

Midlothian Council - Domiciliary Care - Care at Home Support Service

Fairfield House
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Dalkeith
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Telephone: 0131 271 3942/3940

Type of inspection: Unannounced
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Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides a service to adults and older people living in their own homes within Midlothian. The reablement and complex care services are located at Fairfield House, situated close to the town centre in Dalkeith. The Midlothian Enhanced Rapid response and Intervention Team (MERRIT) is based at Bonnyrigg Health Centre.

Staff are divided into three teams with differing roles. The MERRIT care team is part of a multi disciplinary team. The team deals with emergency and crisis situations on a short term basis. Carers offer personal care and some domestic assistance. They provide 24 hour response for service users with personal alarms and they are heavily involved with responding to and the prevention of falls. The service aims to prevent hospital or care home admission. This team also assists individuals who are having a trial discharge from hospital.

The reablement team focuses on new requests for a care service or service users who have been in hospital for more than two weeks. The team offers personal care and support for a maximum of six weeks working with the service user to improve or maintain their independence. If services are required after six weeks the team will have established what assistance the person needs in the longer term and organises the ongoing care and support.

The Complex Care team offers support to individuals who require more individualised assistance on a longer term basis.

The service states that it aims:

"To provide a personal care and home support service for individuals and their carers in the individual's own home to enable them to remain at home for as long as they wish to do so.

To prevent admission and re-admission to hospital, and where people are being discharged from hospital to support them to leave hospital with minimum delay.

To support people leaving hospital to return to independence as soon as they are able.

The service was first registered with the Care Inspectorate in April 2011 and at this inspection they were providing support to 120 people".

What people told us

Overall, almost everyone we spoke to was very positive about the care they had received or very positive about the care their relative received.

Prior to the inspection we received 53 completed questionnaires from service user's or their relatives. One person said 'Since starting using this service, I have nothing but admiration for the professional care and attention given by the care and attention to detail of the carers. Absolutely superb!!!' Another person said 'The carers appointed to me are just first class'.

However, another person said 'Don't have a written personal written plan. Needs and services are agreed in conversation'.

During this inspection we spoke to 18 people face to face. People were very complimentary about the services care staff. One person said 'The girls are auffie good' while another said 'XXXX(named carer) is special'.

By phone, we spoke to a further 8 relatives by phone and 4 people receiving a service. Again, people were mostly very positive about the service they received. One person said 'they are very quick to respond' and another person said 'my normal carers are fairly consistent but not during the holidays' and another said 'it's always the two wonderful girls'.

However, one relative said they had found a tablet on the floor on a least two occasions and another said 'I am not happy about it (the personal plan) as my needs have changed and it needs updated'.

Self assessment

The Care Inspectorate has not asked for a self assessment during this inspection year.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The service was operating at an adequate level. We have repeated four of the requirements under care and support. Since 2013 we have asked the service to improve in these areas. At this inspection, we were concerned that there was little improvement.

Despite this we found that people were very happy with the care and support that they were receiving. We heard from people first hand that how good their carers were. We could see that people had their needs met most of the time and people overall were very complimentary about the care staff who visited them in their own homes.

We were concerned about the help that people were getting to take their medication. It was unclear what level of support some people needed and some people needed greater support than they were getting. When people needed a lot of support with taking their medicine this was not written down by the service in the safest way. This put people at risk of harm. See requirement one.

However, there were no incidents of people coming to harm and this may be because people often had the same groups of regular carers who knew them well. However, people may not always have the same carer.

Similarly, we saw that the other records in people's home, kept by the service, need to improve. We found that personal plans did not have enough information in them and that some risk assessments were blank. Many records were not signed by the person receiving the care. This is important as it tells us that the person has been involved in planning their care. See requirements two and three.

It is a legal necessity that people care and support is reviewed with them every 6 months. However, we found that the service overall had not done this. One part of the service was up to date with this. Though the two larger parts of the service had not been able to complete their face to face reviews. See requirement four.

Requirements

Number of requirements: 4

1. The provider must ensure the new medication policies and procedures are put in place as soon as possible. All staff must be trained in the updated policy and procedures.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: 12 weeks from receipt of this report.

The service could make use of the following resources:

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643)

<http://www.careinspectorate.com/images/documents/2786/prompting-assisting-and-administration-of-medication-in-a-care-setting-guidance-for-professionals.pdf>

[https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/toolkit/rps-mca-july-2013.pdf](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf)

2. The Provider must ensure that each service user has an accurate, up to date care and personal plan, which sets out how the service user's health, welfare and safety needs are to be met. This should include, but not be exclusive of;

- (a) Sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out.
- (b) Information on current health conditions and guidance on how to communicate with service users who have communication difficulties.
- (c) Service users and their representatives should be included in the care planning process.
- (d) Where care and personal plans are updated copies of the new plans must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.
- (e) Care and personal plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plans.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for Implementation: 12 weeks from receipt of this report.

3. The Provider must ensure that each service user has an accurate, up to date general risk assessment in place. This should include;

- (a) Where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk.
- (b) Service users and their representatives to be included in the risk assessment process and review. Risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment.
- (c) Where risk assessments are updated copies of the new assessments must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: 12 weeks from receipt of this report.

4. The provider must ensure that service user's service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must ensure it invites all significant people, including third parties with legal responsibilities, to the review meetings.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans.

Timescale for implementation: 24 weeks from receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the service was operating adequately and have repeated one requirement and one recommendation in this area.

Records showed that not every staff member has their training updated on time. One person had not had their food safety training updated for a year. We could see that when training was made available to the home care supervisors there was a lot of effort to match staff training needs to training courses available. See requirement one under staffing.

However, we saw that this was mostly based on what training was available and not focussed on individual staffs' training needs. As a result the services own training record was not given as much priority as it should have been given. As a service registered with the Care Inspectorate staff need to be sufficiently trained and competent at all times. This gives us confidence that people experience good outcomes.

The supervisors had not been able to observe much staff practice. This is important as it confirms that staff understand the training they have attended and continue to practice in the best way possible. See recommendation one under staffing.

We could see that supervision and appraisals were happening regularly. We discussed with the service how this could be improved. Actions, outcomes and resolutions need to be recorded.

We could see that it was important to the service to try and make sure that people had the same group of carers most of the time. This was an important strength and has really helped to maintain good outcomes for people, especially when paperwork in the homes was not reliable or not detailed enough.

Also, we could see there was much value placed in organising rotas so that everyone got the visits that they should be getting. However, we found that there was a lot of work in doing this and not enough dedicated staff to do this. This impacted upon what other roles supervisors and managers could do and we have made comment about this under the area of management and leadership.

We could see that staff had been recruited safely and there was a dedicated human resources team to support the service in this area. However, we found that the service was having to spend a lot of time doing additional recruitment tasks so as to speed up the process and ensure good outcomes. Again, this time spent by staff doing this reduced what other things staff could do. This is discussed more under management and leadership.

Requirements

Number of requirements: 1

1. The provider must ensure that it has a comprehensive staff training plan in place and that this links to staff supervision and appraisal. All care staff must have access to appropriate and sufficient training at on an on-going basis to effectively develop their skills, knowledge and continuing competencies to support them to carry out their duties in ensuring the health, well-being and safety needs of people using the service are met. This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) (b) regulations which state that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users and that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: within 24 weeks from receipt of this report

Recommendations

Number of recommendations: 1

1. It is recommended that the service ensures quality assurance spot checks on care staff which include observation of practice are undertaken as per the organisation's learning and development framework.

National Care Standards. Care at Home - Standard 4: Management and staffing.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

In this area the services performance was weak and we have repeated 4 requirements. We saw little improvement in this area and were concerned this was having a major impact on the rest of the service.

We were concerned that the medication policy was not up and running. This is constraining performance and putting people at risk of harm. A requirement has been made about this under care and support. It has been mentioned again under Management and Leadership as this is where improvement needs to start in order to make sure people have good outcomes.

We found that most of the paperwork from people homes was not returned to the office to be checked and no formal record of this was made. We have discussed at length with the manager. See requirement one under Management and Leadership.

Similarly, we found that the manager needed to audit all care documents by way of a sample and have a systematic way to do and record this. This also included sampling records of staff support and training.

In addition to this, the manager needs to have the time and the systems to have a good overview of the workings of the service as a whole. This will give more confidence that people will experience good and safe outcomes.

With regard to systems, we talked to the manager about how these could be improved for logging missed visits, incidents and accidents and feedback from people. Specifically, we suggested that a monthly at a glance summary is developed. That it is clear what action occurred and that the manager confirms satisfactory resolution had happened. See requirement two and three under Management and Leadership.

Similarly, when there is an incident or an accident we expect in certain circumstances that the services lets us know. We could see that this did not always happen. See requirement four under Management and Leadership.

We found that the supervisors and managers were involved in many tasks which took them away from their core roles. These were tasks of recruitment and managing staff absence. In particular, there appeared to be a great gap in the need for a dedicated person to manage the scheduling of visits. This gap meant that staff had to organise rotas at the expense of visiting people, updating paperwork and making sure people's needs were met.

Requirements

Number of requirements: 4

1. The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes.

This must include:-

- Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments. Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.
- All accidents and incidents to be audited on a monthly basis to identify any trends.
- Inspection report

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 24 weeks from receipt of this report.

2. The provider must ensure all staff follow the service's incident procedures to make sure all incidents are reported, recorded and processed to completion.

- Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks.
- The process to be formally closed by the manager once all completed to satisfaction.

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 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale: This was required at the time of inspection and on an on-going basis.

3. The provider must ensure the organisation's complaints procedures are followed at all times where applicable. Systems in place to follow through all concerns or comments must be followed where applicable. In both cases the actions taken and changes made to the care and support as a result must be recorded.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 24 weeks of receipt of this report.

4. The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

The service could make use of the following resource:

Timescale: This was required at the time of inspection and on an on-going basis.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

The Provider must ensure that each service user has an accurate, up to date care plan, which sets out how the service user's health, welfare and safety needs are to be met in sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out. Information to include current health conditions and guidance on how to communicate with service users who have communication difficulties. Service users and their representatives to be included in the care planning process. Care plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plan. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 1. Statement 3.

Not met

Requirement 2

The Provider must ensure that where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk. Service users and their representatives to be included in the risk assessment process and review. Care plans and risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment. Completed risk assessment documentation to be held within the service users care plan for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 1. Statement 3.

Not met

Requirement 3

The provider must ensure that training records are up to date to enable team supervisors and managers to accurately identify training needs for each individual staff member and for internal and regulatory auditing purposes. The provider must ensure that all staff receive training appropriate to the work they are to perform and to meet identified individual service user needs. Staff must attend updates as and when required. This training must include but is not limited to - Infection Control.- Food hygiene.- Nutrition.- Palliative care.- Adult Support and Protection. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken sufficient action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 3. Statement 3.

Not met

Requirement 4

The provider must ensure there are clear procedures to follow to make sure all incidents are reported, recorded and processed to completion. - Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks. - The process to be formally closed by the manager once all completed to satisfaction. 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 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale for implementation: 24 hours from receipt of this report.

This requirement was made on 31 July 2014.

Action taken on previous requirement

The service was still in the process of meeting this requirement. Details of this are reported in the body of this report under Quality Theme 4. Statement 4.

Not met

Requirement 5

The provider must ensure that incidents, adult protection issues and care staff performance issues that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service to ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed. This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person

providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken sufficient action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 4. Statement 4.

Not met

Requirement 6

The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes. This to include:- Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments.

Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.

All accidents and incidents to be audited on a monthly basis to identify any trends. This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 31 July 2014.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under quality theme 4 statement 4.

Not met

Requirement 7

The provider must ensure that service user's service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must ensure it invites all significant people, including third parties with legal responsibilities, to the review meetings. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to met this requirement.

Not met

Requirement 8

The provider must put systems in place to follow through all concerns or comments and evidence the actions taken and changes made to the care and support as a result.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 9

The Provider must ensure that each service user has an accurate, up to date care and personal plan, which sets out how the service user's health, welfare and safety needs are to be met. This should include, but not be exclusive of;

- (a) Sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out.
- (b) Information on current health conditions and guidance on how to communicate with service users who have communication difficulties.
- (c) Service users and their representatives should be included in the care planning process.
- (d) Where care and personal plans are updated copies of the new plans must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.
- (e) Care and personal plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plans.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 10

The Provider must ensure that each service user has an accurate, up to date general risk assessment in place. This should include;

- (a) Where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk.
- (b) Service users and their representatives to be included in the risk assessment process and review. Risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment.
- (c) Where risk assessments are updated copies of the new assessments must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 11

The provider must ensure the new medication policies and procedures are put in place as soon as possible. All staff must be trained in the updated policy and procedures.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 12

The provider must ensure confidential information about service user's care and support needs are removed from the carer's weekly schedules.

This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 4 (1) (a) regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

This has been actioned.

Met - within timescales

Requirement 13

The provider must ensure that all staff receive training appropriate to the work they are to perform and to meet identified individual service user needs. A training programme must be developed based on training needs identified from training records and the organisational training requirements as laid down in the Community Care Learning and Development Framework. The provider must supply the Care Inspectorate with a copy of the training programme along with dates when training topics are to be delivered.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: the training programme to be submitted to the Care Inspectorate within 6 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 14

The provider must ensure there are clear procedures to follow to make sure all incidents are reported, recorded and processed to completion.

- Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks.
- The process to be formally closed by the manager once all completed to satisfaction.

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 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 15

The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 16

The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes. This must include:-

Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments.

Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.
All accidents and incidents to be audited on a monthly basis to identify any trends.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 17

The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users ensure that at all times there are sufficient numbers of suitably qualified and trained staff in the service to:

- (i) Provide continuity of care and support to all service users
- (ii) Meet the needs of service users at all times.
- (iii) Provide effective operational support
- (iv) Meet the stated timescales for the required improvements as laid out in this report and to sustain improved quality.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) which is a requirement about staffing.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not actioned this.

Not met

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

Previous recommendations

Recommendation 1

The Manager should ensure that there are regular staff meetings and that all staff are given the opportunity to attend these and contribute to the agenda. Minutes of staff meetings should be available to all staff. National Care Standards. Care at Home - Standard 4: Management and staffing

This recommendation was made on 21 August 2013.

Action taken on previous recommendation

Met

Recommendation 2

The provider should ensure all service users are given comprehensive written information about the service's complaints procedures at the start of their care and support service. All complaints procedure literature should be reviewed and where necessary updated to make it clear those complaints can be made to the Care Inspectorate at any time, without using the service's own procedure first. References to the former Care Commission should be changed.

National Care Standards. Care at Home - Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

Recommendation 3

The provider should review and improve the current systems in place to allow for service users to have prior knowledge of visiting carers through their chosen avenues.

National Care Standards. Care at Home - Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

Recommendation 4

The provider should review and improve the methods undertaken to gain feedback on service delivery through satisfaction questionnaires. This should include the collation, analysis and reporting of results to service users and to improve overall quality of the service.

National Care Standards. Care at Home - Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Not met.

Recommendation 5

The provider should ensure quality assurance spot checks on care staff which include observation of practice are undertaken as per the organisation's learning and development framework.
National Care Standards. Care at Home - Standard 4: Management and staffing.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Not met.

Recommendation 6

The provider should ensure that there are regular staff meetings and that all staff are given the opportunity to attend these and contribute to the agenda. Minutes of staff meetings should be available to all staff.
National Care Standards. Care at Home - Standard 4: Management and staffing.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
21 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
21 Aug 2013	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Nov 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Nov 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jan 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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