

Motherwell Home Support Service Housing Support Service

Dalziel Building
4th Floor
7 Scott Street
Motherwell
ML1 1PN

Telephone: 01698 332 100

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Announced (short notice)

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North Lanarkshire Council

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About the service

Motherwell Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service, for people who live in the Motherwell area.

There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes. North Lanarkshire Council recognises the changing needs of individuals in their community and the need to adapt to these changing needs, by offering a flexible needs led service, which will enable people to remain in their own homes and prevent admission to hospital or 24 hour care environments.

There are three teams of home support consisting of an intensive team, reablement team and a mainstream team. The service aims to improve health and wellbeing outcomes, experienced by service user's and their carers by providing the 'right support, right time, right place'.

380 people were being supported by the service at the time of the inspection.

About the inspection

This was a short notice inspection which took place on 7, 8, 9, 12, 13 and 15 August 2024. The inspection was carried out by three 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 16 people using the service and 10 of their family members, we also sent out a Care Inspectorate survey before inspection and received 37 back - 21 from people using the service and 16 of their family members
- spoke with 20 staff and management, we also sent out a Care Inspectorate survey to staff before inspection and had 36 responses
- observed practice and daily life
- reviewed documents
- spoke with a health professional

Key messages

- There was currently a staffing crisis across all roles due to vacant posts and high sickness levels .
- People being supported and their families were overall happy with the care and support received from the individual Home Support Workers (HSW) and spoke very highly of them.
- Some progress had been made around a previous requirement regarding the monitoring, support and training of staff, but required further improvement.
- Some progress had been made around a previous requirement regarding personal support plans and reviews for people using the service, but required further improvement.
- Staff spoke of good working relationships with colleagues but a lack of recruitment and support for staff struggling with their workloads .
- Improvement was required to ensure that the service complied with the new Health and Care (staffing)(Scotland) Act 2019 that was enacted on 1 April 2024.
- Improvement was required to ensure that people and staff benefited from a service where quality assurance and improvement is led well.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however further work is required to develop this approach to support improvement.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We visited and spoke with nine people using the service and six of their family members.

They were all very happy with the staff who supported them and commented, 'staff are wonderful' and 'I couldn't have picked better staff if I had chosen them myself.'

We were told people mainly had the same home support workers (HSWs), they had a consistent staff team which they liked as they had got to know the staff.

However, when we spoke with 11 people by phone they raised issues around having lots of different HSWs support them. They told us they did not always know who was coming to carry out their visit as HSWs just appeared in their home, weekly schedules were useless as either they arrived with no staff identified for visits or they were so late, staff had been changed. They were all very happy with the HSWs they did get but commented staff were run ragged and always rushing. One commented, 'the service is not very good, carers are brilliant, nothing to do with the carers, its to do with the office' and another said, 'they try their best to have constant staff but does not happen, think this has happened more recently and it stops building up a rapport.'

Some people received reablement support to try to improve their daily skills and independence following an illness or stay in hospital. However a number of staff told us the length of time scheduled for reablement visits had been cut so that HSWs could pick up other visits. This meant people did not get the full amount of time an assessment had identified was required to meet their support needs.

We sent out Care Inspectorate surveys to people using the service and their families before inspection with 36 responses. The survey contained questions about all aspects of care and people could add additional comments if they wished. Returned Care Inspectorate surveys showed that some people were unsure of how to raise a concern with the service and how to make a complaint to the Care Inspectorate. We have asked the service to raise awareness of their complaints procedure and ensure each person using the service has a copy.

Recordings of missed visits were very low. When a missed visit had occurred actions were taken to identify reasons and measures to be taken to try to prevent further missed visits. There was a separate overview of suspended visits, recorded when the support had been handed back at short notice to a family member as there were no staff available to attend the person's home. There had been a number of suspended visits yet no actions identified to try to reduce the reliance on family members to provide care.

Please see requirement 1 under Key Question 2-How good is our leadership.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

As a result of staff sickness and high levels of staff vacancies the service had worked at crisis level over a prolonged period of time. We spoke with staff at all levels and the overwhelming picture was of a workforce that was stressed and struggling with unmanageable workloads. A high level of absent schedulers meant staff were under constant pressure as they struggled to cover visits. With such high levels of scheduler vacancies, team leaders were taking phone calls and scheduling instead of carrying out their designated duties. There was currently now a high level of absent team leaders. As a result, there were a high number of reviews outstanding and support plans not updated.

A lack of recruitment had contributed to the current staffing crisis. Currently there were a high number of staff vacancies. A pause in recruitment which had been in place had only just been lifted which would suggest poor workforce planning as there was no consideration of staff retiring, moving to other teams or leaving the service. The level of sickness and vacancies had impacted the service's ability to provide effective care, yet there were no short term strategies to try to improve the situation. We were concerned that the current staffing crisis was not part of the service development plan therefore there was no long term strategy around recruitment, retention and well-being of staff.

We asked senior management to develop a short term improvement plan to be submitted to the lead inspector and this was received before the inspection finished. The actions identified looked appropriate to improve the significant concerns we raised. However, we were unsure if the timescales would be met with the current staffing crisis. The plan will be reviewed fortnightly to monitor progress and we have asked each updated plan is submitted to the lead inspector which was agreed. **(Requirement 1)**

Complaints made by individuals were recorded, investigated and responded to. In all instances it was recorded that those raising complaints were satisfied with the service investigation and response. However a number of people had voiced that they were unclear of how to raise a concern and the service agreed to address this.

Adult Support and Protection incidents were generally well recorded and reported to the Care Inspectorate. We could see appropriate actions had been taken. However there were delays between the incidents and when they were notified to the Care Inspectorate, some by more than a couple of weeks. Notifications should be made in the timescales identified in the Care Inspectorate guidance for notification reporting. **(Area for improvement 1)**

An improvement plan had been developed from the self-evaluation work that had been completed. Whilst this had actions identified to meet the two current requirements, there were no clear timescales noted for completion but rather 'Autumn 24'.

We would question the effectiveness of an improvement plan that noted a high level of outdated reviews and support plans as a medium risk rather than high risk as this may mean support plans were no longer meeting people's needs.

Requirements

1. By 31 December 2024, the provider must provide the service in a manner which promotes quality and safety and respects the independence of service users and affords them the choice in the way in which the service is provided to them.

To do this the provider must, at a minimum:

- implement a SMART short focused improvement plan which is updated regularly by service
- record and monitor visits completed by family members as part of their contingency planning
- ensure people receive their assessed time at each visit.

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

Areas for improvement

1. To ensure notifiable events are reported to the Care Inspectorate in a timely manner the service should comply with the Care Inspectorate guidance for notification reporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Home Support Workers (HSWs) were highly thought of by people they supported. Some comments we received:

- 'we could not do without them as a family'
- 'think the girls are absolutely fantastic, and the guys are too'
- 'staff are all brilliant, none I would change' and
- 'staff are 'exceptional' 'wonderful' all helpful, cant do enough for you'.

HSWs were all working very hard, trying their best to support people, despite the challenges of insufficient staff to meet outcomes for people using the service. People using the service told us staff were rushed and their visit times were cut short. Some staff reported poor communication with the office base as when they raised issues they felt nothing was being done. They recognised and understood the pressure team leaders were under, but this had meant that information often got lost or was not dealt with appropriately. As Personal Support Plans had not been updated to reflect current needs of people, this also put pressure on staff as they would not always be aware of how best to support someone during a support visit.

A previous requirement had been made in relation to staff training which was not met, please see 'What the service has done to meet any requirements made at or since the last inspection' for more detail. However due to the introduction of the Health and Care (Staffing) (Scotland) Act 2019 we have included the content within the new requirement noted below (**Requirement 1**).

Home Support Workers (HSWs) did not feel supported to carry out their caring role. We sent out a staff survey before inspection and had 36 responses. All staff who responded raised the same issues of lack of travel time which meant they were constantly rushing and not giving people the time they should, daily changes to their schedules and constant requests to cover additional shifts. Staff morale was low as they told us they felt stressed and under pressure.

Although half of the staff who responded to the survey said they felt supported and confident in their role a high number did not.

Supervision happened annually and most staff had received a supervision. However when asked in the survey if they had regular supervision and appraisal that supported their personal and professional development half of the staff who responded disagreed. The provider's supervision policy had been reviewed and updated but was not yet fully implemented or embedded. In view of the staff survey results the service may wish to consider what other opportunities are available for staff to meet their personal and professional development needs. Some staff comments from the survey were:

'Never enough time due to being sent to all areas';

'Tackle the shortage off staff when sickness is high, that would take pressure off us as workers to deliver a better service' and

'Just sometimes our service users just need to talk and we don't have time as having to move on.'

Requirements

1. By 31 December 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:

- regularly assess and review people's care and support needs clear systems that identify the current support needs for people experiencing care
- relevant training is provided to all staff to ensure their competency in all aspects of their role which must include direct observations
- provide regular support for staff which includes supervision and appraisal
- develop a long term strategy for recruitment, retention and wellbeing of staff.

This is in order to comply with section 7(1)(a) (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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 organisational codes.' (HSCS 3.14).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People were at risk of not being supported in line with their current needs due to the information within the Personal Support Plans (PSPs) not being up-to-date and reflective of their current support needs. Staff told us that currently they are frequently sent to support people that they have never met before and find the information is contrary to the person's needs. Instead, they are having to rely on the daily notes made by colleagues at previous visits to work out what level of support to provide. This meant people's health and wellbeing is at risk.

Personal support plans (PSPs) mainly focused on tasks to be carried out rather than building an enabling approach based on individual outcomes for people. PSPs did not provide details of how conditions affected people and their daily life. An example was someone with epilepsy who had no information or guidance for staff should they find the person having a seizure. This may mean HSWs do not take appropriate actions to ensure the person remains safe and gets any help they may need.

Some PSPs we looked at did not have appropriate risk assessments in place. This meant there were no actions identified to help reduce any possible risks, such as a procedure to follow when assisting someone in a hoist.

Care reviews were not carried out in line with legislation with 100 reviews overdue at inspection.

As a previous requirement had already been made in relation to this, please see 'What the service has done to meet any requirements made at or since the last inspection' for more detail.

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

Requirements

Requirement 1

By 12 February 2024, extended to 31 December 2024, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained.

To do this the provider must, at a minimum, ensure:

- relevant training is provided to all staff to ensure their competency in all aspects of their role which must include direct observations.

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 2011/210).

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 organisations codes' (HSCS 3.14).

This requirement was made on 3 May 2023.

Action taken on previous requirement

Observations of staff practice had been happening prior to February however due to the shortage of team leaders these had stopped. This meant there was no evidence all staff were putting their training into practice and working safely.

Some training had high levels of completion such as Adult Support and Protection 99%, moving and assisting at 97% and prompting, assisting and administration of medication 98% completed. However, some training such as Infection Prevention and Control, had 79% completion when we would expect this important training to be completed by all staff.

We had expected higher levels of dementia awareness to have been achieved but this was only at 46% completed. This is very low and concerning as staff who work regularly with people with dementia are required to have completed dementia skilled level training. There is an urgent need to have skilled level dementia training completed by all relevant staff. This will ensure they have the additional knowledge and skills to safely support people.

The service improvement plan noted additional training was required around the reablement approach, stoma management, continence management and dementia awareness. The aim was to roll these out 'Autumn 2024'. This does not provide clear actions and timescales.

These training sessions around individual's conditions and support needs have been discussed at previous inspections with assurances given that the new training department would organise dates for them to take place. However, these sessions have still not been delivered therefore HSWs are working with people they have not been trained to support.

This requirement has not been met, but is being restated due to the introduction of the Health and Care (Staffing) (Scotland) Act 2019. This requirement has been restated in line with this legislation. Please see section 'How good is our staff team.'

Met - outwith timescales

Requirement 2

By 10 October 2023 extended to 12 February 2024 further extended to 31 December 2024, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs.

To do this the provider must, at a minimum, ensure that service users' personal plans:

- a) are current, accurate, reflect good practice in being person-centred and outcome focussed.
- b) are reviewed at least six-monthly, measuring the impact of support given, involve the relevant people, and detail changes to improve outcomes
- c) have sufficient detail in them to ensure people's individualised support needs and outcomes are met
- d) summary personal plans are completed for all service users
- e) are subject to regular evaluation and audit to monitor quality and effectiveness.

This is to comply with Regulation 5 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 Health and Social Care Standards (HSCS) which states:

'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 3 May 2023.

Action taken on previous requirement

There were currently over 100 reviews out of date. There was a plan to have 20 of the most outstanding reviews completed by the end of August. However this meant there were still a large number of overdue reviews.

Telephone reviews had recently commenced due to the high number of out of date reviews. A plan was now in place to get these back on track. We emphasised the importance of undertaking these reviews due to the outstanding requirement that will not be met.

The lack of six monthly reviews meant we could not be confident Personal Support Plans (PSPs) were meeting people's changing needs. This may be an issue for staff providing support to someone they had not visited before as they may not be aware changes were needed to the plan.

A lack of reviews for some people was compounding staffing issues as they said some people no longer needed support but they had to keep visiting them until a formal review had taken place. This would free up staff to carry out other visits.

This requirement has not been met. It was agreed to extend the timescale to 31 December 2024.

Not met

Complaints

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 Staffing arrangements are right and staff work well together	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

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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