

Care at Home Services Housing Support Service

Orkney Islands Council
Council Offices
School Place
Kirkwall
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Type of inspection:
Unannounced

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10 August 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004077124

About the service

Care at Home Services is registered to provide a housing support and care at home service.

The service provides support to adults in their own homes. Staff provide a range of support including personal care, help with meals and support with medication.

The service is provided by Orkney Islands Council and operates from the council office in Kirkwall.

About the inspection

This was an unannounced inspection which took place between 31 July and 10 August 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 28 people using the service
- interviewed 12 relatives
- interviewed two external professionals involved with people being supported
- spoke 14 care at home assistants, 2 coordinators, lead coordinator and service manager
- reviewed a range of documents and records.

Key messages

- People were satisfied with the care and support provided by the service.
- The recent management team had identified areas that required improvement and were making early progress to take the service forward.
- Improvements needed to be made with communications, support plan documentation, medication administration and staff training and development.
- Work had been carried out to promote consistency of care through recruitment of staff and better organisation of staff teams.
- We had confidence in the management team's ability to improve and sustain improvement within the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We made an evaluation of good as there was a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

We observed warm, genuine, kind and respectful interactions when staff provided support. Support was carried out in an unhurried way dictated by the pace of the person being supported. Personal care was carried out discreetly and the privacy of each person was maintained. We heard many positive comments around the support provided by staff.

"These lassies [care at home assistants] that look after me are great - 10 out of 10."

"The staff are pleasant and respectful, I have no complaints."

There were occasions when communications could be better especially around changes to staff cover for people who received support (see area for improvement 1).

Staff struck a good balance when supporting people - encouraging individuals to participate and use the skills that they have. The Home First team demonstrated effective approaches in helping people regain levels of independence.

Mainstream homecare staff also took a re-ablement approach which meant people were encouraged to remain as independent as possible and involved in making decisions about their day to day support.

Staff linked with other agencies both within and outwith the organisation to benefit people. For example, they referred people to the occupational therapy service for adaptations to their home and the care manager when there were concerns around potential self neglect. The service also utilised third sector agencies for social support.

Staff followed the principles of the good practice guidance Care About Physical Activity (CAPA) to promote and maintain people's mobility.

Service information for people who used the service was being reviewed, this included the service agreement.

The management team had made a positive impact in reducing the waiting list for people referred to the service, meaning they were effectively targeting people with the greatest need for support. The service responded quickly to the changing needs of people which included providing end of life care for people who wished to remain at home.

Staff who provided regular support to people demonstrated a good knowledge of their current needs and how support should be aligned to each person's wishes and preferences. However, support plans we sampled were mixed in terms of layout, organisation of content and most lacked person-centred information.

Details about people's identity, social and cultural information was often scarce. The service provider had identified work was required in this area. There were occasions when people received support from staff who were not the usual support worker and they rely on the support plan to guide practice (see area for improvement 2).

Progress had been made with carrying out care reviews. We concluded that these could be used better to audit support plans in a more qualitative way against the Health and Social Care Standards and the Quality Framework for housing support services and care at home services. This would help reflect the positive outcomes people had experienced as a result of support provided (see area for improvement 2).

People benefited from staff encouraging them to eat and drink well when they were assessed as needing this support. Staff took time when they provided meals. This type of core support is important for keeping people well.

Having the right medication at the right time is also important for keeping people safe and well. Overall, staff followed good practice when providing this type of support. We noted, however, that some improvements could be made as far as following best practice, particularly using the current system for recording when medication was administered and using handwritten entries. Medication audits had not been carried out as frequently as we would expect (see area for improvement 3).

People benefited from the provision of a range of equipment to help keep them safe and well. This included community alarm systems, falls alarms and equipment used for moving and assisting. Staff demonstrated skill and competence when using this equipment.

Staff adhered to good infection prevention and control practice when they provided support.

Areas for improvement

1. The provider should ensure that people are fully informed in advance when there are changes made to staff cover.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

2. The provider should ensure that each person has an up to date support plan which reflects their current needs, wishes and preferences and provides sufficient information to guide and direct staff when they provide support. Care reviews should be used to check the accuracy and effectiveness of planned support, capture the views of people using the service and reflect the outcomes achieved as a result of the support provided.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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) and "My care and support meets my needs and is right for me" (HSCS 1.19).

3. The provider should review the current medication policy, procedure and associated recording system used when staff provide support in administering medication. Regular and robust audits should be completed to ensure that good practice is being followed by staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based upon relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

4 - Good

We made an evaluation of good as there was a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

The service manager demonstrated good leadership skills and was clearly committed to working partnership with staff of all levels to help take the service forward. There continued to be a recruitment drive to fill vacant posts. Changes had been made to teams of care at home assistants to help promote continuity of support. Feedback from people we spoke with supported that continuity of care had recently improved.

"We had issues with four different staff visiting on the one day - this has improved greatly in the past month. The current carers are good at their job, they have the right skills and are kind."

There was a range of quality assurance systems in place to help the management team have an overview of key aspects of the service and check if people were being kept safe and well.

A number of systems and processes in use needed further development and re-activation to ensure the management team had an accurate picture and better oversight of key areas of performance. The monitoring system to check if staff had adequate time to support people was being worked on.

Having skilled and competent staff is important to ensure the safety and wellbeing of people in receipt of support. Further work was needed to support and better develop staff. The training programme should be reviewed to ensure that it effectively equips staff with the necessary skills and knowledge to support people. This training should include but not be limited to supporting people living with dementia, helping people to eat and drink well, supporting people with specific medical conditions, adult support and protection and the safe administration of medication.

The service manager had identified a need to improve the training programme. It was also highlighted that the service needed to build on regular staff meetings, staff supervisions and observations of practice (see area for improvement 1).

Initial enquiries had been made by the service manager to take this forward and had been included in the service improvement plan. We were confident in the management team and the service's capacity to make and sustain improvement.

People's views had been obtained through a recent survey issued by the management team to gather people's views about key aspects of the service. There were plans in place to use this information to shape the ongoing development of the service.

The service recorded any complaints received and subsequent actions taken. There was relatively low complaint activity within the service. We concluded the service treats complaints seriously, provides an appropriate response to people who have raised the complaint and uses these to take a "lessons learned" approach to reduce risk of recurrence.

Areas for improvement

1. The provider should develop the staff training programme to ensure staff have the necessary skills and knowledge when providing support. Staff supervisions, observations and meetings should be carried out aligned to the organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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