

# Homecare East Support Service

Homecare East  
Lanark Lodge  
Bridgend  
Duns  
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Telephone: 01896 662 701

**Type of inspection:**  
Unannounced

**Completed on:**  
14 November 2024

**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 192 people.

## About the inspection

We commenced an unannounced inspection of the service on Tuesday 05 November 2024 when we visited the office base in Duns. We also visited the office on Thursday 07 November 2024. We shadowed support workers on their care visits to supported people in different localities in the east of the Scottish Borders. This field work was completed by Thursday 07 November 2024.

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

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

In making our evaluations of the service we:

- spoke with people using the service, relatives and staff at our visit
- considered feedback from completed and returned MS Forms questionnaires from supported people, relatives, staff and health and social care professionals
- observed practice
- reviewed documents.

## Key messages

- Supported people were happy with their regular staff and had good relationships with them.
- People's health and wellbeing was monitored well.
- A review of training needs was currently being undertaken. We have advised person specific training to be included and sourced.
- Good improvements had been made to ensure medication was managed well.
- Service management were proactively working to resolve service delivery and staffing issues experienced in one of the localities.
- Good improvements continued to be made to personal planning and supporting procedures.
- The quality of the service was being checked more effectively through various internal audits.
- The two outstanding requirements and three areas for improvement had all been met.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

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

Whilst accompanying staff on their care visits we observed supported people experiencing warmth, kindness and compassion in how they were cared for. Staff were not rushed, and this allowed people time to think and make decisions for themselves about their support. Staff knew people well and were interested in the person's wellbeing. People were happy with their regular staff and had good relationships with them. 'We have some fantastic staff'. Supported people and relatives told us they were treated with dignity and respect.

Due to staffing challenges, agency staff were also covering care visits, particularly in the Duns and surrounding localities. Some supported people and families told us how they would prefer familiar staff visiting who knew their routines and preferences. This has been further detailed under key question "how good is our staff team".

Where there was a concern about a person's health and wellbeing, staff reported these to management. This included when someone was presenting as "out of sorts". Management asked staff, who were undertaking subsequent visits, to "keep an eye on them" and to seek medical help on the person's behalf if needed.

Staff managed unexpected situations well. For example, finding a person had fallen when they arrived on a visit. Where needed, emergency services were called and staff stayed with the person until help arrived. Management made referrals to appropriate agencies on people's behalf, for example district nurses and occupational therapists. Family were informed of concerns about a person's health and wellbeing.

Where staff identified a person had increased care needs this was shared with management who sought and implemented additional care time for that person.

Good improvements had been made to ensure medication was managed well. This included reviewing people's medication needs to identify where they had "as required" (PRN) medication. The organisation's learning and development team had developed "as and when required" medication guidance and procedures and supporting documentation. They had delivered appropriate training to staff. There was more clarity in relation to supporting people with the application of creams, and body maps were now being used to help direct staff as to where to apply the creams. We have made a suggestion to include further information about topical medication in the new guidance.

Observations of staff competency with medication support had commenced. Competency observations should support a person's development and learning, so people can be confident staff can support them well with their medication.

An outstanding requirement around medication management had been met.

To ensure people's health and wellbeing benefits from their care and support, staff received training in mandatory topics. For example moving and assisting and adult protection. Whilst more person specific training was available for staff to complete, for example dementia, continence care and eating well, there

was low uptake. We have advised additional person specific awareness training be sourced, for example diabetes, Parkinson's, tissue viability and stroke. A review of training needs was currently being undertaken. We have advised these topics to be included in the review. This would ensure staff supporting people with specific needs have the necessary skills and knowledge to achieve best outcomes for those people.

### How good is our leadership?

4 - Good

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

The provider had completed all necessary checks to ensure staff were recruited safely and in line with current guidance. This included protecting vulnerable groups (PVG) membership and references. Immigration status and the right to work in the United Kingdom checks were completed by the provider for staff from other countries.

Incidents were managed well and progressed through the organisation's incident reporting systems. This allowed for the incident to be looked at more deeply, to identify risk level, look at causes, and identify learning to reduce reoccurrence. Registers for incidents, for example missed visits and medication, had been developed, which allowed for incidents to be audited. We have advised for the registers to be further analysed periodically to identify any trends and further learning.

The quality of the service was being checked more effectively through various internal audits. The sample number for audits had increased for certain topics including auditing care plans and service delivery. Manager's medication audits included additional headings to check against in relation to PRN medication and body maps for topical medication.

The registered manager had better oversight of audits completed by locality managers. We advised additional audits to be undertaken. These included auditing training completed, and carer preferences on the scheduling systems.

An outstanding requirement around quality assurance had been met.

Future planning and improvement were progressed through a continuous improvement plan. Good work had been undertaken to meet the outstanding requirements and areas for improvement from previous inspections. The registered manager demonstrated a clear understanding of further improvements needed to the service, and was working to achieve these, and to consolidate and sustain improvements already made.

### How good is our staff team?

4 - Good

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

Staffing arrangements were working well in most of the localities. Visit arrival times were planned within a timescale which provided some flexibility. People we visited were not identifying arrival time to be a problem. During our visits staff were not rushing and took the necessary time which also allowed for a chat with the person. Missed visits were rare and where they occurred learning was sought to reduce re-occurrence.

The scheduling system on staff mobile phones had a facility to show which staff would be completing a person's next care visits. Having this information reassured people as to who would be visiting next, so they know who to expect. This worked well where there was a core team of staff and minimal agency visiting and no last-minute changes being made. We have advised for people to be contacted beforehand where they have last minute staff changes and/ or an unfamiliar worker visiting them.

The number of staff undertaking care visits to individual people was higher in some localities than others. Rural localities around the Duns area had a reliance on using agency staff for visits. This was due to a number of factors, including recruitment which was a major challenge. No other care at home service providers currently operated in those localities partly due to recruitment challenges. At the same time the service was trying to support safe discharges from hospital in those localities. Service delivery and communication in the rural localities around Duns was at times problematic and had led to dissatisfaction from some supported people, their families and staff. Service management were proactively working to resolve these issues which included a focused recruitment drive.

We saw evidence of staff working well together and with their managers in most localities. Staff told us they felt supported by their managers who were responsive and available if they needed help. In one locality the new manager was praised by staff. "My new manager is making a huge difference, and this should be acknowledged- kind caring and wants to get it right for both staff and service users".

## How well is our care and support planned?

4 - Good

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

The personal planning process was tracked and monitored through effective oversight by reviewing staff. This ensured information and documentation was consistent and accessible to staff on the electronic systems and in folders in people's homes. People told us they were involved in recent care reviews and were asked their views about how they wished to have their care and support needs met.

Personal plans sampled held good information about people's social and leisure interests, and life history. This ensured staff saw the person behind the tasks and helped make meaningful connections and build relationships.

Plans sampled held good information about the person's care and support needs, incorporating their routines and preferences. Health needs were detailed in plans, including a description of any conditions and what it meant for the person. Signposting was made to "support action plans" (SAPs) which acted as risk assessments and safe practice for staff to follow.

Whilst most plans were up to date we found some examples where information needed to be changed. We have advised for information held on the electronic system, as additional guidance for staff and as "tasks" to complete, to be checked frequently. This should ensure the information is correct and reflects current care and support provided. We have advised the SAPs for diabetes are reviewed to provide more clarity around staff roles and responsibilities.

There were plans to develop a palliative care support plan for staff to refer to during end-of-life care support. Overall, good improvements continued to be made to personal planning and supporting procedures.

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

### Requirements

#### Requirement 1

By 01 November 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:

- a) Ensure information is updated in a timely manner when people's medication needs have changed.
- b) Implement clear guidelines for 'when required' medication.
- c) 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

Improvements have been made for this requirement to be considered met. This has been further detailed under key question 1 "How well do we support people's wellbeing?".

**Met - within timescales**

#### Requirement 2

By 01 November 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

Improvements have been made for this requirement to be considered met. This has been further detailed under key question 2 "How good is our leadership?".

**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

All power of attorney information has been reviewed and personal plans now only detailed where people had active powers of attorney representing them.

This area for improvement was 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

Processes for monitoring of people's repositioning were in place with repositioning charts being completed. Staff had been given informal guidance as to how to complete the charts. We have advised guidance is drawn up and formalised to support the use of the charts.

This area for improvement was 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

There was much better reporting of notifiable incidents to the Care Inspectorate.

This area for improvement was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

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

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