

Homecare East Support Service

Homecare East
Lanark Lodge
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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378054

About the service

Homecare East provides a service to adults, including older people, living in their own homes and in the community.

The service provider is Scottish Borders Council.

The service operates in the east of the Scottish Borders, including Kelso, Duns, Coldstream and Eyemouth.

The service operates from two offices, the main office in Duns and one in Kelso.

At the time of the inspection, the service was providing care and support to 184 people.

About the inspection

We carried out an inspection of the service by initially visiting the office base in Duns on 26 June 2024 followed by shadowing support workers on their lunch and tea care visits. We re-visited the Duns office on 01 July 2024.

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.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visits were then followed by time examining evidence remotely.

This inspection was undertaken to follow up on three requirements and three areas for improvement identified at the previous inspection undertaken in February 2024. This report should be read in conjunction with the report dated 19 February 2024.

The evaluations for all key questions remain the same as given on 19 February 2024.

In making our evaluations of the service we:

- Spoke with supported people and their relatives
- Spoke with staff and management
- Considered feedback from completed and returned online questionnaires from staff
- Observed practice and daily life
- Reviewed documents

Key messages

- Improvement progress had been made particularly with personal planning, with the associated requirement being met.
- Further improvement was required so people could be assured their medication was managed in a way which protected their health and well-being.
- Further improvement was required with quality assurance systems to ensure they are robust and extensive enough to give management sufficient oversight to improve people's experiences and promote better outcomes.
- The medication requirement and the quality assurance requirement timescales have been extended to 01 November 2024 for the provider to achieve planned improvements.
- Three areas for improvement have been repeated as further improvement is needed. Further details can be found in the body of this report.

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

Requirements

Requirement 1

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

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

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

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

This requirement was made on 22 March 2024.

Action taken on previous requirement

People's medication support needs had been re-assessed and personal plans had been updated with better information about people's medication support. Including where medication was stored.

Various elements relating to ensuring people were safely supported with their medication still needed to be improved. These included ensuring all staff had their competency assessed whilst supporting people with their medication. Whilst better information was detailed in personal plans some plans sampled did not have sufficient information relating to supporting people with the application of creams. There were examples of insufficient guidance for staff when administering "when required" medication. Some staff were not correctly completing medication administration records (MAR), leading to potential confusion and difficulties if tracking medication errors. The auditing of medication by support staff was inconsistent.

Medication errors identified at this inspection had not been processed as incidents through the provider's incident systems. There was no evidence the errors had been analysed to identify any trends and to gain learning from them.

People could therefore not always be assured their medication was managed in a way which protected their health and well-being. We have extended this medication requirement timescale to 01 November 2024 for the provider to achieve planned improvements.

Not met

Requirement 2

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

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

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

This requirement was made on 22 March 2024.

Action taken on previous requirement

Care reviews had been completed for most supported people and this was completed in conjunction with updating people's personal plans and associated documentation.

Assistant Home Care Managers (AHCM) were undertaking various audits, including auditing personal plans. New systems were being put in place which should ensure more frequent auditing and monitoring of plans to keep them accurate and up to date.

Medication audits were not robust enough as they did not include checking on "as required" medication protocols or the application of creams. Whilst some accidents and incidents were monitored, medication errors identified at the inspection were not processed effectively, so opportunities to improve medication management and gain learning were missed.

Care delivery audits were being undertaken. These looked at consistency of staffing and arrival and departure times of visits. The number of audits completed each month was insufficient to effectively check people were achieving good care delivery outcomes.

The number of audits being completed each month was not being tracked effectively. We identified additional areas to consider when completing the various audits.

Current quality assurance systems continue to have the potential for quality issues to be missed. The systems are not robust or extensive enough to give management sufficient oversight to improve people's experiences and to promote better outcomes.

We have extended this quality assurance requirement timescale to 01 November 2024 for the provider to achieve planned improvements.

Not met

Requirement 3

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

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

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

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

This requirement was made on 22 March 2024.

Action taken on previous requirement

Work has been undertaken to update personal plans accordingly to meet this requirement. On sampling personal plans, we found the level of detail in the plans largely reflected people's current health and wellbeing needs. This included information about people's health conditions and how they impacted on them. People could be more confident of having the right care and support to help them meet positive outcomes.

There were still areas to improve on, including those detailed under the medication and quality assurance requirements in this report. We have also advised management to check information held on the electronic scheduling system is accurate and up to date.

Regularly checking on the accuracy of the information held in the personal plans and then updating them and other associated documentation and guidance, needs to be embedded and sustained within everyday practice.

Sufficient improvements have been made for this personal planning requirement to be considered met.

Met - within timescales

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

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

This area for improvement was made on 22 March 2024.

Action taken since then

Details around people's ability and capacity to make decisions had been updated. Personal plans included information about people's next of kin and those who held Power of Attorney (POA). However, information was confusing relating to whether POA was inactive or had come into effect following a medical professional deeming the supported person no longer had capacity to make decisions.

We have advised further improvements are made to provide more clarity and make changes to associated documentation. This area for improvement has been repeated.

NOT MET

Previous area for improvement 2

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

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

This area for improvement was made on 22 March 2024.

Action taken since then

A positional change chart had been made available to help minimise risk around people's skin integrity. However, staff needed better guidance as to when and how to complete the chart. This needed further development. The area for improvement has been repeated. **NOT MET**

Previous area for improvement 3

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

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

This area for improvement was made on 22 March 2024.

Action taken since then

During this inspection we found examples of notifiable incidents which should have been, but were not, reported to the Care Inspectorate. This area for improvement has been repeated. **NOT MET**

Complaints

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

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