

Joans Carers Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
15 August 2024

Service provided by:
Joans Carers Ltd

Service provider number:
SP2004005507

Service no:
CS2003055606

About the service

Joan's Carers Ltd provides a combined housing support and care at home service primarily to adults and older people living in their own homes. Services are currently provided within Argyll and Bute and West Dunbartonshire. The company office is located in Helensburgh.

The registered manager is supported by a team of supervisors, co-ordinators and office staff who co-ordinate the overall running of the service. A team of support workers provide direct care and support to people.

About the inspection

This was an unannounced inspection which took place on 12 - 15 August 2024 between 09:30 and 17:30. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and three of their family
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported by staff who knew them well.
- Personal plans were detailed and reflective of people's needs.
- The service was led well and managers strived to deliver improvements. They have invested in a new role which reflects a commitment to continuous improvement.
- Training was centred on people's needs and involved good practical opportunities for learning.
- Staff enjoyed their job and felt valued.
- Some people felt that their care was rushed due to staff travel needs.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

| | |
|--|---------------|
| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 5 - Very 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 found significant strengths in aspects of the leadership provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Overwhelmingly, people and their families valued the services offered to them. They spoke very highly of staff both in terms of the support they offered but also in relation to their kindness and friendliness. Staff were respectful of delivering a service in someone's home. This helped provide assurance that people were treated with compassion and in a person-centred manner.

Contact with staff was very important to people; they valued the opportunity to chat and have company. For many, this was their main connection with other people and they looked forward to someone coming in. People felt less isolated due to staff company.

People's medications were managed safely. Management had made recent changes to further improve the oversight and governance of medication processes within the service. This assured us that management were able to reflect on what went well and what could further improve to keep people well.

Some people needed further support from professionals, such as occupational therapists, and we were pleased to see that staff ensured such referrals were made. When staff noticed a change in people's presentation, they reported it to either to family or made calls directly to GPs for advice. This keeps people well and ensures their health needs are met.

There was some confusion at times as to what staff should do during visits. This was related to whether the work they carried out was personal care or did it tip into what is known as housing support. We have suggested that management ensure that there is clarity for people as to what the service should be. They should also refer back to social work staff to support this as they are involved in such assessments.

Some people queried what staff could cook in terms of for example lunchtime meals. We asked management to consider this in terms of people's choices being further explored. We did not find an actual barrier to meal choices being met, but there was room for clearer discussion on this. Positively, one person talked of changing lunch and dinner round to suit their appetite and day better. That was good to hear as it meant staff responded to individual needs.

How good is our leadership?

5 - Very Good

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

Feedback about the leadership team was positive. People and families found them to be accessible and responsive. Staff appreciated the supportive and open style of leadership. The leadership team took time to seek feedback from people as to what was working well and what could be better. This helped people and staff feel confident about the service and made them feel listened to. People and staff told us that they felt they could go to the leadership team with any issues and that they would be followed up on as required.

Quality assurance was in place and audits were used where relevant. This helped leaders identify how well they were doing in areas such as care planning and where they needed to improve aspects of service delivery.

A service plan was in place which was quite business orientated. Through discussion with management, we were able to identify some significant improvements that they had not really given themselves credit for. This included a new robust medication process, new rotas and also a substantial reorganisation around some administration tasks. This reassured us that improvement was happening, although we did discuss better means of recording this. Management were also able to reflect on their old continuous improvement plan and self evaluation which they used before but lost their focus on during the pandemic. As such, we were confident of their capacity to use such tools, they simply need to revisit what they have.

Feedback was sought regularly with people and their families primarily by telephone calls. In the past, feedback was sought within group activities such as coffee mornings. We suggested that they explore varied means of getting feedback which may also include social media. Offering different ways of participating ensures people's preferred communication choices can be met.

Staff were being supported to ensure their practice was robust and safe. Training was provided both online but also face-to-face. Staff use a mannequin to understand what personal care truly is. It is often assumed that new staff understand how intimate care should be carried out, using the mannequin allowed staff to develop their skills in a non-invasive manner. It also allowed staff to get practical training in catheter and stoma care. Managers checked the online training to ensure that it covered all that staff needed to know. Where there were gaps, the information was added to their own in-house training. This attention to detail reflected a strong commitment to getting things right for staff and people supported.

Staff also took part in supervision as well as having their practice observed. This encouraged a culture of continuous support and development of staff practice. It was also positive to hear of a drop in session which was available outwith supervision dates which showed a commitment to staff wellbeing. Staff who feel valued at work can often reflect this in the way they carry out their role and treat people with the respect and dignity that they are offered.

A new workforce lead post had been created. This indicated a real desire for the service to move forward in terms of training for staff and general development of the service. There was a strong focus on reflective practice which helped staff to think about what they did well and what they could do better or differently. This investment in staff should reap rewards over time for people.

The Health and Social Care Standards (the Standards) set out what we should expect when we use health and social care services. We found staff to be working within the principles of these such as compassion, dignity and respect. This was due in part to the values of the management team and their expectations of staff. However, some staff carried out their roles at times without the embedded understanding of the standards. They are used to guide us as to what high quality care is. Staff will be better able to gauge this if they understand them. During discussions with leaders, we were confident of their plans to further develop this work.

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

Organising rotas in care at home services is a vastly underrated role. It requires a lot of juggling to ensure the right staff are in the right place at the right time. Services are often organising a lot of runs which are generally tied to a geographic area. Over several months, the leaders had worked hard to make the runs work better for the people supported but also for staff.

Changes in the rotas had taken place which people noticed. We were pleased to hear positive comments from people to hear that they felt they were getting a more consistent staff team supporting them. People liked having a small group who knew them well and understood their needs. This contributed to closer, more meaningful relationships.

The new rotas were made up with three weeks' notice which was supportive of staff wellbeing. Importantly, staff could also choose a level of flexibility in their work pattern (within reason) which meant a lot of extra work for rota planning but meant staff felt valued. Given the current recruitment crisis in social care, the mixed staff contracts was a challenging but realistic way of recruiting new staff. We were pleased to see management being flexible in their approach to recruitment.

Staff spoke positively about their job. Many spoke of the satisfaction of being able to support people to stay in their own homes. They spoke with compassion about the people they supported. They also spoke of feeling supported within their roles and that they worked well as a team within their different locales. Sessional staff were used which helped to ensure adequate cover within the rotas such as periods of staff holidays or sickness. Office staff can also provide direct support if required. Management recorded any issues that came up such as late visits and they meet twice daily to look at any issues around the rota in order that they can make any new arrangements. This reassured us that a lot of planning was in place to ensure people were supported.

Some people had requested particular workers such as having a group of female carers only, the service had worked hard to put this in place. This level of responsiveness shows a commitment to meeting people's individual needs.

We did find one run where people reported feeling some elements of their care and support was rushed due to travel issues. We have made this an area for improvement as this was seen to impact on people's support (see area for improvement 1).

Areas for improvement

1. To support people's wellbeing, the provider should monitor and evaluate the timings of visits to ensure people feel supported at a time and pace that meets their wishes and needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.16) and "My care and support meets my needs and is right for me" (HSCS 1.19).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several important strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans had improved. They were easy to follow and provided details of people's choices and wishes as to how they wanted to be supported. Information was also available regarding people's health conditions and the support required to keep people well. The plans also contained a strong sense of who the person was which helped staff understand the richness of people's lives. This went a long way to understand what was important to people, the things that really matter, things that make them feel happy, content and fulfilled, and things that they look forward to. This reassured us that leaders were keeping people at the centre of their care and support.

Daily notes should help to see how a person is doing. They were task focused and missed what the day meant to a person. Was it a good day? What made it good? Or what might have made it not such a great day. We recognise that it is important to record some detail about the support offered but it is also important to record what difference did it make to a person's day. We were confident that the leadership team will address this as they continue to develop their training with staff. We will look at this in our next inspection.

We could clearly see that care plans were reviewed and people and their families were contacted to contribute to this. This contributed to people feeling involved and still in control of what was happening in their lives. Reviews ensured that personal plans remained up-to-date and relevant. Most of the reviews were done by telephone but we suggested that leaders consider the benefits of face-to-face reviews as sometimes people can offer further information in a more intimate setting. Leaders are also more able to pick up on what is not said but what can be seen during such reviews. We asked management to consider people's choices and to ensure that opportunities are offered for face-to-face reviews as well as telephone reviews.

Some people experienced stress and distress within their lives. It was positive to see plans relevant to this which contained information on the best way to support people to feel in control and safe. This helped staff to recognise, intervene and reduce people's levels of stress.

New administrative procedures helped staff to clarify the different stages that care plans were at such as being clear that a new care plan was due in place and when a review was due. This increased the likelihood of care plans being up-to-date.

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

Requirements

Requirement 1

By 31 March 2024, the provider must ensure that systems which are in place for people to get medication are safe and effective.

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

a) Any required medication records for people are accurate, up to date and clearly reflect the medication prescribed. Any identified medication errors must be reported to the relevant agencies and any required learning from such errors should be in place.

b) Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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 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) and "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This requirement was made on 5 March 2024.

Action taken on previous requirement

Management had implemented and were using audit systems which worked well. They had also identified a further concern with medication following a complaint and this resulted in them further developing checks around medication to support safe medication management.

Medication records were of a higher quality than previously. They had also continued to ensure all the correct paperwork was in place regarding medication support.

Errors had been reported where relevant. However, we have stressed the need to ensure such notifications remained a priority for the management team.

Met - within timescales

Requirement 2

By 12 January 2024, the provider must ensure appropriate risk assessment documentation is in place and that all staff have access to said documentation to ensure the health, safety and welfare of people.

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

- a) Ensure that all risk assessments contain relevant, accurate and up to date information.
- b) Ensure that all staff are able to easily access a copy of the risk assessment in the same manner as the care plan.
- c) Ensure risk assessments are updated, as required, involving people and staff.

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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

This requirement was not initially met. The requirement timescale was extended until 31 March 2024.

This requirement was made on 17 November 2023.

Action taken on previous requirement

We saw a marked improvement in terms of risk assessments. They were clear and easy to understand. They focused on people and were relevant to their care and support.

Risk assessments were updated as required and staff had ready access to them. People and staff were involved in these discussions. This ensured that people and staff were able to work in a safe manner.

Met - outwith 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

We made this area for improvement following a complaint investigation.

To support positive outcomes for people experiencing care, the provider should ensure that any concerns related to care and support are recorded and responded to appropriately. This should include, but is not limited to, ensuring the service's Complaint Policy is implemented when required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21).

This area for improvement was made on 27 June 2024.

Action taken since then

Management recorded concerns and what they did to respond in order that they can reflect on work done and also not miss opportunities to support better care for people. People told us that they generally got prompt responses from management about concerns and felt they were approachable in such situations.

This area for improvement has been met.

Previous area for improvement 2

We made this area for improvement following a complaint investigation.

To support positive outcomes for people's health and wellbeing, the provider should ensure the management team have oversight of declined and missed episodes of personal care. This includes, but is not limited to, ensuring staff are aware of their responsibilities to report concerns to management, and providing timely communication with family members when care has been regularly declined or missed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 27 June 2024.

Action taken since then

Declined or missed episodes of personal care were recorded in daily notes and was reflected upon to make decisions whether to escalate this to external teams such as social work. such decisions were taken in conjunction with people and their loved ones.

This area for improvement has been met.

Previous area for improvement 3

We made this area for improvement following a complaint investigation.

To support people's care and wellbeing, the provider should ensure personal plans are updated when a person's needs change. This includes, but is not limited to, keeping accurate care review records which are reflective of current needs and personal choices, updating personal plans in a timely manner, and promoting access to these for the person and/or their representative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

This area for improvement was made on 27 June 2024.

Action taken since then

Please see How well is our care and support planned? for further details.

This area for improvement has been met.

Complaints

Please see What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website for details of complaints about the service which have been upheld. www.careinspectorate.com

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? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together | 5 - Very 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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