

Falkirk Council - Housing Support Service - East Locality Housing Support Service

Social Work Adult Services
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Telephone: 01324 504 287

Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Falkirk Council

Service provider number:
SP2004006884

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About the service

Falkirk Council Care and Support at Home - East locality is provided for people living in their own homes, in the east Falkirk Council area. There are two other areas, Central and West, which operate under their own registrations. These three localities cover the whole of the Falkirk Council area.

The service is provided for people with a wide range of care and support needs including older people, adults with physical disabilities, people with enduring mental health problems and people living with dementia. Services are provided on both a short-term and long-term basis.

The service is managed by a team manager, who oversees day-to-day operations, led by senior workers and home care managers. The senior workers and home care managers are responsible for managing resource coordinators, social care officers, senior carers and care staff who work in assigned geographical areas. The managers for all three localities within the Falkirk Council care and support at home teams work together to achieve their service aims.

About the inspection

This was a short notice announced inspection which took place on 25 and 28 February and 3 March 2025. 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 relatives
- spoke with six staff and management
- observed practice
- reviewed documents.

We sent out questionnaires for people using the service, staff and associated professionals. We received 33 responses from people using the service; 12 from staff and five from visiting professionals.

Key messages

- The service provided safe, respectful and compassionate care and support to people.
- Staff were well trained and motivated to deliver a high quality of care.
- Managers were knowledgeable and engaged in all aspects of the service delivery.
- There was a clear shared aim to provide very good care and support.

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 staff team?	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 care provided and how these supported positive outcomes for people; therefore, we evaluated this key question as very good.

During our visits with people using the service, we noted how staff worked dynamically in response to people's needs and presentation. This included moving and handling issues, emergency issues and scheduling challenges. We were really impressed with how staff met these challenges, ensuring that they provided safe and dignified care and support. Staff liaised with their managers over any concerns, for example, around people's health issues, in a proactive and responsive way. The manager's responses to staff at these times were supportive and respectful. This helped ensure people's needs were being met.

People had very positive feedback about their care. This included comments like, "Just last week they put a visit in at bedtime, this is making such a difference, they did it really quickly." Another said, "Yes I like the staff, they are great."

Staff were respectful, attentive and engaging with people. All of the people we visited spoke about how they had regular carers who attended to them, but that at times this changed and that could be difficult for some people.

Staff advised people about things like fresh foods that needed to be used and followed information left by relatives about meals they had left, for instance. This helped ensure people received personalised care and support.

We observed staff supporting people in ways that promoted their independence and supported reablement where people were recovering from illness or injury, for example. We saw how staff supported people who wanted to remain independent with their medication to do this safely.

People's care plans reflected their needs and we could see overall they were updated and reflected what the staff did to support people.

Staff liaised with community health professionals to support people to remain safe and well at home. Changes had been made to people's visits in line with their needs, and we heard how this was done responsively.

People knew how to get in touch with the office and felt confident they could ask for changes or raise issues. Some people mentioned they had previously raised issues with a particular worker, or agency, and this was addressed and resolved once they raised it. This helped create a sense of trust in the provider.

We saw how staff used strategies and knowledge about people to promote nutrition and hydration in effective ways. This helped to keep people well. Staff record keeping was very good, with appropriate detail and quality assurance around this.

We heard how people had built trusting relationships with their carers and the provider, and how people had been able to accomplish tasks that had previously been daunting or felt too difficult. Additionally, the provider tried to work flexibly with people and staff to ensure needs could be met reliably. This showed how the service enabled people to achieve their wishes.

People were supported in line with their medication needs. Where appropriate, people had medication administration records (MAR) and practices in place. Recording and practice was appropriate with robust quality assurance systems in place.

The service had access to a designated pharmacy technician who was part of a team covering the whole council area. They worked with staff to provide training, liaise with hospital discharge teams on medication needs, and contributed to the safe practice around medication. This continued to add to the very good outcomes for people.

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.

This inspection took place at a time of uncertainty for staff. The service re-design had been paused for several months, and staff felt a sense of anxiety and frustration at not knowing how things would look in the future. In addition, the service had gone through staffing challenges, partly due to having staff retire and experience health issues. Despite this however, we found the staff to be professional, committed and caring, and their practice was often exemplary.

Staff worked well together and provided support to each other at times of need. This included picking up extra shifts to help with continuity of care, and working flexibly with each other. This helped create a positive working team and helped ensure people received care and support from staff who felt valued and happy in their work. Where two staff were needed to support people, this was always in place and co-ordinated effectively.

We noted there were gaps in the provision of supervision and observation for staff. We could see this was a result of some of the pressures the service had been under. We spoke to staff who were not clear what the frequency for supervision and observation was. However, feedback from staff was overall positive in terms of getting in touch with a manager and getting support with any issues. Some staff commented that they needed to go back to their manager to check if things had been acted on as they didn't always hear back otherwise.

Whilst staff received a good range of relevant training, when we looked at clinical governance reports there were gaps in training refreshers for some staff. The service had been affected by trainer absence and was looking at agreeing new frequencies for refresher training in some subjects. These issues had not yet fully resolved. We encouraged the management team to ensure that practice continued to be monitored effectively through audits and structured observations to ensure best practice. Staff reported they felt they were well trained however, and could access additional training as they needed. We noted from management of adverse situations that training needs were identified and arranged, albeit perhaps delayed due to trainer availability. This demonstrated that the service worked hard to ensure staff had the right skills.

Staff morale was good and staff felt valued overall. Their main concern was in regard to communication about changes to their rota and general rota management. Some staff expressed a higher degree of satisfaction with their rota, and noted that they had a regular and consistent run. Staff described how they might receive alerts on their devices if something had changed for someone, advising them there has been a

change and they should check the care diary. Staff described how this can mean they are going back through lots of notes to find the relevant information. We discussed how this could be more effective and the management team had some ideas that could help this.

The complexities of the service scheduling were evident and staff in these roles felt under pressure to ensure no visits were missed. Care staff commented, "I don't have a regular back to back, it changes all the time", and "Sometimes we are pulled off a run in this area to go to another area and a carer from there comes here, we don't understand it", and "Sometimes we tell the coordinators the person needs this time, sometimes they listen and other times they don't, and we have to keep going back to them." Staffing pressures in general had an impact on this element of service delivery. However, importantly, the service had rightly prioritised the needs of people using it to ensure the best possible care and support could be provided. At times, staff changes meant people were unhappy, however, their needs were given priority.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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