

1st Homecare Dumfries Housing Support Service

Unit 20
Heathhall Business Centre
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Dumfries
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Telephone: 01387 245400

Type of inspection:

Unannounced

Completed on:

13 December 2019

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 can be found on our website at 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 service states its aim is:

- Delivering high quality care to all the people we support
- Providing professional and personalised services
- Delivering services that provide choice
- Being responsive and person-centred in all areas of the care and support provided.

What people told us

For this inspection, we met seven service users and three relatives in person. In addition, we spoke with 15 people by telephone and took account of returned questionnaires. We received largely positive views about the service.

Comments included:

"Mostly good".

"Don't always know the names of the carers, but as I understand, a weekly rota is going to be put into place, but I'm lucky because I've got 2 main carers whom I've gotten to know well".

"Marks out of 10? - 9, they are great".

"Field staff excellent".

"I would like the carers to be given more time".

"I have changed since getting care. I was depressed and cheery faces have helped me. I am not just a person on a rota".

"Perfectly happy with the service I get".

"Staff are very nice- one a bit nippy - but very good and help you if they can".

"We could not fault the care and support from 1st Homecare".

"Excellent for me - can't fault them".

"Staff are good humoured and kind, which helps".

Self assessment

The Care Inspectorate did not request a self-assessment. We looked at the providers quality assurance processes.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

People in receipt of care services should experience compassionate care and support that promotes dignity and respect for their rights as an individual. During this inspection we reviewed how well the service were providing care and support and found the standards to be very good. People we met told us of some positive interactions delivered with warmth and kindness by care staff. People told us that staff are "lovely" and "caring". Overall, provision of care was reported by people using services as a positive experience from which people felt valued and respected. Some people described how well they got on with their support staff and spoke of them with warmth and fondness. One service user told the Inspector that needing care due to deteriorating health had been difficult. However, it was made easier by understanding support staff and that they appreciated the "banter and sensitivity".

We assessed wellbeing as very good because we evidenced improved person-centred practice through talking with people who use the service and staff, and looking at documentation. The service has worked hard to improve communication and consistency. For example, service users told us about the changes made to rotas and confirmed that, by and large, they had the same staff team looking after them. They acknowledged that, on occasions, there may be changes due to staff absences or that staff could be late due to emergencies or being delayed at a previous visit. This enables people to receive care in a manner more sensitive and responsive to their needs. For example, one service user stated that "the service reacts well in responding to spikes in my need of care".

However, whilst acknowledging improved communications by people using services with office staff, some people spoke with mixed responses on how this communication was received and expressed concern about the rota changes. People expressed concern for staff about a lack of travel time between visits, not always knowing who was attending, particularly if the rota had to be changed at late notice or not being told if staff were running late within reason leading to anxiety for people waiting on attendance.

One person stated:

"So far, the change to the new system does not convince me that it will be an improvement. No consistent pattern of service has yet become apparent. This, to me, is an admin problem rather than a carer problem".

We advised that the service should continue to monitor and improve communication.

(See area for improvement 1)

All people using care services should have a developed plan of care, which sets out how needs will be met linked to individuals needs, choices and preferences.

We found the service had developed the quality of support plans linked to the area for improvement set at the last inspection. Assessments and support plans should be holistic, and be supported by consistent approaches to care for those using the service through well developed, and specific interventions. We spoke with people who expressed positive comments.

Feedback from service users indicated they felt comfortable and safe in the staff providing their support. 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. This enabled people in receipt of care to have confidence in the people who supported and cared for them.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by good practice. We saw that people's physical care needs were being met and staff were able to make appropriate referrals to other health and social care professionals as required. For example, residents were supported to access to community based health services such as the tissue viability nurse, physiotherapist, dentists and opticians. We also noted some good examples of support for people with specific health needs.

One service user stated that the staff would encourage her to contact the GP service rather than doing it for her. She stated that she "was not off the hook because they (staff) check I've done it". This enabled people to take control of their decisions and promoted independence.

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. We sampled Medication Administration Records (MAR) sheets which had been improved and effectively recorded through use of good practice guidance to support safe administration for people using services. However, we noted that there was a lack of clarity regarding the use of prescribed topical creams. We advised that the service should consider introducing body maps for accuracy.

(See area for improvement 2)

We noted there was a very good level of satisfaction from people using this service and their families about the quality of care and support provided at this service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should continue to monitor and improve communication with people using services.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with'. (HSCS 3.8)

and

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support'. (HSCS 3.11)

'I can understand the people who support and care for me when they communicate with me'. (HSCS 3.12)

2. The provider must make sure that people who use the service have their prescribed medication given in line with their healthcare needs, the resulting care plan and the advice given by their representatives. This process must include adequate recording of the administration of all medications, including a record of topical creams.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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'. (HSCS 3.14)

and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (HSCS 3.18)

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24)

Grade: 5 - very good

Quality of staffing

Findings from the inspection

People receiving care should have confidence in the people who support and care for them. We received positive feedback about the quality of staff working within this service and noted many positive comments about staff.

People who experience care can expect that those who support them are courteous, respectful and compassionate, as this supports a trusting relationship, helping the person to feel at ease. Residents and relatives we met confirmed that the staff treated people well. They described staff as being respectful and kind.

People who use care services should feel confident their care and support will be delivered in a safe and consistent way by staff who they can build trusting and meaningful relationships with. The service had worked hard to introduce a more robust system by improving rota management and continuity of support for service users whilst allowing for absences such as emergencies, training and annual leave for allocating staff to support people. This is to ensure that there is a stable staff group meeting the needs of individuals on a day-to-day basis.

People made the following comments about rotas:

"So far the change to the new system does not convince me that it will be an improvement. No consistent pattern of service has yet become apparent. This to me is an admin problem rather than a carer problem".

"Its better for me health wise, I have longer to recover".

"Sometimes not enough time".

"We don't get travel time so it can be very tight".

"YES- I have the same staff coming to look after me".

The service understood the importance of safer recruitment. Appropriate checks were undertaken to ensure that people were suitable to enter the workforce. For example, prospective employees were required to complete an application form. We found that there was a clear recruitment policy and practice required applicants to undergo an enhanced Protection of Vulnerable Groups (PVG) Disclosure check and provide names of two suitable referees - one of which must be the previous employer. Records about PVG checks were appropriately and confidentially stored and recorded. This was very good practice in promoting safer recruitment of staff.

To help meet the needs of those who receive care and support, it is vital staff have the correct skills and knowledge. Staff informed us that they had regular access to training, including induction for new staff linked to their role. This was through the services "on line Redrock" learning programme. We were advised that the service intends to enhance learning and development opportunities for staff by introducing a more blended approach which is not over reliant on e-learning and designed to meet the needs of service users and improve practice. The manager reported that the service plans to introduce training which is based on "case studies" and is "more relatable". In addition, staff are to undertake end of life training. We advised that the service should extend the training programme to include Health and Social Care Standards, and use the SSSC Common, Core, Skills and Values and Step into Leadership.

(See area for improvement 1)

It is well recognised that good outcome-focused care comes from staff-centred support with mutual trust and respect. Where staff feel supported and have clear objectives set, better outcomes for people who experience care can be achieved. The service has a planned process for supervision. 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.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The managers and staff should extend the training programme to include Health and Social Care Standards, and use the SSSC Common, Core, Skills and Values and Step into Leadership to improve teamwork.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14)

and

'Staff have the right knowledge, competence and development to care for and support people'. (HSCS 3.2)

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

People should be confident that the services they use are organisationally well led and managed. We noted that the service has met two requirements and all 10 areas for improvement made at the last inspection in October 2018.

We found that there was very good management and leadership focussing the whole staff team on improving outcomes for people using the service. People largely spoke positively of the management team and confirmed they were approachable and dealt with any issues in a responsive way. However, one comment stated: "I feel that the opinions of staff about service users welfare is ignored/not taken seriously".

We found that communication was effective between the management and staff. This leads to better outcomes for service users as there is clarity about roles and responsibilities. The roles of support workers was continuing to be developed into a more responsible and professional role. The service continued to establish systems. For example, the management team have worked hard to implement systems of rota management, communication, effective training and supervision for staff. Staff told us they felt valued in their role.

We found that a variety of quality assurance processes and systems are used to assess and improve the quality of service. The service has a clear development plan which identified future objectives. We found that the service had worked hard to address all issues identified. For example, the implementation of an enhanced training plan and promotion of a more inclusive culture to empower people.

As an area for improvement, the management team should enhance their development plan to include a review the new rota system and evaluate the outcome for staff and people using the service taking account of travel time, communication and rota changes. The service should continue to involve service users, staff and relatives in the future direction and objectives of the service.

(See area for improvement 1)

We discussed with the manager the need to update their Certificate of Registration with the Care Inspectorate. We noted that the provider has met a requirement to "complete a review of the policies for compliance with Scottish legislation/guidance and rebrand to the providers company by the end of March 2016". The manager has agreed to submit a variation request to remove this condition.

(See area for improvement 2)

Service users should know how, and can be helped, to make a complaint or raise a concern about care and support. Service users told us that they had no complaints and were happy with the support provided. They were clear that they could contact the office about any concerns and found the office staff to be polite. Staff described how they were supported out--of-hours and that contacting senior staff for support and advice was not an issue. We found that there was very good management and leadership. People spoke highly of the management team and confirmed they were approachable and dealt with any issues in a positive and responsive way.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The management team should enhance their development plan to include a review of the new rota system and evaluate the outcome for staff and people using the service taking account of travel time, communication and rota changes. The service should continue to involve service users, staff and relatives in the future direction and objectives of the service.

This is to ensure care and support is consistent with the Health and Social Care which states: 'I have confidence in the organisation providing my care and support'. (HSCS 4)

2. The manager should submit a variation request to the Care Inspectorate to update the Certificate of Registration to remove Condition 4.

This is to ensure care and support is consistent with the Health and Social Care Standard which states: 'I have confidence in the organisation providing my care and support'. (HSCS 4)

Grade: 5 - very good

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

Previous requirements

Requirement 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 Standards 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'. (HSCS 3.14)

It is also necessary to comply with Regulation 9(1) - Fitness of employees of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 26 October 2018.

Action taken on previous requirement

At this inspection, we found that the service had robust processes for managing the fitness of the workforce. This included reporting and managing misconduct, safer recruitment, appropriate vetting and professional registration of staff.

Met - within timescales

Requirement 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 the 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 states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

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.

This requirement was made on 26 October 2018.

Action taken on previous requirement

We found that the service has implemented robust quality assurance processes which include all of the above.

Met - outwith timescales

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

Previous recommendations

Recommendation 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 states: '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'. (HSCS 1.15)

This recommendation was made on 26 October 2018.

Action taken on previous recommendation

We sampled personal plans and found them to be consistent with six monthly reviews.

If people's care needs changed, the service responded to ensure that service users received the right support as agreed in their contract.

This recommendation is: met.

Recommendation 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 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'. (HSCS 3.14)

and

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

This recommendation was made on 9 January 2017.

Action taken on previous recommendation

Senior staff are registered with the SSSC and are all in the process or have completed SVQ Level 4. In addition, we have advised that they also undertake Step into Leadership.

This recommendation is: met.

Recommendation 3

Training on the 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 states: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

The services training programme has been extended to include Mental Health Awareness training.

This recommendation is: met.

Recommendation 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 states: 'If I need help with medication, I am able to have as much control as possible'. (HSCS 2.23)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

The service had reviewed the policy on medication management. At this inspection, we found medication processes to be accountable. Whilst we accept that this area for improvement is met, we have advised that the service include the application of topical creams in medication management.

This recommendation is: met.

Recommendation 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 states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

We sampled the services quality assurance systems. We found that the service has in place appropriate monitoring systems for matters such as accident and incidents. These are audited to promote the safety and wellbeing of service users and staff.

This recommendation is: met.

Recommendation 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 states: 'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

We found recruitment processes to be accountable.

This recommendation is: met.

Recommendation 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 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'. (HSCS 3.14)

and

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

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

We found that the service has a training plan which staff reported to be good. The service is applying training for staff which promotes learning badges. The provider has introduced 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 includes induction, mandatory, accredited training (SVQ), and training to support staff in their roles (for example, medication).

This recommendation is: met.

Recommendation 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 states: 'I am confident that people are encouraged to be innovative in the way they support and care for me'. (HSCS 4.25)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

We found a planned programme of supervision in place. Staff interviewed confirmed they received supervisions and that they found their line managers to be supportive.

This recommendation is: met.

Recommendation 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 states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

This recommendation was made on 28 October 2018.

Action taken on previous recommendation

The service has developed quality assurance processes, including audits, spot checks and feedback. People we spoke with confirmed that the service is responsive to their needs and wishes.

This recommendation is: met.

Recommendation 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.

National Care Standards care at home - Standard 4: Management and staffing arrangements.

This recommendation was made on 28 October 2019.

Action taken on previous recommendation

We sampled the services development plan. We noted that it identifies future plans for continued improvement including enhancing communication and continued promotion of a training programme.

This recommendation is: met.

Complaints

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

Enforcement

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

Inspection and grading history

Date	Type	Gradings
26 Oct 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 2 - Weak

Date	Type	Gradings
3 Nov 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
2 Dec 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak

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