

# 1st Homecare Dumfries Housing Support Service

Unit 20  
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Telephone: 01387 245 400

**Type of inspection:**

Unannounced

**Completed on:**

26 October 2018

**Service provided by:**

1st Home Care Ltd

**Service provider number:**

SP2005007703

**Service no:**

CS2015340105

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service registered with the Care Inspectorate on 14 September 2015.

1st Homecare Dumfries is registered to provide a Care at Home and Housing Support combined service to adults and older people with physical/sensory disabilities, learning disabilities, memory impairment/dementia, mental health issues, brain injury and those with complex social or health needs in their own homes and the wider community.

1st Homecare Dumfries provides a care at home service for people within their own homes in Dumfries and Galloway. The office of the service is based in Dumfries. To support the manager to provide the service, there are five teams consisting of coordinators, senior carer staff and care staff who work in identified areas across the locality area.

The mission is to:

- Be passionate about delivering high quality personal support to customers who have a disability.
- Have a responsive and flexible approach in all areas of our activities.
- Provide professional, innovative and effective customer focussed relations.

## What people told us

Service users who provided us with verbal or written feedback reported that overall, they were happy with the service as they were happy with the staff who supported them.

Varied responses were received on types of information shared with each individual. Most service users felt they received good information, whilst a few service users reported not being aware of the complaints procedures and had some concerns surrounding the skills of staff who provided support. Others were unsure about how the service asked for their input on how the service could improve.

Feedback comments included:

'I have been a service user with 1st Homecare for only (few months) but I have been impressed by the first visit to make assessment and with other aspects as indicated.'

'..... I hope the staff know the importance of positioning a person correctly in a wheelchair as well as in bed when they are unable to correct the positioning themselves. Think a person should be given privacy when sat on the commode - I certainly couldn't perform in front of two members of staff'.

'My relative enjoys seeing the regular carers, like the continuity - so important. Staff are respectful to my parent and me.'

'The staff at 1st Homecare are amazing. Their work is exemplary. They look after my relative to a high degree! Any issues, they are on the phone. e.g. recently, during a morning visit, the blister pack of medication had not been delivered before the carer was due to leave - they phoned the office who promptly called me ..... I am very satisfied with the care my relative receives from 1st Homecare.'

'My visits have been altered recently due to the passing of my spouse and needing extra support. Office have informed me of altering and updating my care plan.'

'Lassies are wonderful. Very helpful. Can't fault them.'

'First class, great service, great people, friendly. Can't make it any better really.'

'Maybe rotas could be dropped off for peace of mind.'

'Very, very happy. Even in winter, they contact me if they are going to be late.'

'Yes and no to service, it is dependent on who it is. Would like to be asked about preferences for staff.'

'If not happy, phone office and carer doesn't come back.'

## Self assessment

We did not request a self-assessment prior to this inspection. We reviewed the service development plan being updated to improve outcomes for people using the service.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	4 - Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	2 - Weak

## What the service does well

Overall, provision of care was reported by people using services as a positive experience from which people felt valued and respected. Many people describe positive relationships with their support staff and that most staff go over and above in their duties which was appreciated. This was supported through consistency in staff providing care.

Improved communications were reported by people using services with office staff, although people spoke with mixed responses on how this communication was received or issues were addressed. Feedback from service users indicated they felt confident in the staff providing their supports, and also felt safe with them. A welcome pack was provided for service users, where information was discussed between people using services and staff who assessed suitability of the service before it commenced. Meetings were held and courtesy phone calls were made to obtain feedback from people on quality of care and staff, whilst spot checks were conducted to observe how care and support was provided and to share any information.

We were told how staff had good, open relationships with people using services and their families. One example of person centred supports related to the management of Rich Tea biscuits and how this prompted the purchase of additional supplies, ensuring the biscuits were always available at teatime and minimised any distress to the person receiving support and their family.

People using services told us how they felt relaxed with their staff, and that they were treated with respect which made them feel happy and safe.

We found some examples of Medication Administration Records (MAR) sheets which could be more effectively recorded through use of good practice guidance to support safe administration for people using services. The management team agreed to review the practice to comply with the guidance.

Health outcomes for people were good, and this was largely through the care and support provided by the staff at 1st Homecare Dumfries. Positive relationships and liaison between support staff and health professionals enabled a more holistic style of care and support for people using services to live well.

Staff training was generally up to date, although this training was delivered through an e-learning style system. Training was generally focused on mandatory training, such as moving and handling, medication, and health and safety. Health condition specific training was provided by district nurses, which related to individual people using services, enabling people to remain at home in their own environment. The manager recognised this as an opportunity to promote a more reflective supervision which evaluated the effectiveness of the training in improving outcomes for people using services.

Supervision and team meetings were facilitated regularly to provide staff an opportunity to provide feedback and obtain up to date information relating to their employment. Inclusion of the requirement for staff to register with SSSC was discussed to prompt staff to accept their responsibility in achieving their registration.

Some monitoring processes were utilised to oversee the quality of supports delivered. These included spot checks, courtesy calls and questionnaires, through which, people could provide feedback on care, staff and management. Coffee mornings were facilitated, which also provided a social event for service users who stated they enjoyed the events and they could attend and raise monies for a nominated charity.

## What the service could do better

To support people to experience high quality care and support that is right for them, ongoing development of care plans should entail a more person centred approach and be outcome focused. As plans were maintained on referral information from the local authority, there should be some improvement to enhance the support for current identified needs. Updated information obtained through regular facilitation of six monthly reviews should be clearly reflected in care plans. This should include details on how support should be delivered and why, and the purpose of it being delivered in such a manner.

See area for improvement 1.

Evidence of discussions during six month reviews to be updating care plans. Some SUs had did not understand the six monthly review process but acknowledged visits to check up on staff. (Opportunity for CP review as part of this process).

Changes had been made to the provision of rotas to advise residents which staff was scheduled to provide their supports. Some service users were unhappy with this as they felt this had been a security check for them when letting people into their home, especially on the few occasions where changes were made to staff without service users being informed.

Some staff had applied for their registration with the Scottish Social Services Council, the regulatory body for social care workers as is legally required. However, as 1st Homecare Dumfries is a combined Care at Home and Housing Support service, there should be an application for both parts of the register. This supports monitoring

of staff skills and knowledge to provide a safe and accountable service for people. However, monitoring of the staff who are already previously registered with the SSSC should be of prime importance to ensure registration is maintained and fees are paid within relevant timeframes. This is the responsibility of the staff member, supported by their manager to declare they are fit to practice and have undertaken all necessary training. Unfortunately, we found there had been gaps in the registration of two staff members who had allowed their registrations to lapse.  
See requirement 1.

The role of coordinators who provide oversight of care and provide support for staff, could be enhanced. At present, the coordinators undertake some elements of their role, but could be afforded more responsibility which would support their accountability in their duties to improving outcomes for people using services. To develop and enhance leadership capabilities of all staff, provision of opportunities to review and improve areas of their practice would support outcomes for service users. This could include reflective discussions during supervision and targeted appraisals to enhance skills of staff.  
See area for improvement 2.

Through review of information pertaining to initiation and cessation of supports for people, we found some questionable practice. A lack of information to support decisions which had been taken had the potential to compromise the wellbeing of people using the service. Appropriate record keeping should be maintained to evidence how the safety and wellbeing of people using the service is prioritised.  
See requirement 2.

The quality assurance programme to monitor effectiveness of processes had not been used effectively to identify and evaluate aspects of service delivery and outcomes for people using services. A lack of consistent use of evaluation hinders the gathering of information to enable the development of an informed improvement plan. A structured development plan would support this process and future planning of development needs.  
See requirement 2.

A range of areas for improvement were made during the previous inspection which have not been addressed in their use to improve outcomes for people using services. Further information on action taken on these areas for improvement is reflected in the evaluation of recommendations. Outstanding areas for improvement reflect the lack of action taken and areas for improvement reflect these repeated recommendations. See areas for improvement 3, 4, 5, 6, 7, 8, 9 and 10.

## Requirements

### Number of requirements: 2

1. In order to ensure the protection of people using services, the management must ensure fitness of the workforce employed is not compromised and that appropriate action is taken when it is discovered this fitness is compromised by 31 January 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. It is also necessary to comply with Regulation 9(1) - Fitness of employees of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to improve and develop systems to improve outcomes for people, the provider must ensure that robust quality assurance systems are implemented and adhered to by 28 February 2019. This includes:

- a service development plan to develop and monitor the service
- use of appropriate audit tools to identify strengths and areas for improvement
- implementation of up to date policies and procedures
- appropriate record keeping, including evaluation of the service provided
- monitoring and improvement in person-centred and outcome focused care plans
- monitoring and improvement in use of medication systems and processes
- reflective supervision and robust training to enhance practice
- evaluation of accidents and incidents to assist in identification of trends and training needs to assist in improving practice
- inclusion and adherence with best practice guidance in organisational recruitment procedures to support safer recruitment
- appropriate use of notifications to regulatory body to promote transparent processes.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

It is also necessary to comply with Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and Regulation 4(1)(a) Welfare of Users - a requirement to make proper provision for the health, welfare and safety of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Recommendations

**Number of recommendations:** 10

1. The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning, as well as support required to work towards achieving these with details on actions agreed through six monthly review of personal plans. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

2. Opportunities should be created to develop and enhance leadership capabilities of all staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes and 4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.

3. Training on use of best practice guidance from the Mental Welfare Commission would benefit staff and protect service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

3.20 I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

4. The service should review the policy in the management of medication including controlled drugs in accordance with legislative requirements and best practice guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

2.23 If I need help with medication, I am able to have as much control as possible.

5. Development and implementation of appropriate audits should be completed to promote the safety and wellbeing of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

6. Recruitment should include receipt of references from persons with appropriate authority. Interviewing staff should have received appropriate training on appropriate interview techniques, use of recruitment policy including questions and scoring matrix to employ appropriate staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

7. The provider should ensure that it has a comprehensive staff training plan appropriate to the work staff are to perform, to meet identified individual service users' needs and that this links to staff supervision and appraisal. Training should include nutrition, falls, PEF (dementia), diabetes, neurological conditions and pressure relief.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes and

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

8. Supervision could be more reflective of practice to continue to improve outcomes for service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.25 I am confident that people are encouraged to be innovative in the way they support and care for me.

9. Further development of quality assurance processes, including audits, spot checks and feedback should incorporate more effective quality monitoring and review of personal plans and staff training on a regular basis.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

10. The management should monitor, review and enhance the development plan for the service with acknowledgement of issues identified through the quality assurance system to make improvements.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Inspection and grading history

Date	Type	Gradings								
3 Nov 2017	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	4 - Good									
2 Dec 2016	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>3 - Adequate</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>3 - Adequate</td> </tr> <tr> <td>Management and leadership</td> <td>2 - Weak</td> </tr> </table>	Care and support	3 - Adequate	Environment	Not assessed	Staffing	3 - Adequate	Management and leadership	2 - Weak
Care and support	3 - Adequate									
Environment	Not assessed									
Staffing	3 - Adequate									
Management and leadership	2 - Weak									

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