

FINAL Hawick Community Support Service 2 nd August 2017			
Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	4
How well the service meets the needs of each person who uses it	<p><i>Requirements - 0</i></p> <p><i>Recommendations – 0</i></p> <p><u>What People Told Us</u> <i>Support workers let me do things for myself and don't do things for me.</i></p> <p><i>My key worker talks to me on a weekly basis. I have been involved in staff interviews.</i></p> <p><u>What The Service Does Well</u> <i>There are many good things about this service. These include a committed team of staff providing flexible responsive support to people living in their own homes and community. People knew all the staff and each had a key worker. Staff were encouraged to reflect upon the work they did, learn from it and be responsible for it.</i></p> <p><i>We saw good examples where the service had identified risks to individuals and had fully involved the service user to look at measures to reduce these. These included financial risk, self-harm or risk from other. People were supported to help manage risks and there were clear guidelines for staff stating what they could do to help and where the limits of that support was.</i></p>		
Quality of Staffing		N/A	N/A
The quality of the staff, including their qualifications and training	Not Assessed		
Quality of Management & Leadership		5	4
How the service is managed and how it develops to meet the needs of the people who use it	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p>		

What The Service Does Well

We saw that the service worked in close partnership with other professionals such as the learning disability team, mental health services and the Adult Protection Team, within the local authority. This helped everyone to work together and promoted positive outcomes for individuals.

Staff said that they enjoyed their job and that they were committed to supporting each individual to meet their needs and to promote the best possible outcomes for them. Staff told us they felt supported by their line manager and other colleagues.

Staff met in peer meetings without their line managers. This enabled them to have a confidential discussion and confidently raise any issues. These could then be passed onto the manager.

A main strength of the service was the very good honest and trusting relationships that had developed between staff and people using the service and within the staff team. Staff supported individuals in a caring, sensitive and respectful manner and we thought, through meeting people and looking at other feedback, that service users clearly valued the support they received.

Feedback from other professionals was positive of the flexible care and support provided and the positive outcomes for service users. Recently feedback had been gathered from service users, families and other partners using questionnaires. People were asked to comment on the quality of the service. Individual users were also asked to comment on all aspects of the support they received. Very positive feedback had been given. We saw that requests or suggestions for changes to be made to the care and support were acted on.

What The Service Could Do Better

We thought that the quality of support planning had improved and that there was a flow to the support plan itself that help guide staff in the work. New paperwork had been introduced to help staff work with people, to meet their goals and outcomes. Depending on how well this works and information is recorded, further development may be needed.

We saw that supervision notes and support 1:1 meetings were planned to take place every six-eight weeks, but this target was sometimes not met. Staff did say they felt well supported and had many informal discussions with senior staff. However, in an outreach service it is important managers meet staff formally too.

We spoke about developing quality assurance systems further. The manager told us peer evaluation, where a manager from another services come to evaluate yours, is being discussed.

**FINAL Home Care South
12th September 2017**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		3	First inspection
How well the service meets the needs of each person who uses it	<p><i>Requirements – 1</i></p> <p>1- <i>The service provider must ensure that the level of detail in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs of the individuals they are caring for.</i></p> <p><i>The medication support needs of people receiving care must be accurately recorded and updated as needed to ensure safe and consistent practice.</i></p> <p><i>Risk assessments must be maintained up to date to reflect any changes in the needs of people receiving care.</i></p> <p><i>Personal plans must be updated as care is changed.</i></p> <p><i>Changes to personal plans must be made in a systematic manner by a person authorised to carry out this task. Any handwritten changes must be signed and dated.</i></p> <p><i>This is to comply with the Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4.</i></p> <p><i>Timescale for implementation: six weeks from receipt of this report.</i></p> <p><i>Recommendations – 1</i></p> <p>1. <i>Missed visit recording logs should record the impact of the missed visit on the person using the service and any follow up actions with the individual or their family as a result of the missed visit.</i></p> <p><i>National Care Standards. Care at Home. Standard 4 Management and Staffing</i></p> <p><u>What People Told Us</u> <i>I am very happy with all of the carers who visit me. I appreciate very much all their care and support. Well done.</i></p> <p><i>The individual carers know my mother well and are genuinely caring. It is a difficult job but well done.</i></p> <p><i>The team acknowledge my needs and ensure I am fully informed at all times.</i></p>		

	<p><u>Findings from the Inspection</u></p> <p><i>Both people who experienced care and their relatives told us they were happy with the way staff provided care. Where people raised issues relating to the continuity of care or the timings of visits they were at pains to point out that their experience of the way staff actually provided care was positive. This was consistent with the services own survey which recorded high levels of satisfaction with staff listening to people being respectful and offering choice. This was also consistent with what we saw while watching staff work in people's homes.</i></p> <p><i>The continuity of staff provided to individuals was mixed. In some of the areas we looked at people were being supported by small groups of staff allowing people to get to know the individuals visiting them, feel comfortable with people and form good working relationships. People told us how satisfied they were with this. However this was not consistent across the service. We found examples of people who were receiving care from a large number of staff over a short period of time.</i></p> <p><i>All of the people we visited had a personal plan in their homes and copies of personal plans were kept in the service office. The quality of personal plans was mixed. We saw plans which contained a good level of detail. We also found plans which contained generalised, vague statements which would not have been detailed enough for a member of staff visiting an individual for the first time.</i></p> <p><i>We found instances of medication being offered or administered without any reference to this in the personal plan or guidance in place to staff to ensure safe and consistent practice in this area.</i></p> <p><i>The service had recorded seven missed visits since starting in March 2017. The missed log did not consistently record the impact of the missed visit on the person receiving the service or any follow up actions with the individual and their families (See recommendation 1).</i></p>		
Quality of Staffing		3	First inspection
The quality of the staff, including their qualifications and training	<p>Requirements – 2</p> <p>1 <i>The service provider must ensure that all new staff are fully prepared for the duties they have to undertake.</i></p> <p><i>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services). Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report.</i></p> <p>2 <i>The service provider must ensure that all staff receive training needed to carry out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales.</i></p>		

	<p><i>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report</i></p> <p>Recommendations – 0</p> <p><u>Findings from the Inspection</u></p> <p><i>Staff are introduced to the service by a briefing meeting lasting for around 90 minutes followed by the opportunity to shadow experienced staff. The length of shadowing was dependent on previous experience of providing care. Given that people will be involved supporting vulnerable people with complex needs living in the community we questioned whether this limited introduction was sufficient and adequately prepared people for the important work they were to undertake. (See requirement 1)</i></p> <p><i>Training records indicated that training in areas including; medication, adult support and protection, food, hygiene, infection control and dementia care, there were staff who had either not received initial training or where training had not been refreshed within the service providers own timescales. The service provider told us they had difficulty accessing some forms of training in particular adult support and protection training. (See requirement 2)</i></p> <p><i>A rolling programme was in place to support staff to undertake SVQ (Scottish Vocational Qualifications) accreditation. Approximately one third of staff had achieved these qualifications.</i></p> <p><i>We found that staff were being provided one to one supervision to support their development and ensure they were up date with policies and procedures and aware of the expectations of their employer. However supervision was not being provided consistently to staff in line with the services supervision policy. Staff supervision will be looked at in more detail in future inspections.</i></p>		
<p>Quality of Management & Leadership</p>		<p>3</p>	<p>First inspection</p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements – 2</p> <p>1 <i>The service provider must ensure that sufficient staffing is in place to meet the needs of all the people who use this service. Staffing must be organised and scheduled in a way which ensures all service users are receiving consistent support from people with whom they have time to form a working relationship with.</i></p> <p><i>This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of Users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.</i></p>		

Timescale for implementation: six weeks from the receipt of this report.

- 2 *The service provider must ensure that effective Quality Assurance methods are in place. This must include:*

Ensuring people who use the service have access to reviews six monthly or more frequently if individual circumstances require this.

Ensuring systems are put in place to routinely monitor staff care practice.

Ensuring systems are in place to audit records returned to the service office.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011/210 Regulation 4 (1) (a) (b) – welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4.

Timescale for implementation: six weeks for the receipt of this report.

Recommendations – 0

Findings from the Inspection

Staff told us they felt supported by managers and where they had contacted managerial staff for advice or to pass on concerns these were acted on. Office staff were aware of the support needs of the individuals who received care.

Staffing shortages were described as a major issue affecting the service both by management and direct care staff. Staffing shortages effected continuity of staffing described earlier in the report as it was difficult to build small teams supporting individuals using the service. Staff told us they felt colleagues had left due to pressure of work and being asked regularly to take on additional work.

The service provider outlines plans to improve both recruitment and retention. Planned changes to staffing rotas were seen as having the potential to improve retention and make better use of the staffing currently available. (See Requirement 1).

Assistant Home Care Managers described the vast majority of their time being taken up with ensuring that all rotas were covered on a daily basis. This was described as placing pressure on both office and direct care staff. Weekends were described as being particularly difficult. On a late Thursday afternoon during the inspection staff were working to allocate an outstanding 49 hours of care (120 visits) for the following weekend. This was restricting the time available for quality assurance work vital to ensuring that good standards were being maintained.

Managers were not getting the opportunity to visit people in their homes to assess care and review the condition of documentation. (See Requirement 2).

