prefer regular staff and consistency. It was not clear exactly what level of responsibility care staff had for medication. Managers confirmed that staff did not administer medication, but some care staff told us that they did. Management did agree that staff could be involved in applying topical lotions and eye drops to people but there did not appear to be documentation that recorded this. We highlighted that some lotions and drops may be prescribed and should be recorded as such. There was guidance that said care organisers complete medication assessments, but we did not see this in practice.

This guidance had been completed by a staff member who left the service some time ago and it was not clear if there had been a policy change since then. There were some policies and procedures for staff that were out of date. This included a medication policy and some IPC (infection prevention and control) information. As a result, we were not assured that staff had access to current best practice guidance and information. There had been recent concerns and complaint activity regarding the care provided and instances that had led to poor outcomes for people's health and wellbeing. We spoke to one external professional about a recent incident. We had concerns that tick-box reviews of people's care could lead to reductions in service and felt there had been some missed opportunities to intervene. We could not be sure that people's health and wellbeing always benefitted from their care and support.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

How good is our leadership? 2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

We did appreciate the current challenges that the service faced in terms of staffing resources, high absence levels and a redesign of the service. We could see that the service had made some progress towards putting quality assurance processes in place. There had been a survey that was sent out to people using the service in May 2023, which had shown that the majority of respondents were satisfied with their care and support. There were a lower number of people who were unhappy, and the service had compiled results that showed 200 plus people wanted to make changes to their care plans. We also identified that the service was well behind on completing the necessary six-monthly reviews for people. The service had introduced a team to support reviews but the overall numbers of reviews taking place was still low. Some reviews that we sampled had only tick-box responses and did not show input from people whose care was being reviewed. We felt that this had the potential to result in poor outcomes for people, especially for those who had not realised that a review had taken place. Several staff members told us that there were people who had not had reviews who no longer required care, and that there was not enough time for the people who did require support.

There had been guidelines developed for how and when audits would be carried out by the service. Some audits had only been completed once and some had been poorly recorded. Record keeping audits had identified actions and dates for completion, however, we found that the actions had not been signed off as completed and some of the care plans identified remained unchanged. Several items were unsigned and undated which made it difficult to track progress and actions. Some overviews were in place for reviews, team meetings and staff supervision but none of these were taking place at sufficient pace. We found that information across some service documents was conflicting and confusing. We felt that the audits would be valuable once embedded, completed to a higher standard and followed through.

We were mostly concerned by the pace of progress in terms of establishing effective quality assurance. It was also the case that some reports were poorly recorded. This included the complaints log and a lack of team meeting minutes. People told us that their concerns were not always acknowledged and responded to. The notifications that the service were required to submit to us were not always completed under the correct category, within the required time frame or containing sufficient information. This meant that our scrutiny and assurance work was not always well informed **(see area for improvement 1).**

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

Areas for improvement

1. The service should comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. The provider must notify the Care Inspectorate of all relevant events under the correct notification heading, within the required timeframe, include detail of their handling of the event and provide updates if applicable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

How good is our staff team? 2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

The service did seem to have a mostly effective overview of SSSC (Scottish Social Services Council) registration for staff, though we did note that many staff had conditions that required them to complete qualifications by certain dates. It wasn't clear how the service planned to manage this. Since last inspection training statistics had improved, but these were far lower than hoped for a staff team of this size. Staff appeared knowledgeable and competent, but the service was not able to effectively evidence this as not all staff teams had had team meetings or supervision sessions **(see requirement 1).** The low numbers of supervision sessions meant that staff were not able to reflect on their practice or set SMART (specific, measurable, achievable, realistic, time specific) targets for their personal learning and development. The supervision sessions records that we sampled did not include reflection or target setting by staff. We could see that a good template for team meeting agendas had been developed but it wasn't clear how this had been implemented. Spot checks of staff competencies and practice had not yet been introduced.

Care staff we spoke to, and returned survey results, told us that they were stressed and over worked. Some care at home organisers appeared overwhelmed by their assigned workload. Management advised that organiser workloads were being addressed via the redesign. Staff shared our concerns that there could be poor outcomes for people receiving care and support. They recognised that care plans lacked the detail that they felt was required for effective support. Care staff told us that they loved their roles but often felt unsupported. High vacancy and absence levels had impacted the effective delivery of care and support.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

Requirements

1. By 21st March 2025, the provider must evidence effective communication with staff and support for staff development by:

a) establishing regular and ongoing team meetings across all area teams
b) establishing regular and effective supervision sessions for staff across all area teams

This is to comply with Regulation 9(2) (b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210.

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

How well is our care and support planned? 2 - Weak

We evaluated this key area as weak as although strengths could be identified, they were compromised by significant weaknesses.

We could see that the service had continued to complete some reviews, but the pace had not been sufficient. The service had recognised the slow pace and told us that there had been staff identified for completing reviews. Some reviews we sampled were of a good standard and contained narrative from people and/or their representatives regarding their care and support. However, other reviews contained only tick box type information and had not reflected input from people regarding their needs and wishes. We felt that there was significant risk of poor outcomes for people if up to date care plans were not in place. Several care staff told us that there were people in receipt of care who no longer needed it. We had concerns that people may not be properly consulted regarding changes in their care and support. We noted that many people were not sure if their reviews had taken place. We did not feel the service had the capacity to keep up with reviews on an ongoing basis. Some plans that were reviewed six months ago were due for next six-monthly review whilst others remained unreviewed. We did not see any evidence that the service had an effective overview of when six-monthly reviews were due.

We sampled some care plans that lacked detail, and this was also highlighted by care staff. Care plans needed a good level of detail as it was often unfamiliar or agency staff who were attending visits at people's homes. Reports provided by the service showed that under half of the planned hours were being delivered and we saw examples of staff schedules which were unworkable in terms of time spent supporting people and travelling time. Improvements required for care planning were identified a year ago and very limited progress has been made in this area.

There were outstanding requirements and areas for improvement from previous inspections which had not been met and these have been extended or repeated with regards to this key question. The service have agreed to a referral to our improvement team.

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

Requirements

Requirement 1

By 24th March 2024, the provider must ensure that people's care plans are reflective of care and support that is right for them. To do this the provider must, at a minimum, ensure:

a) people have access to current detailed information about their service which details their support needs including any highlighted risks and how the provider will meet these

b) information about how to complain is updated

c) information within care plans is person centred including how to promote people's independence where possible with personal care

d) person centred strategies that describe how people living with dementia like their support to be provided. This should include information about their likes, dislikes and how staff should introduce care tasks and what they should do if the person declines support

e) oral care is highlighted within care plans where appropriate

f) records and reports are included within care plans about people's wellbeing

g) managers are involved in the monitoring and the audit of people's needs and records

h) update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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)

This requirement was made on 27 March 2023.

Action taken on previous requirement

We could see that the provider had updated the information given to people about the service. However, this only consisted of contact details and did not always detail people's support needs, any highlighted risks or how the provider will meet these. The majority of people using the service had yet to have reviews carried out regarding their current support needs. This component of the requirement has not been met.

People had received updated paperwork which had been delivered to them. This included information on how to contact the service and how to complain. This component of the requirement has been met.

Some care plans we sampled had information regarding personal care and promoting independence, however this wasn't widespread across all care plans we looked at. Staff told us they would like more detail in care plans. We felt this was especially important as support was not always provided by familiar staff and that agency staff were also being used. We did find a number of people who still had no care plans in place. This component of the requirement has not been met.

We did not see any examples of care plans that detailed how people living with dementia liked their support to be provided. It may have been the case that the care plans we chose to sample did not include many people living with dementia. We did read one care plan for a lady who lived with dementia, but this type of detail was not included. This component of the requirement has not been met.

Oral care tasks had been included in the updated care and support diaries that had been distributed to people and were being used by staff. Oral care was also being referred to in audit paperwork. This component of the requirement has been met.

We were not always able to find reviews that had taken place for people whose care plans we sampled. Where we did find review paperwork, there were some examples that included narrative regarding people's wellbeing. However, we did find several examples of reviews that contained only tick box content and no narrative regarding people's wellbeing. The care and support diaries we sampled only mentioned wellbeing very briefly and only in very few examples. The daily reporting in people's care and support diaries remained task focussed. This component of the requirement has not been met.

The provider had developed guidelines for auditing, but this appeared newly created in the month we visited and was still in draft form. We did not see any clear evidence of management input into audits. There were sparse examples of auditing that had taken place. Often these did not note who had carried out the audits and there was little evidence that identified items were actioned. There were still many people that had not yet had reviews. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st December 2024.

Not met

Requirement 2

By 25th March 2024, the provider must review and improve communication systems when people are returning home following a hospital admission. To do this the provider must:

a) Ensure the hospital discharge letter is opened, read and understood by all staff involved in the person's care

b) Ensure discharge letter is accessible to all involved in the person's care

c) Implement any support changes necessary to the person's care plan

d) Managers monitor and audit this task

e) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

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

This requirement was made on 27 March 2023.

Action taken on previous requirement

Forms had been added to care plans for staff to sign with regards to opening, reading and understanding care plans following hospital discharge. This component of the requirement has been met.

Care plans had dedicated space for hospital discharge letters and protocols regarding this had been added to care plan templates. This component of the requirement has been met.

Where someone had been discharged from hospital, we could see that the care diary noted this and changes to support had been made. This component of the requirement has been met.

Hospital discharge letters had been included in the auditing process for care plans. This component of the requirement not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

This requirement has been met.

Met - within timescales

Requirement 3

By 25th March 2024, the provider must ensure people and staff are kept safe by ensuring the workforce is appropriately trained. To do this, the provider must, at a minimum, ensure:

a) all staff have completed core mandatory training particularly adult support and protection training

b) all staff have the appropriate levels of training for their role including dementia skilled, skin integrity, record keeping and confidentiality training.

c) all staff have clear and SMART (specific, measurable, achievable, realistic, time specific) learning objectives to evaluate their practice and professional development.

d) all staff are aware of their responsibility in maintaining accurate records and retaining records

e) managers are involved in the monitoring and the audit of staff training.

f) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisations codes' (HSCS 3.14).

This requirement was made on 27 March 2023.

Action taken on previous requirement

Although we did see progress in this area, numbers of staff completing mandatory training were not yet at sufficient levels. We did see that a temporary trainer had only been in place for a few weeks at time of inspection. This component of the requirement has not been met.

Dementia training at skilled level had only been completed by 18 staff out of a 584 staff team. Figures we were given for recording and documentation training only showed completion for 20 staff members. We did not see any evidence of skin integrity training. This component of the requirement has not been met.

Staff supervision had not been effectively capturing SMART (specific, measurable, achievable, realistic, time specific) learning objectives. Although we could see that some supervision had been taking place, this was not yet at sufficient levels. Many staff we met had not yet had supervision. This component of the requirement has not been met.

As above, completion figures of training on recording and documentation was low. We could see the topic had been added to some team meeting agendas, but it wasn't clear how effective this had been. Many staff had not yet attended team meetings. This component of the requirement has not been met.

We did see that training had been mentioned in reports and audits, however audits had not yet been completed often enough to note any impact in this area. We did note that phone alerts were being implemented to remind staff members that training was due. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st March 2025.

Not met

Requirement 4

By 25th March 2024, the provider must ensure that care plans are reviewed on a six-monthly basis as a minimum, in line with current legislation. To do this, the provider must, at a minimum, ensure:

a) people are supported to understand and be included within their care review

b) they collaborate with people and others involved with their care to gather their views on what is working well with their care and support. This includes but is not limited to reviewing health and safety risk assessments and needs assessments

c) ensure that any agreed actions are completed and reviewed regularly to ensure they remain effective. Completed actions to be carried forward to the next agreed review date

d) people and their representatives (where appropriate) have read over and are happy with the record of their review

e) managers are involved in the monitoring and the audit of people's reviews

f) Update the improvement work that has happened on care plans with lead inspector bi-monthly.

This is to comply with Regulation 4(1) (a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This requirement was made on 27 March 2023.

Action taken on previous requirement

We did sample some recent reviews where narratives had captured people's views. However, several examples of recent reviews had contained only tick-box responses, and we could not see where people had any input into those reviews. This component of the requirement has not been met.

Many people we spoke to were not sure if they'd had a review or not. We spoke with one person and a relative who had review paperwork dated very recently but neither of them were able to recall the review having taken place. Meaningful reviews were not always captured for people. The numbers of reviews that had taken place was still very low. This component of the requirement has not been met.

We were not able to see any care plans that had been reviewed more than once to evidence that they were reviewed regularly, and we did note that some that had been reviewed would be due for review again. We did not see any future review dates that had been set or agreed. This component of the requirement has not been met.

We did not see examples of where people were being asked to read over, or were happy with, the record of their reviews. Many people were not sure if a review had taken place or not. We did not feel that the tick box style of some reviews lent themselves to people agreeing that records were accurate. Several people told us that the paperwork had just been dropped off. This component of the requirement has not been met.

There was evidence that managers had some oversight of the numbers of reviews that were taking place. A review team had been put in place but numbers of completed reviews was still very low and the pace was slow. There was no evidence that there was any audit regarding the quality or content of the reviews that had taken place. This component of the requirement has not been met.

The provider had previously met with us bi-monthly and this component had been met at our previous inspection.

All components must be met to consider the overall requirement met. This requirement has not been met and has been repeated and given a new date of 21st December 2024.

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

To meet people's needs, the provider should ensure that they communicate effectively with people about their service when changes need to happen. This should include but not limited to updating people's preferred modes and timing of communication.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9)

This area for improvement was made on 27 March 2023.

Action taken since then

The people we spoke to mostly did not know which staff would be attending. This was something that most people and their relatives told us was of great importance. We heard that several people were not aware of changes that had been made to their support. We did feel that tick-box reviews were not an effective way to communicate that the service would be changing. There were examples within some care plans regarding people's preferred communication methods but as many of these plans had not been reviewed for some time, we felt information may not reflect current needs and wishes.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The provider should ensure that medication risk assessment processes are reviewed to include the time required between medication doses. People's care visits should be scheduled to allow them to take their medication safely and in accordance with prescribing instructions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This area for improvement was made on 27 March 2023.

Action taken since then

We only saw one document that clearly showed this for one person. On this visit our sample of care plans did not reflect people that this was applicable to. Further examples would be required to consider this met.

This area for improvement has not been met and will be repeated.

Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure that staff are competent with promoting good infection prevention and control practices. This should include but not limited to observing staff in training and in practice.

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 their practice and follow their professional and organisational codes' (HSCS 3.14)

This area for improvement was made on 27 March 2023.

Action taken since then

The records that we saw reflected that a very low number of staff had completed IPC (Infection Prevention and Control) training. We did see that a larger number of staff had completed hand hygiene observations at training, but this was still less than half of the staff team. We also noted that the observations had been carried out at training in a clinical environment and there was no evidence of competency in practice.

This area for improvement has not been met and will be repeated.

Previous area for improvement 4

To ensure complaints are managed effectively and in accordance with their own policy and procedure, the care service should ensure that all who raise complaints or concerns are treated with courtesy, any information requests, concerns and complaints are recorded accurately and responded to promptly, ensuring that follow up actions are met in line with the policy or in an agreed manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

This area for improvement was made on 27 March 2023.

Action taken since then

The complaints log that we saw was poorly recorded and also recorded complaints regarding another West Dunbartonshire Council service. We found it difficult to distinguish which complaints were about the home care service. We could see that dates of when complaints had been responded to were recorded, but outcomes were not noted so we could not tell which complaints had been upheld. The numbers of complaints in this log did not triangulate with other evidence provided by the service or reflect complaints that we knew had been made. Less than half of the known complaints appeared on this log. We had also found that the service was not always as responsive as it should be to complaints that been assigned for investigation or action.

This area for improvement has not been met and will be repeated.

Previous area for improvement 5

To improve outcomes for people, the provider should ensure that they continually monitor, evaluate and complete all actions that they have identified within their improvement plan. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 27 March 2023.

Action taken since then

The service did supply us with a document regarding service improvements. However, we did find that this document was not sufficiently detailed or clearly showed progress that had been made. It did not always reflect the requirements or areas for improvement that the service were required to address. Some planned completion dates were too far in the future and did not match with our dates for when requirements must be met.

This area for improvement has not been met and will be repeated.

Previous area for improvement 6

To protect people from potential risks of financial harm, the provider should implement a cash handling policy and procedure. This should include but not limited to training in cash handling procedures and service spot checks.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This area for improvement was made on 27 March 2023.

Action taken since then

The service did provide information which was disseminated via a staff handbook and clearly detailed cash handling procedures. We were aware that cash handling was not widespread across the service, however, we did sample some care diaries that had appropriate recording, receipts and signatures. Cash handling records were included in audit paperwork.

This area for improvement has been met.

Previous area for improvement 7

To support people's health and wellbeing the provider needs to implement and evidence regular staff team meetings across the services.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

This area for improvement was made on 27 March 2023.

Action taken since then

We saw some evidence that team meetings were taking place across some area teams, but that this was not widespread across all staff teams. Some staff told us that team meetings did not happen for the team they were in. We did see that a good template had been developed for leading staff meetings, but we did not see examples of this having yet been used in practice. Some documents only provided us with an agenda and no minutes of the meeting, making it hard for us to see any input or feedback from the staff team. We were supplied with some attendee lists, but these were not dated, and it was not clear who had attended what meeting and when.

This area for improvement has not been met and has been amalgamated with area for improvement 8 and will become a new requirement under key question 3.

Previous area for improvement 8

To support people's health and wellbeing, the provider should implement a system to ensure that all staff are supervised on a regular basis. This includes but is not limited to supervising staff on an individual, group and on-the-job basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 27 March 2023.

Action taken since then

We could see that some supervision sessions had been taking place, but this was not at sufficient levels across all staff teams. We met some staff who told us they had never attended supervision sessions. We could see that one audit had taken place regarding supervision but that this had not covered all area staff teams and it was not clear what actions were required.

This area for improvement has not been met and has been amalgamated with area for improvement 7 and will become a new requirement under key question 3.

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
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.