



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	9
Title	Care at Home Inspection Report and Improvement Plan
<p>Summary</p> <p>The Care Inspectorate carried out an unannounced inspection of the Health and Social Care Partnership's Care at Home service in February 2019. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the HSCP care at home service is delivering poor outcomes to service users. In light of this the Care Inspectorate has graded the service as unsatisfactory for both care and support and management and leadership and weak for staffing. The service has been given 9 requirements and 1 recommendation to meet.</p> <p>This report gives an overview of the improvement plan developed to respond to care inspectorate requirements, and updates on improvement activity underway. This has focused on increasing staffing; updating care and support planning documentation including medication management and strengthening planning and reviewing capacity.</p>	
Presented by	Candy Millard, Head of Adult Health & Social Care Localities
<p>Action Required</p> <p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> ▪ Note and comment on the inspection report ▪ Note the improvement plan ▪ Note the improvement activity undertaken to date 	
<p>Implications checklist – check box if applicable and include detail in report</p> <p> <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Policy <input type="checkbox"/> Legal <input type="checkbox"/> Equalities <input checked="" type="checkbox"/> Risk <input checked="" type="checkbox"/> Staffing <input type="checkbox"/> Directions <input type="checkbox"/> Infrastructure </p>	

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

1 MAY 2019

Report by Chief Officer

CARE AT HOME INSPECTION REPORT AND IMPROVEMENT PLAN

PURPOSE OF REPORT

1. The Health and Social Care Partnership's Care at Home Service was inspected by the Care Inspectorate in February 2019. This report provides the Integration Joint Board with an overview of the outcome from the inspection, the improvement plan developed to respond to care inspectorate requirements and improvement activity underway.

RECOMMENDATION

2. The Integration Joint Board is asked to:
 - Note and comment on the inspection report
 - Note the improvement plan
 - Note the improvement activity undertaken to date

BACKGROUND

3. The Integration Joint Board received reports in January 2019 and March 2019 on the pressures experienced by care at home, the impact on quality of care and lack of progress with inspection requirements. Members were informed that of a number of significant concerns with the current operational delivery of the in-house care at home service. In response to this a task force, led by the Chief Officer, and an immediate improvement plan had been put in place to reduce the risk to service users and staff.
4. The Care Inspectorate carried out an unannounced inspection of our care at home service in February 2019, in order to assess whether the service had made the required improvements and was meeting the Health and Care Standards. Their report was published on 3 April 2019 and is attached as Appendix1.

REPORT

Care Inspectorate Findings

5. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the service is delivering poor outcomes to service users due to lack of consistency/continuity of care, lack of communication with organisers/management, poor medication practices and lack of service user and their carers' involvement in assessment and care planning.
6. Inspectors concluded that the welfare of those using the service was compromised due to the lack of assessment, care planning, reviewing and consultation with service users and their families. The service is task orientated which is not in line with the Health and Social Care Standards and does not enable the staff to promote people's independence.

7. From this inspection, the Care Inspectorate graded the service as follows:
Quality of care and support 1 - Unsatisfactory
Quality of staffing 2 - Weak
Quality of management and leadership 1 - Unsatisfactory
8. The Care Inspectorate have made 9 requirements and 1 recommendation, as set out below:

Requirements:

- Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met
- Medication must be managed in a manner that protects the health and wellbeing of service users
- Ensure that personal plans are reviewed in line with legislation
- Ensure handling of complaints is in accordance with our procedures and good practice guidelines.
- Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs.
- Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users.
- Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform
- Ensure provision of staff supervision and appraisals
- Ensure the service follows the guidance on notification reporting to the Care Inspectorate

Recommendation:

- The service should review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff

Improvement Plan

9. As reported to the meeting of the Integration Joint Board in March, a senior management improvement task force has been established under the leadership of the Chief Officer. An external mentor who has supported other areas with care at home and quality improvement activity has provided critical friend support to the development of the improvement plan.
10. The improvement plan sets out the work the HSCP needs to undertake in order to meet the requirements and recommendations of the care inspectorate. It contains additional actions to meet a number of other quality issues identified by both inspection and internal review supported by the external mentor.
11. The improvement plan attached as Appendix 2 contains 45 separate actions many of which are underpinned by more detailed operational action plans.

Improvement Progress

12. The Improvement Team and Care at Home management have been progressing a significant number of improvement actions as summarised below:

13. Care and Support Personal Plans – The team have reviewed care and risk planning documentation from other partnerships and providers and developed updated draft documentation for HSCP Care at Home. This was shared with the lead Care Inspector on 8 April who recommended some minor changes to the documents and the order in which these should appear within the personalised care and support plan.
14. Medication Management – A meeting took place between the Senior Homecare Manager, Care Inspectorate Pharmacy Lead and HSCP Pharmacy Lead to review the HSCP draft policy, current training module and assessment tool. Learning and Development team are developing refresher training for staff on medication handling and the use of the tool.
15. Review of Personal Plans - Nursing, social work and OT staff members have all joined the Planning and Review Team. Additional social work assistants have been appointed as part of the wider HSCP Fit for the Future Review. They are currently undertaking a preference exercise which will conclude on 15 April 2019, after which they will be matched into teams. Planning and Review staff have completed induction and have been involved in the development of the new process and plans.
16. Complaints Handling – The complaints handling process and flow chart has been circulated to all frontline care at home managers and discussed at team meetings.
17. Staffing levels – An advert for additional carer staffing through My Job Scotland has resulted in approximately 10 candidates receiving verbal offers subject to the usual checks. It is hoped that the candidates can commence induction later in May with the intention that they will start delivering care and support in June. Planning work is underway for a fast-track recruitment event to take place in May, which will both recruit staff to the HSCP in-house service and identify potential staff for partner providers. Dedicated support has been identified to assist with general recruitment activity (PVGs, referencing etc) and registration/qualification requirements.
18. Staff training – An initial analysis of the training undertaken by all care at home staff has been completed and dedicated Learning and Development resource has been identified to develop and arrange delivery of induction training for new staff and address gaps in training for those already in situ.
19. Staff supervision and appraisals – The HSCP Learning & Development team are developing approaches to supervision including group supervision for care at home staff.
20. Care Inspectorate notifications – The number of staff able to make notifications to the care inspectorate has been increased.
21. Management and leadership -HSCP senior officers, including the Chief Social Work Officer in her role as professional advisor to the Council, are meeting regularly with the Council's Chief Executive to report progress on quality improvement activity. Internal task force meetings oversee the development and implementation of the improvement plan.
22. Members will recall that partner providers are also experiencing pressures and issues with recruitment. This has affected their ability to pick up the long term packages the HSCP wish to transfer. A separate paper provides more detail on these issues and suggests a way forward.

CONSULTATION AND PARTNERSHIP WORKING

23. Service users and their Powers of Attorney were written to about the issues in the service and given a dedicated number to phone with any concerns, issues and complaints. To date 37 calls have been received. The nature of the calls have been as follows:
- Amendments to POA information and records – 13
 - Care Management/ assessment waiting times - 8
 - Requests for changes to current services (call time change/reduction in provision) - 7
 - Compliments - 5
 - Other general enquiries not directly related to care at home - 3
 - Complaints – 1
24. A number of service users and family members have indicated their willingness to be involved in service improvement and redesign. This could potentially be through a reference group, where key elements of the improvement plan and impact on service users can be discussed.

IMPLICATIONS OF THE PROPOSALS

Finance

25. At its last meeting the Integration Joint Board agreed an additional investment of £0.750 million in care at home to allow increased capacity within the service to support sustainability and allow management of new demand. An additional £0.250 million from reserves will be used to meet one off costs such as recruitment, development, training and temporary resources.

Staffing

26. Recruitment of additional staff as agreed at the last Integration Joint Board is underway.

Risk

27. The risk associated with the care at home service remains high but the improvement plan mitigations should see the risk reduce over the course of 2019.

CONCLUSIONS

28. The Care Inspectorate found that whilst service users spoke very highly of the support workers and their care and compassion, the HSCP care at home service is delivering poor outcomes to service users. In light of this the Care Inspectorate have graded the service as unsatisfactory for both care and support and management and leadership and weak for staffing. The service has been given 9 requirements and 1 recommendation to meet.
29. An improvement plan has been developed with the support of an external mentor. It contains 45 separate actions many of which are underpinned by more detailed operational action plans. Significant improvement activity is already underway and has focused on increasing staffing; updating care and support planning documentation including medication management and strengthening planning and reviewing capacity.

RECOMMENDATIONS

30. The Integration Joint Board is asked to:
- Note and comment on the inspection report
 - Note the improvement plan
 - Note the improvement activity undertaken to date

REPORT AUTHOR AND PERSON TO CONTACT

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Chief Officer, IJB: Julie Murray

9 April 2019

BACKGROUND PAPERS

IJB PAPER: 20 March 2019 – Care at Home Improvement Activity
<https://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=24127&p=0>

IJB PAPER: 30 January 2019 – Care at Home Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=23706&p=0>

IJB PAPER: 29 March 2017 – Care at Home Programme Update
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=19790&p=0>

CCGC PAPER: 20 June 2018 – Homecare Service Inspection
<http://www.eastrenfrewshire.gov.uk/CHttpHandler.ashx?id=22587&p=0>

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East Renfrewshire Council (Social Work) Housing Support Unit Housing Support Service

Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Telephone: 0141 800 7182

Type of inspection:
Unannounced

Completed on:
19 March 2019

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2003055335

About the service

East Renfrewshire Council's Housing Support unit provides home support services to people in their own homes. At the time of this inspection, the service is supporting over five hundred individuals, with a further four hundred individuals receiving support from an independent home care provider, or a combination of private and East Renfrewshire Council Home Support. The service provides personal care and support to people of all ages and the needs of these people vary greatly, for instance, individuals with a physical or learning disability, people with long-term health conditions, older people experiencing increased frailty and individuals living with dementia.

The management team is currently operating from the Barrhead Health and Social Care Partnership headquarters, within an integrated health and social care team. At the point of inspection, there is one hundred and seventy one support workers.

The vision statement of the Health and Social Care Partnership is 'working together with the people of East Renfrewshire to improve lives". They hope to achieve this by 1) valuing what matters to people 2) building capacity with individuals and communities and 3) focusing on outcomes, not services.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We received one hundred and twenty five completed questionnaires from service users and their families and during the inspection we visited forty seven service users. Individuals spoke very highly of the support workers and their care and compassion however, the service is delivering poor outcomes to service users due to lack of consistency/continuity of care, lack of communication with organisers/management, poor medication practices and lack of service user and their carers involvement in assessment and care planning. We received a significant number of questionnaires supporting our findings, a small sample of views are below:

'Sometimes when service is stretched, 'strangers' coming in, confusion can occur with client... a lack of communication, which is prevalent, can cause great anxiety. Management don't always return calls!

'Inconsistency of when carers come in can be difficult. Never been asked about my preferences

'The service seems undermanned and to be honest, chaotic, leading to uncertainty in who is coming and when. This causes endless stress to me and to the carers. It might be useful for the service management team to shadow carers from time to time to better understand the challenges present by both their rota and the people in their care'

'As a service user, I have on a number of occasions been dissatisfied with the care I have received e.g. no care plan issued so carers don't care for my needs consistently. My family have raised these issues and tried to arrange a meeting with the team leader but this has never been arranged'

'Because of shortage of staff I often am attended by a stranger, who introduce themselves. But I find it upsetting when I have to tell them what I need, I don't know their names. I had no idea what can be done apart from praying for more funding'

'The carers I have are friendly, helpful, caring and provide an excellent service my only issue is with the time allocated and this not down to the carers. Due to the amount of clients they have they constantly are having to rush to the next client and consistency of carer can sometime be an issue'

'Can be very difficult to contact supervising staff at office base'

'Regular carers are excellent. Occasional carers do not meet the standard of regular ones. Mainly - erratic times

of arrival'

'The girls work extremely hard and they are polite and caring at all times'

Comments from carers and families:

'We are pleased with the service. The staff who come in are kind and caring towards my mother'

'I had issues with my mums care. It was difficult to contact anyone willing to help'.

'My mother suffers from dementia I would like to point out that I need to be 'in the loop' for all plans'

'Mum receives excellent care but sadly if she does not know the carer provided she refuses personal care.

Consistency provides a good relationship with mum and her carers'

Self assessment

A self assessment was not requested prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

Inspectors found the service to be operating at an unsatisfactory level for this quality theme, which has been graded as 1.

At the last inspection March 2018, we undertook a low intensity inspection and found a number of areas of concern therefore, we made six requirements. On our return this year, we concluded that no improvements have been made and that the service is operating in a manner that is not complying with regulations, or the health and social care standards. During the inspection, we examined documentation, visited service users and spoke with service users and their families either in person, by telephone or email. We also shadowed support workers on their daily runs, met with support workers, organiser's (individuals responsible for managing groups of support workers and their runs) and with the management team. We found that the service has systemic failures, which are resulting in poor outcomes for service users.

We obtained a large volume of feedback from service users and their families (please see 'What People Told Us') and the greatest strength is the role of the support workers. People told us that they valued the support provided from the support workers and for some this support enabled them to remain in their homes and meet personal care needs. During the inspection, we observed the support workers to be caring and compassionate and operating within very tight time constraints.

CAREPLANS

We visited forty seven service users and we only found one care plan. Care plans should be developed in collaboration with service users and their families to outline how the service will endeavor to meet the health, welfare and safety needs of the service user. These personalized and outcomes based care plans, should provide

clear information and guidance around abilities, needs, risks, preferences and be available to service users and support workers. The absence of care planning means that service users' needs are not being met in a managed and consistent manner and service users are needing to inform support workers on a daily basis what their needs are and how best to support them. We would encourage the management to review how it monitors and evaluates the quality of the content in care plans. Support workers also need to be reminded of the central role of care plans in providing information needed for them to carry out their roles in a manner that upholds the principles of the health and social care standards. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 1.12. I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.
- Health and Social Care Standard 1.15. My personal plan is right for me because it sets out how my needs will be met as well as my wishes and choices.

REVIEWS

The careplan should be reviewed when requested by the service user or their representative, when circumstances change and at a minimum every six months. The service is not complying with these regulations. The lack of review activity has a detrimental effect on outcomes for those that use the service and evidence of this was seen during this inspection. The service recently introduced two reviewers to the team however, this measure is not addressing the scale of the problem. The management need to develop a strategy to ensure that meaningful and holistic reviews are carried out in line with legislation and that careplans are updated as needed. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 2.17 I am fully involved in developing and reviewing my personal plan which is always available to me.

MEDICATION

During the inspection we found a variety of concerns in relation to medication practices. Due to the lack of assessment and care planning, there is a lack of information of the service user's medication needs and the level of support that is required. We found discrepancies in medication management, recording and the disposal of medication. We found that some people were not being supported with their medication needs in a manner that complies with prescription guidelines and therefore will lead to poor health outcomes. We found significant issues in relation to the recording of medication particularly in the administration of medication. There is a complete lack of information in people's home in relation to support required with the administration of topical creams, ointments and pain patches. It was unclear what level of medication support was in place, this has in part led to unsatisfactory outcomes for some people using the service as staff are left to determine the level of service delivery required. At the last inspection, we urged the management to prioritize the need to develop a medication policy in line with best practice. We found that a draft policy has been developed however, there are key elements which are not in line with best practice. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

- Health and Social Care Standard 1.19 My care and support meet's my needs and is right for me.
- Health and Social Care Standard 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

COMMUNICATION

The service should provide a variety of information to the service user and their families upon receipt of the service. This should include a careplan (within 28 days of service commencing), risk assessments, administration of medication recording documentation, service agreement, information of whom to contact in the office, how to make a complaint to the service and to the Care Inspectorate. This is not being provided therefore, service users and their families are not being informed of their rights, responsibilities and who to communicate with.

Feedback from service users and their families would support that there is a lack of confidence in the services willingness or ability to address concerns, issues or complaints. We found that service users and their families

call support workers directly due to the lack of response from the office team. Service users and their families spoke of trying to contact the office for routine issues and also trying to complain and never receiving any calls in return. We have made a requirement for the service to manage concerns and complaints in line with legislative requirements and good practice Requirement 1).

- Health and Social Care Standard 4.20 I know how and can be helped to make a complaint or raise a concern about my care and support.

- Health and Social Care Standard 4.8 I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve.

SCHEDULING OF CARE PROVISION

The scheduling of support workers visits was a problem that we observed at the last inspection however, the service had recently introduced technology which they hoped would improve the situation. However, we observed that the scheduling has not improved due to shortage of support workers and problems with the computer technology. Support workers schedules are constantly being changed, with very short times allocated with 15 minutes being allocated routinely, no travel time with geography not always being considered, multiple visits on their schedules for the same allocated time and we observed some timed visits vary by two hours.

- Health and Social Care Standard 3.16 People have time to support and care for me and to speak with me.

- Health and Social Care Standard 4.14 My care and support is provided in planned and safe way, including if there is an emergency or unexpected event.

CONSULTATION

There is an absence of consultation in the planning of the care provision. Service users and their families spoke of the lack of information they receive in relation to who and when support workers will be arriving and indeed the length of time that has been allocated. We were able to observe that visit times fluctuate beyond reasonable timescales, sometimes 2hrs. The scheduling has resulted in more than one service user visit with the same visit times. We found that allocated times were not sufficient to meet people's needs for instance a 5 minute visit allocation for a lady with dementia. Service users shared their experiences of 'strangers' coming into their homes, often late and night and the impact this has on their sense of safety and wellbeing in their own homes. People told us that this can be very difficult given the personal nature of the care given and therefore view continuity as essential to develop trusting relationships. These practices impacts on people's sense of safety within their own homes, causes confusion particularly where there is cognitive impairment and causes emotional upset due to the personal nature of the support they receive. We made a requirement for the service to ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs (Requirement 2).

- Health and Social Care Standard 3.11 I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support.

- Health and Social Care Standard 3.8 I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

- Health and Social Care Standard 4.15 I experience stability in my care and support from people who know my needs, choices and wishes even if there are changes in the service or organisation.

Inspectors concluded that the welfare of those using the service was compromised due to the lack of assessment, care planning, reviewing and consultation with service users and their families. The service delivered, was determined by the support workers rather than through outcomes based assessment and care planning. In summary, the provision of care is service led not needs led. The service is task orientated which is not in line with the Health and Social Care Standards and does not enable the staff to promote people's independence. Improvements are necessary across all principles of the National Care Standards: dignity, respect, compassion, be included, responsive care and support and wellbeing. At the feedback meeting, we expressed deep concern at the lack of progress made in relation to previous requirements. The care at home service needs

to work with the senior management team of the Health and Social Care Partnership to address these issues in order to raise the quality of the service.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Principle 3. A provider of a care service shall 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.

Requirements

Number of requirements: 2

1. The provider must ensure that its handling of complaints is applied in accordance to the provider's procedure and good practice guidelines.

This is to meet Health and Social Care Standard 4.20 I know how and can be helped to make a complaint or raise a concern about my care and support.

This is in order to comply with SSI 2011/110 Regulation 18 Complaints
Timescale: to commence immediately

2. The service must ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs.

This is to meet Health and Social Care Standard 4.14. My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This is to comply with SSI 2011/210 4 Welfare of Users
Timescale: to be achieved by 31 July 2019

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

Quality of staffing

Findings from the inspection

The service is operating at a weak level for this quality theme, which has been graded as 2.

RECRUITMENT

We sample a number of recruitment files and it was our conclusion that the recruitment, which is managed by the HR Department, was following 'safer recruitment guidance'. However, we were able to make a couple of observations where this could be better demonstrated.

REGISTRATION

The service is registering individuals within six months of employment as required, by the Scottish Social Services Council. There was uncertainty about who in the organization is responsible for monitoring who is registered with the Scottish Social Services Council. The service must ensure that all staff are registered with the Scottish Social Service council within the appropriate timescales and that they remain registered throughout the period they are in post.

TRAINING/ASSESSMENT OF COMPETENCY

Staff are being offered SVQ training and in recent months there has been some medication training. However, due to the staff shortages, the service is struggling to free up staff to enable them to attend training opportunities. There has been a steady increase of people with complex health and care needs who are choosing to remain in their own homes therefore, all staff need to be trained and assessed as competent, in the roles that they undertake. The provider needs to review how they monitor and facilitate training needs, assess staff competency and how they demonstrate that staff have accessed mandatory and specialist training, to ensure that they have the necessary knowledge and skills to undertake their roles. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

SUPERVISION

Staff are not being offered supervision or appraisals in line with good practice guidance. There has been a lack of supervision or competency checks for support workers. It is essential that staff have the opportunity to spend time with their managers to discuss and reflect on their practice, access support and identify learning and development needs. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

MEETINGS

The service does not provide sufficient regular opportunities for staff to meet and discuss areas of service delivery. These are essential opportunities for staff teams to come together, share information, seek advice and support and for the allocated organizer to provide this. Support workers are feeling isolated and unsupported by management.

STAFFING LEVELS OF SUPPORT WORKERS

Support workers presented as enthusiastic and motivated in their roles and were clearly committed to providing the best possible care and support to service users. The overall experience of service users, is improved due to the motivation and commitment of support workers. Service users and their families spoke positively about the support workers although they did point out that the workers are always rushing and have too little time.

- 'Majority are alright. There a couple I just would prefer that they didn't come into my house.'
- 'They are great with her, great rapport'
- 'They are kind'
- 'It's important to be me that they are pleasant and they are'.

Support workers are very stressed due to the relentless times constraints and lack of support in their roles (the outcomes are further detailed in Quality of Care and Support). We appreciate that there has been a large volume of work given to external providers and we appreciate the issues relating to staff recruitment across social services however, current staffing levels remain a serious concern. We have made a requirement regarding staffing levels (Requirement 1).

TEAMWORK AND COMMUNICATION

There is poor communication between the support workers and office staff/management. Front line staff, should be encouraged to contact management with any problems with schedules, timescales, incidents and changes in needs. However, we were able to observe that the office is being circumvented due to the workers

poor experiences of seeking support. We concluded that the office team is not cohesive and there is a sense of crisis within the team.

- Health and Social Care Standard 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organization codes.

Requirements

Number of requirements: 1

1. The provider should ensure that they employ and deploy support staff in sufficient numbers to adequately meet the needs of service users.

Health and Social Care Standard 4.14 My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

This is in order to comply with SSI 2011/110 Staffing.

Timescales: To be achieved by 28th September 2019.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service is operating at an unsatisfactory level for this quality theme, which has been graded as 1.

Since the last inspection, there have been some key structural changes and changes in the management of the service. Following the last inspection, the registered manager responsibilities were taken over by the existing senior manager as they had greater involvement in the day to day operations of the service. This manager was present at last year's inspection feedback.

SSI 28 Records, notifications and returns

4. - (1) On granting registration of a care service under Chapter 3 or 4 of Part 5 of the Act, SCSWIS must, in addition to issuing a certification of registration, notify the provider of the care service of a) the records they must keep and where they must be kept b) any matters the providers must notify from time to time to SCSWIS (2) SCSWIS may, from time to time, make reasonable variations to the information required under paragraph (1).

The Care Inspectorate publication 'Records that all registered care services must keep and guidance on notification reporting' outlines key information that services should make available, during inspections. The Inspectors found that the service is not complying with these guidelines. There is a lack of quality assurance activity taking place at the service. During the inspection we would expect to examine and evaluate the management's processes for managing complaints, accidents and incidents, allegations of harm and any audits designed to examine where the service has failed to meet an individual's needs for instance missed visits or medication errors. This is an essential element of service review to identify preventative strategies to minimize

risk of harm to staff and to those that use the service. At the last inspection, we raised concerns around the service's processes. However, there has been no improvements. We were provided with a number of individual accident/incident reports and these documents were incomplete, with no information as to action taken or outcome for individual involved. There were no overviews for the areas above and the manager was unable to explain or demonstrate that lessons were learned and preventative action taken where necessary. We also became aware of a number of accidents/incidents which should have resulted in a notification to the Care Inspectorate. We made a requirement at the last inspection, therefore this will be repeated (see outstanding requirements).

The provider's vision statement is "working together with the people of East Renfrewshire to improve lives". At the time of the inspection the manager did not have the reports of the recent engagement activity with a sample group of service users and their families; however this was provided at a later date. There is no scheduled activity whereby the management actively seek the views of service users or their families. During the inspection, it became clear that service users and their families feel unable to communicate any issues with the management, whether it was a concern or a complaint.

- Health and Social Care Standard 4.8. I am supported to give regular feedback on how I experience my care and support and the organization uses learning from this to improve.
- Health and Social Care Standard 4.23. I use a service and organization that are well led and managed.
- Health and Social Care Standard 4.7 I am actively encouraged to be involved in improving the service I use in a spirit of genuine partnership.

In summary, there is a lack of care management or line management. The management are unable to demonstrate how they monitor, audit and evaluate service delivery. At the last inspection, we highlighted key areas for improvement and during this inspection we saw no improvements. We concluded that, there are systemic failures within the service and expressed our concern around the services capacity to improve.

Two weeks after the conclusion of the inspection, we met with senior representatives of the Health and Care Partnership who have established an Improvement Team. They offered their reassurance that the Provider is committed to improving the service for the benefit of service users and their families, in the East Renfrewshire Area. We will monitor the progress made and follow up on requirements later in the year.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 1 - unsatisfactory

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

Previous requirements

Requirement 1

The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met, in order to do this the service must ensure that the personal plans:

- Accurately reflect the current health and care needs of the service user
- Include person-centred information outlining needs, abilities and preferences
- Demonstrate consultation with the service user/relative
- Include the use of appropriate risk assessment documentation which provides the outcomes of these and are used to inform support planning
- Evidence that consideration has been given to Adults With Incapacity (Scotland) Act 2000.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5(1) Personal plans.

Timescale: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Care and Support for further information).

Not met

Requirement 2

Medication must be managed in a manner that protects the health and wellbeing of service users. In order to achieve this, you must ensure that a care plan is in place, which clearly states the details of the medicine to be given and that all staff involved in supporting service users to take medicines, have been trained and assessed as competent to do so.

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

Timescale: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion, that no improvements have been made to address this requirement (see Quality of Care and Support and Staffing for further information).

Not met

Requirement 3

The provider must ensure that personal plans are reviewed in line with legislation:

- When requested to do so by the service user or any representative
- When there is significant change in the service users health, welfare or safety needs
- At least once every six month period whilst the service user is in receipt of the service.

The support plans must be updated to reflect any changes and inform current planning of care and support.

This is in order to comply with, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - Personal Plans.

Timescale: to commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Care and Support for further information).

Not met

Requirement 4

The provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) Staffing.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Staffing for further information).

Not met

Requirement 5

Management must provide staff supervision and appraisals in-line with the provider's policies and procedures. This is to ensure that staff employed in the service are skilful, knowledgeable and clear about their roles.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(a) Staffing.

Timescale for implementation: To commence upon receipt of this report and be completed within six months and remain ongoing thereafter.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Staffing for further information).

Not met

Requirement 6

The provider must ensure the service follows the guidance on notification reporting to the Care Inspectorate.

This is to comply with SSI 2002/114 Regulation 21 - Notification of death, illness and other events. Timescale for implementation: to commence upon receipt of this report. Improvements are necessary across all principles of the National Care Standards: dignity/respect, compassion, be included, responsive care and support and wellbeing.

This requirement was made on 23 April 2018.

Action taken on previous requirement

It was our conclusion that no improvements have been made to address this requirement (see Quality of Management and Leadership for further information).

Not met

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

Previous recommendations

Recommendation 1

The service should review the results of training in dementia awareness for staff and ensure that proposals are in place, to increase the access of this training for staff.

National Care Standards, Care at Home, Standard 3: Your Personal Plan, Standard 7: Keeping Well Healthcare.

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

This recommendation will continue see Quality of Care and Support and Staffing for further information.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
16 Mar 2018	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
27 Feb 2017	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
5 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
9 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

Date	Type	Gradings	
5 Dec 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
12 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
15 Dec 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
18 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
18 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate 4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

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Care at Home Service – Improvement Plan April 2019			
Requirement Related Improvements			
Category	Requirement	Ref	Actions
Care and Support	Ensure that service users' personal plans set out how the health, welfare and safety needs of individuals are to be met	1	Develop outcome focussed templates/documentation (inc risk management)
		2	Develop process for documentation completion
		3	Upskill staff to undertake the personal planning to address agreed outcomes
		4	Develop a quality assurance process to ensure plans are to required standard/in correct places
Care and Support	Medication must be managed in a manner that protects the health and wellbeing of service users	5	Agree medication policy with key stakeholders
		6	Develop key documentation including assessment tool and recording
		7	Deliver staff training (all care at home staff)
		8	Implement a staff competency based assessment approach
Care and Support	Ensure that personal plans are reviewed in line with legislation	9	Appoint a dedicated team to undertake review (QRT)
		10	Develop and implement a clear process and documentation for reviews
		11	Develop a tracking mechanism to ensure that the progress of plan provision/reviews is being completed to the required timeliness standards
Care and Support	Ensure handling of complaints is in accordance with our procedures and good practice guidelines. IMMEDIATELY	12	Deliver relevant training to all home care and key business support staff
		13	Provide accurate and up to date info to service users on how to complain
		14	Reinforce current quality assurance mechanisms to ensure complaints are being handled correctly and they inform practice
Care and Support	Ensure that planned and actual service delivery times are agreed with those receiving the service and appropriate to meet the assessed care needs. BY 31/07/19	15	Undertake further CM2000 analysis on planned v actual and refine these, in advance of communication to service users
		16	Review current scheduling arrangements (to include consideration of factoring in travel time)
		17	Reinforce the communication process re instances where service timing parameters are significantly exceeded
Staffing	Ensure that we employ and deploy support staff in sufficient numbers to adequately meet the needs of service users. BY 28/09/19	18	Review staff deployment/shift patterns to ensure that visit capacity and efficiency is being maximised
		19	Recruit sufficient levels of additional staff (36wte)
		20	Address sickness absence levels by consistently implementing the Council's 'Maximising Attendance' policy
		21	Review partnership working approach with private providers to obtain maximum additional capacity
Staffing	Ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform	22	Complete the gap analysis of training/skills in current staff group
		23	Develop and deliver training and upskilling plan to address the gaps
		24	Develop a comprehensive induction plan for new recruits
		25	Deliver induction training to all new staff in advance of service commencement
Staffing	Ensure provision of staff supervision and appraisals	26	Upskill home care organisers and managers to effectively deliver high quality supervisions and appraisals
		27	Develop a process and timeline to ensure timely delivery of the supervision and appraisals
		28	Develop a tracking solution to ensure appraisal and supervisions have been undertaken in line with plan
Management & Leadership	Ensure the service follows the guidance on notification reporting to the Care Inspectorate	29	Upskill staff in understanding CI notifiable events
		30	Reinforce internal processes and responsibilities in carrying out notifications in a timely manner
Recommendation Related Improvements			
Staffing	The service should the review the results of the training in dementia awareness for staff and ensure proposals are in place to increase the access of this training for staff	31	Include dementia training in both induction and gaps training (as noted in Requirements above)
		32	Develop an evaluation mechanism to ensure that after training staff can put learning into practice
		33	Ensure relevant dementia information is included in key documents including care plans
Supplementary Improvements			
Care and Support		34	Develop and implement a mechanism to obtain regular qualitative and quantitative feedback from service users and their families/carers
Staffing		35	Develop and implement a procedure to cover better communication when changes to planned care times occur (including from carers to office)
Staffing		36	Implement the revised documentation covering risk assessments for staff dealing with particular service users/settings
Staffing		37	Develop and implement a standing agenda for patch team meetings to include standard operating procedures including Health and Safety, Lone Working and use of PPE
Staffing		38	Develop and implement a workforce development programme for 1 st line managers
Management & Leadership		39	Develop and implement a care at home staff ongoing communication plan
Management & Leadership		40	Develop a process to ensure PVG checks are refreshed on a 3 yearly basis, in conjunction with HR
Management & Leadership		41	Develop a programme plan to ensure SSSC registration qualification documentation & timelines are met
Management & Leadership		42	Create required service level risk assessments
Management & Leadership		43	Review phone system and call handling to improve communications for service users, families and frontline staff
Management & Leadership		44	Develop and implement a culture where key operational and performance data is ready available and is actively used to identify remedial management actions required
Management & Leadership		45	Review and extend out of hours contact arrangements

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