

## Care service inspection report

# East Lothian Council - Domiciliary Care Service

## Housing Support Service

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Inspected by: Michelle Deans

Type of inspection: Announced (Short Notice)

Inspection completed on: 1 April 2014



# Contents

	Page No
Summary	3
1 About the service we inspected	6
2 How we inspected this service	8
3 The inspection	17
4 Other information	33
5 Summary of grades	34
6 Inspection and grading history	34

## Service provided by:

East Lothian Council

## Service provider number:

SP2003002600

## Care service number:

CS2004077870

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Staffing	2	Weak
Quality of Management and Leadership	2	Weak

### What the service does well

Service users and relatives we spoke with said the direct care from the home care workers was generally of a high standard and that the home care workers were professional and caring when supporting them.

### What the service could do better

At the last inspection the service had undertaken a period of restructuring. This had caused significant issues in the service in terms of staff morale, continuity of homecare workers for service users and level of work needed to improve documentation within the service, which was out of date or incomplete.

We said at the last inspection there were gaps in all aspects of the service, for example, inconsistencies of staff supervision, reviews of support, observed practice, content of personal plans and a lack of audits of the service completed by the provider. Personal plans were variable in content and quality meaning that in some cases it would not be possible to provide support to service users based on the information held in the personal plan.

At the last inspection we said that improvements needed to be made in all aspects of the service with regard to consistency.

We were told by service users and family at this inspection and the previous inspection that consistency in timings of visits was an ongoing issue as was continuity of homecare workers.

Whilst these issues still remained at this inspection we could see that the foundations for improvement had been put in place. The manager and management team were very positive about the changes to be put in place and felt that these would improve the service. Because the direct support to the service users remained unaffected by the continued changes we have given further opportunity for the service to put in place the improved documentation and systems we saw at this inspection. The grades from the previous inspection will therefore remain unchanged at this time.

### **What the service has done since the last inspection**

The restructuring and changes to staff rota patterns had been put in place prior to the last inspection however these have proven to be detrimental to the service and have resulted in a decrease of continuity for service users. The issues with the staff rota have now been explored in detail and Management have recommended that a new rota pattern is implemented over the next 6 months. Once implemented this should begin to improve consistency and continuity for service users.

We found that whilst the direct care and support to service users continued to be of a good quality all other aspects of the service needed to be improved upon. A planned approach to improvements was now in place, this included new personal plans for every service users, a subsequent six monthly review of these , revised agreements for timings of support, continuity of homecare workers through revised rotas, improved supervision of staff, with timetables of meetings for 2014, direct observation of staff practice, and improved communication with service users. We could see that targets were in place to achieve the improvements and these would be monitored by the manager.

At the point of this inspection the improvements to be made had yet to have an impact on the support to service users and could not be fully evidenced. However the manager and staff team were confident that improvements would be made and sustained.

We will follow up that the improvements identified have been put in place through future inspection of the service.

### **Conclusion**

Feedback from service users and relatives was that the direct care given by homecare workers is generally of a good standard. Although general feedback was that the direct care and support from homecare workers was good, improvements must be made in all aspects of the service provided to ensure service users support needs are met as agreed to timings agreed and that the overall service is evidenced as being effectively monitored to ensure it consistently provides the quality of support expected.

We could see that improvements were planned and had started to be put in place but

it was too early at this inspection to show that the changes identified had led to improved outcomes for service users.

### **Who did this inspection**

Michelle Deans

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

East Lothian Council Domiciliary Care Service is registered to provide a Care at Home service and a Housing Support service. The service is delivered in a combined way and is therefore regulated as a combined service. The service is provided by the local authority to approximately 400 adults living in their own homes throughout East Lothian.

The service is divided into three geographical teams managed by six Homecare Support Organisers, who were responsible for the direct supervision and support of homecare staff, staff rotas, assessment, reviews and personal planning. The emergency homecare service was also part of the homecare team with a dedicated Homecare Support Organiser to oversee this.

Home Care Co-ordinators were responsible for the day to day allocations of staff with regard to unplanned absence and annual leave. The Office base and Manager of the

service is located in McMerry, East Lothian.

The aims and objectives of the service are stated as:

'East Lothian Council Domiciliary Care Team aim to provide a flexible, person-centred service delivered by skilled and motivated Domiciliary Care staff in attending to your assessed needs.'

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 2 - Weak**

**Quality of Staffing - Grade 2 - Weak**

**Quality of Management and Leadership - Grade 2 - Weak**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

Inspector Michelle Deans visited the office base of the service and carried out the inspection on 01/04/2014 between the hours of 9am and 2pm. Prior to this we met with 16 service users and 2 relatives and spoke with a further 14 service users and 8 relatives by phone.

As part of the inspection 200 questionnaires (50% of service users) were sent out to the manager to distribute to relatives and service users. One hundred and thirty four were returned, thirty five of which were completed by relatives on the service users behalf.

Fifty questionnaires were sent out to staff prior to the inspection, 33 were returned. We also met with two homecare support organisers as part of the inspection process.

As part of the inspection we sampled the following:

- Evidence from the service's self assessment
- Medication policy
- 25 service user's personal plans
- Reviews of care and support
- Staff supervision and staff training records
- Plans for staff meetings
- Quality assurance documentation
- Discussions with relatives and service users
- Evidence from returned questionnaires sent out to service users

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection



### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

### The requirement

The Provider must ensure that quality assurance/involvement policy and procedures are written and fully implemented, and that they are effective and appropriate for ensuring that the service is provided in a manner which promotes quality. This would include ensuring that the methods of involvement are consistently achieved as set out in the policy and that feedback as an outcome of the consultations are given to service users and their families.

This is in order to comply with SSI 2011/210 Regulation 3 - a regulation regarding principles.

It is also in accordance with the National Care Standards Care at Home Standard 4 - Management and Staffing, and the SSSC Code of Practice for Employers Sections 1.5 and 2.2.

Timescale for implementation: Within 6 weeks of publication of this report.

### What the service did to meet the requirement

This requirement is carried forward under statement 1.1, under theme 1 in the body of this report.

**The requirement is:** Not Met

### The requirement

The Provider must ensure that client's needs and their personal plans are reviewed timeously in response to changes in their needs and as part of a regular review process. The review process should give opportunity for the involvement of a client's family or representative. The care service must review the personal plan-

- (i) when requested to do so by the service user or any representative;
- (ii) when there is a significant change in a service user's health, welfare or safety needs; and
- (iii) at least once in every six month period while the service user is in receipt of the service.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 4(1)(a) - a requirement relating to health and welfare of service users. SSI/210 Regulation 5

2(b)(iii) - a requirement to review personal plans.

Timescale: To commence on receipt of receipt of this report and be completed by 12 weeks.

### **What the service did to meet the requirement**

This requirement is carried forward under statement 1.3, under theme 1 in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that all service users have a written plan in place (personal plan) that clearly describes their preferences, their support and care needs, and how these needs will be met. This would include any associated risks and how to minimise these.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation (4)(1)(a) Welfare of users and Regulation 5(1) Personal plans.

Time scale: To be completed within 12 weeks of the date of receipt of this report.

### **What the service did to meet the requirement**

This requirement is carried forward under statement 1.3, under theme 1 in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The provider must ensure that medication management is reviewed and staff practice audited. The medication policy and medication training must provide staff with a clear definition of what 'prompting' constitutes taking account of best practice guidance in the management of medication in care settings.

The information to support service users with their medication needs must be more detailed to ensure that staff practice is carried out in line with the agreed plan of support.

This requirement is to comply with Scottish Statutory Instruments (SSI) 2011. No. 210. The Social Care and Social Work Improvement Scotland (SCSWIS) (Requirements for Care Services) Regulations 2011. Regulation 4 Welfare of Users.

Timescale: To commence upon receipt of this report. All medication support plans

should be reviewed within 12 weeks upon receipt of this report.

The medication policy/ procedures for home care staff in managing medication must be clarified within 6 weeks upon receipt of this report.

### **What the service did to meet the requirement**

This requirement is carried forward under statement 1.3, under theme 1 in the body of this report.

**The requirement is:** Not Met

### **The requirement**

The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

- (i) Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.
- (ii) Ensure a system is in place to regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

### **What the service did to meet the requirement**

This requirement is carried forward under statement 1.3, under theme 1 in the body of this report.

**The requirement is:** Not Met

## **The requirement**

The provider is required to ensure that all staff receive training appropriate to the work they are to do. The provider must ensure that an audit of all staff training is undertaken and where gaps in mandatory training are identified staff receive training to reflect the areas identified.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i)

Timescale for implementation: to commence within 8 weeks of issue of this report.

## **What the service did to meet the requirement**

This requirement is carried forward under statement 3.3, under theme 3 in the body of this report.

**The requirement is:** Not Met

## **The requirement**

The provider must ensure that all staff must receive supervision as per policy. Staff practice must be consistently monitored and recorded to ensure the health and wellbeing of the service users supported. This includes highlighting any areas where practice can be improved upon and linking this to supervision and planned training for staff.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 - Regulation 4(1)(a) - a requirement relating to health and welfare of service users and Regulation 15(b)(i) relating to staff training.

Timescale for implementation: to commence within 8 weeks of issue of this report.

## **What the service did to meet the requirement**

This requirement is carried forward under statement 3.3, under theme 3 in the body of this report.

**The requirement is:** Not Met

## **The requirement**

The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must

- (i) Have clear guidance for staff on timescales for audits and the content of these.
- (ii) Clearly record what required action has been identified as a result of an audit,
- (ii) Ensure that staff undertaking audits within the service receive appropriate training

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detailing the expectation of the audit, how to monitor outcomes and record follow up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.

### **What the service did to meet the requirement**

This requirement is carried forward under statement 4.4, under theme 4 in the body of this report.

**The requirement is:** Not Met

### **What the service has done to meet any recommendations we made at our last inspection**

Two recommendations were made at the previous inspection:

1. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to changes of homecare workers and travel time.

National Care Standards, Care at Home, standard 1, Informing and deciding

2. It is recommended that the service supply each service user with a written agreement which clearly defines the service that is to be provided. The agreement should be signed by all parties involved and be in a format that suits the service users' needs.

National Care Standards, Care at home, Standard 2, The written agreement.

Both recommendations are discussed under statement 1.4, under theme 1 in the body of this report. Both recommendations were not put in place at the time of inspection and subsequently a requirement has been made.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

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### Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We completed the inspection prior to receiving a fully completed self assessment document from the manager. The manager was in the process of completion of this but this had not been fully completed prior to inspection.

### Taking the views of people using the care service into account

As part of the inspection 200 questionnaires were sent out to the manager to distribute to relatives and service users. One hundred and thirty-four were returned, 98 of which were completed by the service users.

In total we met with 16 service users in their homes and spoke by phone with another 14 service users as part of the inspection process.

Comments from the returned questionnaires and from speaking directly with service users included:

"Hands on care is excellent, the ladies are pleasant, thoughtful and professional

I am always pleased to see my carers

I really appreciate the service

Very good carers

Generally staff are excellent, occasionally get strangers who are not familiar with my needs

I am very satisfied with the help I am given

My care is excellent

I have lovely carers

I have great praise for my carers

Staff are caring and pleasant

Completely satisfied with the care provided

Staff are professional and considerate of my needs

Very happy

100% happy with my care

Very good carers but no one bothers to call, informed of changes and not asked

I phone to ask who is coming this is then different to what I have been told

I am happy with my main carers, but I don't like carers who don't know my needs when they are off

If carers are more than half an hour late it would be reassuring if the office called.

I feel times change with no notice

I am upset with the amount of carers coming to the house

Carers do a good job but times vary and I am never informed of this

They seem to struggle to give me the same person"

In general service users said they were very happy with the care and support provided but said that they did not always know who would support them should their regular carer be off.

Service users also indicated through the returned questionnaires that they felt they were not asked for their opinion of the service provided on a regular basis and that times varied or were changed without consultation. Whilst it was clear that the direct care was of a good quality the grades have been affected due to lack of continuity, poor communication and consultation. This also mirrors the outcome of the previous inspection.

### **Taking carers' views into account**

As part of the inspection 200 questionnaires were sent out to the manager to distribute to relatives and service users. One hundred and fourteen were returned, 35 of which were completed by relatives.

In total we met with two relatives and spoke by phone with another eight as part of the inspection process.

Comments from relatives reflected those made by service users, whilst people were very happy with direct care improvements could be made in communication and consistency. Comments from the questionnaires returned included:

"My aunt's carers are excellent, attentive and supportive  
Consistency of carers is reassuring, they adhere to the care plan  
Very happy with the carers, she doesn't know what she would do without them  
A fabulous friendly team of staff  
We are delighted with the carers, all pleasant, respectful and work very hard  
I can only thank the carers for the care given to my mother  
Support given to my sister is first class  
Carers are excellent  
I am very happy with what is provided

No regular times or staff can be very upsetting  
My father likes the same carers not different ones  
We have never been asked for our opinion of the service  
Level of care is dependent on who delivers this"



### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### **Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 2 - Weak

##### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

##### **Service strengths**

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of care and support.

East Lothian Council had sent out 280 survey questionnaires to service users in May 2013. One hundred and forty one were returned. The questionnaires included questions on the overall quality of the support and asked for any areas for improvement. The results were collated and the outcomes were documented with comments made by service users. Overall the responses were very positive. Questionnaires were sent out twice a year to service users to gain views of the service provided.

Some home care support organisers had completed direct observations of staff in service user's homes. Part of this process included feedback from the service users about their direct support.

Some of the home care organisers had completed quality monitoring visits to service user's homes which incorporated a review of the support. From the records of the visits we saw that service users had been asked for their opinion of the support and if there were any improvements which could be made to the package of care or if there were any issues.

All service users were given information on how to make a complaint. Service users and relatives spoken with said they felt confident in contacting the office to discuss any issues or raise concerns.

The majority of service users spoken with fed back that they were very happy with the support provided and felt that the standard of care they received was generally good.

The provider had asked East Lothian Community Care Forum to carry out a research project to evaluate the emergency homecare service. East Lothian Community Care Forum is an independent body from East Lothian Council which is service user led. We saw that questionnaires and letters had gone out to people who have used the emergency service to ask them to take part in the evaluation.

### Areas for improvement

We saw that East Lothian council had a consultation and engagement strategy. This was a generic strategy encompassing all council services. Since the last inspection we could see that work had been undertaken to write a service user involvement and consultation strategy specifically for the homecare service. We could see that the strategy was in draft but had as yet to be finalised. We discussed that as the strategy was more a corporate document to guide quality assurance processes that an easy to read format should be completed for service users to ensure they were aware of the importance of seeking their opinion and how this would be done.

From speaking with the service users and relatives it was clear that they were not aware of the level of improvement to be completed or the plans in place to achieve this. None of the service users or relatives we had spoken with were aware of the outcome of the previous inspection. We discussed that the quality assurance process should include feedback to service users about changes to the service or planned improvement. Although we could see that progress had been made since the last inspection we have carried forward the previous requirement as it was too soon to evidence the impact of this on the service and the quality assurance process. (See requirement 1)

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The Provider must ensure that quality assurance/involvement policy and procedures are written and fully implemented, and that they are effective and appropriate for ensuring that the service is provided in a manner which promotes quality. This would include ensuring that the methods of involvement are consistently achieved as set out in the policy and that feedback as an outcome of the consultations are given to service users and their families.

This is in order to comply with SSI 2011/210 Regulation 3 - a regulation regarding principles.

It is also in accordance with the National Care Standards Care at Home Standard 4

- Management and Staffing, and the SSSC Code of Practice for Employers Sections 1.5 and 2.2.

Timescale for implementation: Within 12 weeks of publication of this report.

### **Statement 3**

We ensure that service users' health and wellbeing needs are met.

#### **Service strengths**

We found that whilst improvements were planned and these were in the process of being put in place at the point of inspection the service was still inconsistent in ensuring that service users' health and wellbeing needs were being met.

We looked at 25 personal plans in total, 16 in service user's homes and 9 new personal plans, on the revised format, at the office. We found that the 9 revised personal plans contained detailed information on service users' needs. This included details of general health, medication, specific support and relevant health professional involvement. Where service users required support with medication, a medication support plan and risk assessment would be in place.

All homecare workers received training in the underpinning values of care. All new homecare workers received a staff workbook as part of their induction. This discussed the principles of homecare and gave information on the expectation of the homecare workers with regard to person centred support.

Policies and procedures were used to underpin staff practice. Policies included, Medication, Accident and Incident Reporting and Adult Support and Protection. All staff had been given training on all the policies and had also completed mandatory training such as client Moving and Handling, Emergency First Aid and Food Hygiene.

Feedback from service users was that the direct care met their assessed needs and that when they received support from their regular homecare worker that this was of a high quality. Service users we spoke with had clearly built up very positive relationships with their regular home carers and this was of benefit to them in ensuring their preferences for support were carried out consistently. Where their regular homecare worker was not available feedback was that the replacement homecare workers were professional and caring and that in general their practice was consistent with what was expected and agreed.

#### **Areas for improvement**

We discussed at the last inspection that reviews of support were at present inconsistently achieved. We did see some evidence of reviews through the monitoring visits however this was the minority. The manager suggested at the last inspection that all reviews start over again with planned dates for the next 12 months. We

agreed this was the most sensible approach. Since the last inspection we could see that the Home Care Organisers had been given targets per month to initially start off the review process. All service users would get an initial review through the introduction of the new personal plan format. However at this inspection it was too soon to evidence the impact of this and if reviews of the personal plans could be sustained to a 6 month timescale. At present the targets for achieving reviews would not meet the level needed to achieve this, however the manager was confident that the current targets were a starting point that would be increased to ensure this could be done. We have therefore carried the requirement made at the previous inspection forward in this report. (See requirement 1)

At the last inspection the manager discussed that the expectation was that all service users would have a revised personal plan which accurately reflected the support given. Since this time a new revised format has been introduced and this has started to be used for all new service users and will be put in place for all service users. We saw the revised format allowed for detailed information to be given on how to support the person and their preferences for the support. However we discussed that risk assessments be reviewed as part of the revised format as at present these were very varied in the older personal plans still in use. We have therefore carried the requirement made at the previous inspection forward in this report. (See requirement 2)

At the previous inspection the guidance and policy on medication was discussed. We found that progress had been made since the last inspection on developing and putting in place a medication policy and guidance for staff specifically for the homecare service. The manager had consulted with the director of Omni pharmacy who was working with the manager to ensure the policy met best practice and that the pharmacist could deliver appropriate training to staff. The policy was currently in draft and still required some updates and changes which were discussed with the manager but overall we felt the policy met the expectation of homecare and when fully put in place would underpin staff practice. However as this was in draft at present and had yet to have a direct impact on care and support we have therefore carried forward the previous requirement made at the last inspection as the current guidance for "prompting" only was still in use. (See requirement 3)

Although at this inspection and at previous inspection we could see no evidence of missed visits, as good practice a call monitoring system should be introduced to ensure the safety of more vulnerable service users. At present there was no system in place. This meant outwith the service users, family or staff notifying the service a visit had been missed or was late there was no way to tell if this happened or not. We saw this as a potential risk to service users. Added to this we found that times of support could vary from looking at entries in daily logs, again this meant there was no overview if service users were getting their support as agreed. The manager discussed at the last inspection that a system would be introduced however this was in the very early stages of discussion and this was no further forward since the last inspection.

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Please also read statement 1.4 which is also relevant. We have therefore carried the requirement made at the previous inspection forward in this report. (See requirement 4)

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 4

**Number of recommendations:** 0

### Requirements

1. The Provider must ensure that client's needs and their personal plans are reviewed timeously in response to changes in their needs and as part of a regular review process. The review process should give opportunity for the involvement of a client's family or representative. The care service must review the personal plan-
  - (i) when requested to do so by the service user or any representative;
  - (ii) when there is a significant change in a service user's health, welfare or safety needs; and
  - (iii) at least once in every six month period while the service user is in receipt of the service.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 4(1)(a) - a requirement relating to health and welfare of service users. SSI/210 Regulation 5 2(b)(iii) - a requirement to review personal plans.

Timescale: To commence on receipt of this report and be completed by 12 weeks.

2. The provider must ensure that all service users have a written plan in place (personal plan) that clearly describes their preferences, their support and care needs, and how these needs will be met. This would include any associated risks and how to minimise these.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation (4)(1)(a) Welfare of users and Regulation 5(1) Personal plans.

Time scale: To be completed within 12 weeks of the date of receipt of this report.

3. The provider must ensure that medication management is reviewed and staff practice audited. The medication policy and medication training must provide staff with a clear definition of what 'prompting' constitutes taking account of best practice guidance in the management of medication in care settings. The information to support service users with their medication needs must be more detailed to ensure that staff practice is carried out in line with the agreed plan of support.

This requirement is to comply with Scottish Statutory Instruments (SSI) 2011. No. 210. The Social Care and Social Work Improvement Scotland (SCSWIS) (Requirements for Care Services) Regulations 2011. Regulation 4 Welfare of Users.

Timescale: To commence upon receipt of this report. All medication support plans should be reviewed within 12 weeks upon receipt of this report.

The medication policy/ procedures for home care staff in managing medication must be clarified within 6 weeks upon receipt of this report.

4. The Provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as recorded in the agreed support plan. In order to achieve this, the provider must:

- (i) Show who will be providing the agreed care and that a reliable system is in place to inform service users if carers are running late.

- (ii) Ensure a system is in place to regularly monitor and audit the quality of the service to ensure service users are receiving support as agreed.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users.

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

### **Statement 4**

We use a range of communication methods to ensure we meet the needs of service users.

### **Service strengths**

Whilst we found that there was a good range of information available for people who use or would like to use the service, we found communication between service users, homecare workers and the office based staff was inconsistent.

Service users and relatives spoken with felt the main homecare workers were very good and knew the individuals support needs very well. The returned questionnaires also indicated service users were very happy with the direct support provided by the main home care workers.

The service provided all new service users with a welcome pack. The pack contained information on the organisation, how to make a complaint and a guide to how service users can give feedback about the service.

East Lothian Council contracts were in use for all service users. These have the details

of the costs of the service, agreed times and days of support. The agreements also gave specific instructions on how to end or change the service and what the service could provide as part of the agreements.

When a referral was made the care support organisers would visit the service user to discuss their specific needs and a personal plan would be completed with service user involvement. At this time any questions about the service could also be answered. Any new homecare worker would be fully informed of key tasks and relevant information specific to the service users prior to the visit. Staff rotas also included a brief reference to support tasks.

### **Areas for improvement**

Whilst we saw that service users had regular home care workers, carers they were not informed of who would be supporting them when the main carers were off, unless they had specifically requested this to happen.

We understood that this may be difficult to achieve given the number of service users and sometimes the level of dementia that some service users had however we discussed that at present it was the expectation of service users and their families they would be contacted with any changes.

We discussed again at this inspection, with the manager, that service users and their families should be given accurate information on what the service will provide and how this will be provided. This would include reference to changes of homecare workers when the main worker is off. Because we had made a recommendation at previous inspections about this and this had not been resolved at this inspection we have now made a requirement. (See requirement 1)

There was also no reference to travel times in the introductory information given to service users. The provider should include a clear and unambiguous statement concerning the practice of "travel time". At the last inspection the manager confirmed that staff could be allocated on the rota to support an individual service user at exactly the same time the previous support ended. Because we had made a recommendation at previous inspections about this and this had not been resolved at this inspection we have now made a requirement. (See requirement 1)

The written agreements we sampled did not all give the number of hours of support and did not all cross reference to specific support needs as detailed in the personal plan. We found that not all service users had accurate timetables of support or revised written agreements in place. Because we had made a recommendation at previous inspections about this and this had not been resolved at this inspection we have now made a requirement. (See requirement 1)

At the previous inspection we highlighted that whilst the service users had written agreements/contracts in place and the personal plan gave specific times of support these did not always reflect the actual support times delivered. We found the same at this inspection. From speaking with service users and looking at daily logs in service

users' homes and in the office we saw that times varied from what was agreed. Service users we spoke with did not receive a rota informing them of the times of support or who would be supporting them. Because added to this there was no system in place to monitor the times of visits to service users we have carried forward the previous requirement about this under statement 1.3, theme 1. Please see requirement number 4 under statement 1.3.

Service users we spoke with said that communication was varied and often inconsistent, this mirrors the discussion with service users at the previous inspection. Service users commented that if it was not for their homecare workers passing on information or discussing changes to their regular workers they would not have been given any information on this. Several service users said their times were changed without any consultation, with the homecare workers informing them of this. Because we could also see that reviews of support were not consistently carried out it was unclear what consultation had taken place with regard to changes made to agreed support.

The Manager acknowledged the areas for improvement but advised that until a new rota pattern was implemented and clear processes put in place it would be difficult to resolve these issues fully. Temporary processes had been drawn up in relation to communication with service users which would be implemented to address some of these issues.

The manager also advised that a new rota pattern had been recommended and this was being discussed with Senior Management and the Unions prior to its implementation.

Requirements made under statement 1.1 and statement 1.3 under theme 1 are also relevant to this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include:  
Reference to changes of homecare workers and travel time  
Each service user is supplied with a written agreement which clearly defines the service that is to be provided. The agreement should be signed by all parties involved and be in a format that suits the service users' needs.



This is in order to comply with SSI 2011/210 Regulation 4(1) (a) a regulation regarding the welfare of users.

Account should also be taken of National Care Standards, Care at Home, Standard 2, Your written agreement and Standard 4. Management and staffing.

Timescale for implementation: to commence on receipt of this report and be completed within 12 weeks.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of staffing.

East Lothian Council sent out survey questionnaires to service users twice a year. The results were collated and the outcomes were documented to be shared with the home care organisers. The questionnaires asked for feedback with regard to staff, including if service users felt staff treated them with respect and in a dignified manner.

We saw that some reviews of support had been completed which gave the service user and their relatives the opportunity to comment on any staffing issues or raise concerns.

Direct observation of staff practice had been started in the service. We looked at a sample of these. The observation of practice would include feedback from service users.

For staff who were undertaking Scottish Vocational Qualifications (SVQ)) there was an opportunity on occasion for service users to be involved in planned observation of practice during a specific task. At this time service users could be given the opportunity to give feedback to the assessor on staff practice.

Comments under Theme1, statement 1.1 are also relevant to this statement.

#### Areas for improvement

Although we saw some observed practice had taken place this was not consistently achieved and is also discussed under statement 3.3 under this theme.

See under Theme 1, statement 1.1 for comments made which are also relevant to this statement.

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**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Service strengths

Homecare services were supported by a range of policies and procedures as provided by East Lothian Council. There was a planned approach to the review of policies and procedures at a corporate level.

All staff were given a comprehensive induction. The induction included a local induction to the Homecare service and an organisational induction with respect to policies and procedures. Staff attended induction training and were given an induction handbook containing relevant information with regard to East Lothian Council and homecare services. All new staff were given the opportunity to shadow more experienced staff prior to lone working.

We looked at an audit undertaken of staff supervision and training by the service manager. We found that some staff had regular planned supervision and that the supervision minutes reflected that training needs, practice issues and policy was discussed.

There was a training programme provided by East Lothian Council for all staff, including Client Moving and Handling, food hygiene, Adult Support and Protection, infection control, dementia and emergency first aid. A training calendar was in place for 2013-2014.

We saw evidence of some team meetings between the manager and care support organisers and care support organisers and homecare staff. The minutes reflected that policy and practice was discussed.

There was a planned approach to home care workers achieving a SVQ to enable registration with the Scottish Social Services Council. Only 30 staff had yet to undertake a relevant qualification from 150 working in the service. The manager and all the care support organisers held relevant qualifications.

### Areas for improvement

Whilst East Lothian Council had a PRD (Performance Review and Development) system for staff this was still not consistently implemented for home care workers. However we saw that dates were planned in for this for the coming year. This will be

followed up at the next inspection.

We saw that meetings had taken place for homecare workers however at the point of inspection these had not been consistently achieved in the last 12 months. However we saw that there were now planned monthly dates for team meetings for 2014, this meant all staff would have advance notice of these to plan attendance. Because we recognise that this was partly due to the changes that had taken place because of restructuring we will follow up the consistency of staff meetings at the next inspection.

We looked at a training audit for mandatory training completed by the service manager. We saw that not all staff had undertaken mandatory refresher training within the timescale agreed as best practice. It was noted that whilst staff in the service had access to training, the places available were often limited as the training covered all social care services. However we also saw that there were now planned dates for all those staff who required mandatory refresher training which was a minority of staff. Because there was still some staff who required training and the dates for these were planned in the future we have carried the requirement made at the previous inspection forward to follow up the completion of this at the next inspection. (See Requirement 1)

Whilst it was recognised that supervision had been given to some staff as per policy, this was not the case for all staff. At the previous inspection the manager said that the supervision of staff had been difficult to achieve consistently due to the restructuring of the service. Whilst we could see there were systems in place to monitor, evaluate and develop staff practice these were still not being consistently used at the time of inspection. This included inconsistencies in achieving supervision for all staff and observed practices. We could see that a plan was now in place for all staff to receive supervision to meet the expectations of the provider however at the point of inspection this had only just started. We have therefore carried the requirement made at the previous inspection forward in this report. (See Requirement 2)

The manager discussed that it was hoped that following final discussions with Senior Management and the unions regarding the new rota pattern by the end of the first week in April, this would allow the work to be progressed to implement the new rota. This would lead to a more content and motivated workforce as the changes to the rota continues to affect staff morale.

The restructuring for the management team also needs to continue to be addressed as the level of administration they must complete meant in some cases they were unable to visit service users as much as they would want. The manager advised that a redesign of homecare was also to be undertaken which would address this.

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**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 2

**Number of recommendations:** 0

## Requirements

1. The provider is required to ensure that all staff receive training appropriate to the work they are to do. The provider must ensure that an audit of all staff training is undertaken and where gaps in mandatory training are identified staff receive training to reflect the areas identified.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i)

Timescale for implementation: to commence within 1 week of issue of this report and be completed by 8 weeks.

2. The provider must ensure that all staff must receive supervision as per policy, including observed practice. Staff practice must be consistently monitored and recorded to ensure the health and wellbeing of the service users supported. This includes highlighting any areas where practice can be improved upon and linking this to supervision and planned training for staff.

This is in order to comply with Scottish Statutory Instrument 2011 - No 210 - Regulation 4(1)(a) - a requirement relating to health and welfare of service users and Regulation 15(b)(i) relating to staff training.

Timescale for implementation: to commence within 4 weeks of issue of this report.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### Service strengths

The service provided adequate opportunities for service users and families to participate in assessing and improving the quality of management and leadership.

Please see comments under Theme 1, statement 1.1 relevant to this statement.

#### Areas for improvement

See under Theme 1, statement 1.1 for comments made which are also relevant to this statement.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### Service strengths

We found there were inconsistent opportunities for the involvement of service users, relatives, staff and stakeholders in assessing the service provided.

We saw that East Lothian Council issued questionnaires to service users twice yearly to gain the views of the service provided. Further information on this can be found under theme 1, statement 1.1.

We saw that newsletters were sent to staff informing them of changes to the service including frequently asked questions. We also saw that discussion sessions had been held to give staff the opportunity to ask questions on the restructuring in December 2013. One to one meetings were also held for staff , 91 being completed out of the 117 offered.

We saw that feedback from the staff reflected feedback from service users about the changes made. That this had resulted in a lack of continuity, changes to timings and a general deterioration in communication. The manager had started to address the issues raised and had compiled an improvement plan for the service. This included priorities to achieve, the first being an improvement to staff rotas.

The manager and service manager were working to put a plan of action in place which would result in an improvement to all aspects of the service. We could see that this process had started and that we could see that if consistently put in place would lead to improvements in the service and outcomes for the service users.

### **Areas for improvement**

We found evidence that the service had started to be monitored and audited, although this was still in the initial stages of completion. We found that there were identified targets to ensure that six monthly reviews of support, staff supervisions and team meetings could be achieved as per expectations. We could see that personal plans were being reintroduced for everyone which would include an initial review of their support. Whilst we could see improvements from the previous inspection there was still a significant amount to achieve. Because audits, outcomes of these and improvement plans were only commencing we have carried the requirement made at the previous inspection forward. (See requirement 1)

See under theme 1, statement 1.1, statement 1.3, and statement 1.4 for areas of improvement which are also relevant to this statement.

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 1

**Number of recommendations:** 0

### **Requirements**

1. The provider must continue to develop the quality assurance system to ensure that all aspects of the service are improved. In order to do this the provider must
  - (i) Have clear guidance for staff on timescales for audits and the content of these.
  - (ii) Clearly record what required action has been identified as a result of an audit,
  - (ii) Ensure that staff undertaking audits within the service receive appropriate training detailing the expectation of the audit, how to monitor outcomes and record follow up to the actions implemented to make improvements.

This is in order to comply with SSI 2011/210 Regulation 4 - Welfare of users and takes account of the National Care Standards Care at Home Standard 4 - Management and staffing arrangements.

Timescale for implementation: to commence on receipt of this report and be completed within 8 weeks.



## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

None.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 2 - Weak</b>	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Statement 4	2 - Weak
<b>Quality of Staffing - 2 - Weak</b>	
Statement 1	3 - Adequate
Statement 3	2 - Weak
<b>Quality of Management and Leadership - 2 - Weak</b>	
Statement 1	3 - Adequate
Statement 4	2 - Weak

## 6 Inspection and grading history

Date	Type	Gradings
10 Dec 2013	Announced (Short Notice)	Care and support 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
27 Feb 2013	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
6 Dec 2011	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership Not Assessed
10 Feb 2011	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

## Inspection report continued

28 Jan 2010	Announced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good
30 Jan 2009	Announced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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