

Capability Scotland - Wishaw Supported Living Service - Care at Home Support Service

The Alexander Anderson Centre
18 East Thornlie Street
Wishaw
ML2 8BB

Telephone: 01698 372003

Type of inspection:

Unannounced

Completed on:

2 November 2018

Service provided by:

Capability Scotland

Service provider number:

SP2003000203

Service no:

CS2003055019

About the service

Capability Scotland is a registered charity who provides services to adults with complex physical and learning disabilities.

The office base for this service is in the Alexander Anderson centre, in Wishaw where the manager, team leaders and administrators work from. People are supported to access community activities and are supported within their own home, to achieve their outcomes in life. Additionally, there is one area manager who oversees this service as well as others across Scotland.

What people told us

We received a total of two questionnaires, as part of our inspection of the service. These were completed by people who use the service and/or their relatives. On reviewing these questionnaires, we found that 100% of responders completing the question were overall happy, with the quality of the service provided.

We attended an art and crafts workshop as part of the inspection and spoke to three 'customers' during the visit who made the following comments:-

"I am happy with the staff they support me to live in my own house and help me cooking and doing my own shopping".

When asked if staff were good to them one 'customer' said "Aye".

"People are looking after me ok, I go to friends for u and I love it, I am so happy with the staff they treat me well".

Self assessment

Not applicable

From this inspection we graded this service as:

| | |
|--------------------------------------|----------|
| Quality of care and support | 4 - Good |
| Quality of staffing | 4 - Good |
| Quality of management and leadership | 4 - Good |

Quality of care and support

Findings from the inspection

The personal plans we examined described and treated people respectfully and positively, and unique and personal information was recorded. We saw that some of the information was being used to make a positive difference in the lives of the people receiving support.

Although, we found some very good information, for example in the one page profile. Overall, we thought that care plans were cumbersome and repetitive. It was good to hear that the service already has plans in place to streamline care plans.

Risk assessments were in place to support people's health and safety and covered a variety of situations.

We attended an arts and crafts workshop as part of the inspection and spoke to staff and customers and observed practice.

We saw lots of laughter and smiles throughout. Customers were supported to make their own decisions with kindness and empathy. Customers were very relaxed with staff and we thought that staff treated customers with dignity, respect and as equals. We thought that the practice we observed was very good. We thought that staff demonstrated very good skills and knowledge when communicating with customers.

Staff described a range of activities that people take part in. We thought that this demonstrated that people who use the service have a very good quality of life and regularly take part in activities in the community for example, swimming, going to the pub.

We would like to see clearer information on the range of activities that people take part in. We suggest that each person, where appropriate, has their own activity planner/diary to demonstrate this.

We found some examples, that Medication Administration Records (MAR) sheets were being hand written, as printed MAR sheets were not provided by the local pharmacy. We emailed the service the Care Inspectorate publication 'Review of medicine management procedures Guidance for care at home services'. The manager has agreed to review current practice to ensure it complies with this guidance.

We found examples in a care plan where people were aware that their behaviour was not always appropriate, however, it was not clear what the behaviour was and there was not always clear information on how this behaviour was managed.

We suggest that there should be clear information on what behaviour is thought to be inappropriate and clear instructions for staff on how to deal with this.

We found very good information on how personal care was to be carried out, which demonstrated the person was being supported to maintain their dignity, skills and abilities and staff were not being overly intrusive.

In one care plan, we found four different documents in different places of how epilepsy should be managed. We thought this could be confusing for staff and increase the risk of something going wrong. We suggested that there should be one plan covering how this persons epilepsy is managed.

In one care plan, we found a post it note in the front of an eating plan saying 'current', this was not signed or dated and we suggest this is not good practice.

It was good to see that ABC charts were in place to manage 'challenging behaviour' and there was clear information on possible triggers, however, it was not clear what strategies were in place to reduce the amount of 'challenging behaviour' incidents. It was not clear if staff had received up-to-date training to reflect the latest best practice guidance. We suggested that the service consider, 'The Newcastle Model' for managing 'Stress and Distress'.

It was recorded that a persons behaviour could be obsessive and this could affect 'agreements'. There was no information on what these 'agreements' were or any documentation to authorise such agreements. It was not clear if the person has been consulted and has agreed to any 'agreements'.

We found that health outcomes for people had improved as a result of support delivered. We saw that other professionals such as the multidisciplinary team were involved for support, if required. This offered a holistic approach to meeting people's outcomes.

We were satisfied that the majority of reviews have taken place within the legal framework of every six months. We were satisfied with the explanation given where reviews had not taken place which we found to be reasonable.

We made one requirement at the last inspection and we were satisfied that the issues raised have now been addressed.

We made five recommendations at the last inspection three of which have been met. There was still work to do to meet the other two.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We spoke with six staff during the inspection.

We thought that staff were skilled and knowledgeable about the people they support.

We found that staff had access to appropriate training to enable them to do their job including elearning.

Some staff had an appropriate qualification to register with SSSC and some staff were currently working towards an appropriate qualification.

Regular supervision was in place. It was good to hear that Capability have written a new supervision policy to comply with SSSC guidelines and this will be introduced in December 2018. We look forward to seeing how this improves performance going forward.

Staff were not always aware of 'Keys to Life Improving quality of life for people with learning disabilities' the Scottish Government strategy document which underpins current best practice. It was good to see that plans were in place to address this.

Staff were aware of the new national care standards (NCS) and the SSSC codes of practice.

Staff had received adult support and protection training and were aware of their responsibilities to report.

We received six Care Inspectorate Staff questionnaires before the inspection the majority of which did not raise any issues although, one indicated that staff did not meet up regularly and did not ask staff opinion on how the service could improve.

We received the following comment from staff in a questionnaire:-

'The training I receive is the bet on offer. I would not work for a company that did not meet strict standards. I take great pride in my work. I enjoy working for Capability as my team leaders/managers value my opinion and are always willing to listen and offer advise'.

We made five recommendations at the last inspection, three of which have been met and there was still work to do to meet the other two.

One of the recommendations relates to quality of staffing.

We looked at the staff training matrix where staff had access to range of mandatory and specialised training for example, epilepsy and enteral feeding. It was good to see that some staff had received autism training and, where appropriate, we thought this should be rolled out to all staff .We did not see any information on staff training on how to manage 'challenging behaviour'. We recommend the manager considers introducing 'The Newcastle Model' for managing 'Stress and Distress'. It was not clear on how decisions were made on who should attend which training. This should be based on decisions made at supervision and we suggest that each member of staff has an individual development plan and individual training plan linked to their own developments needs. However, it was good to see that Capability has developed a new supervision policy linked to Scottish Social Services Council (SSSC) guidance and expectations. We look forward to seeing how this develops at future inspections.

We saw that clear plans were in place to address this recommendation, however, these have not yet been fully implemented.

We believe the service is moving in the right direction and we will continue to monitor progress at future inspections. (see Recommendation)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should further develop their training matrix, that is clearly influenced by, and links into staff supervision and training needs. This must include information of training needs identified, requested, planned, attended and due for renewal.

Health and social care standards My support ,my life:-3: I have confidence in the people who support and care for me.

Health and social care standards My support ,my life:- 4: I have confidence in the organisation providing my care and support.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

It was good to see that the service already had a development plan in place, to address some of the issues identified at this inspection for example, streamlining care plans and training for staff on 'Keys to Life'.

Capability Scotland has recently introduced a new quality improvement framework, to evaluate and identify performance. We look forward to seeing how this informs and improves practice going forward.

We found that the service responds appropriately to in house complaints that have been received. We found that there was a formal process in place, to process complaints received which complies with best practice.

Accidents and incident records were in place, however, we thought the level of detail could be better and examples of this were discussed with the manager.

It was good to see that Medication Administration Record (MAR) sheets were being audited however, we were concerned that the system was not robust and did not clearly indicate what was being checked. We signposted the service to the Care Inspectorate website to identify a suitable checklist.

We found that the service has a robust system in place to manage people s finances, to keep their money safe and finances were audited regularly.

It was really good to hear that Capability Scotland has written a new policy on staff supervision, to take into account Scottish Social Services Council (SSSC) guidelines and it is anticipated that this will be in place by December 2018.

The manager was aware of the issues which must be notified to the Care Inspectorate.

We received positive feedback from staff and team leaders about the manager. They felt she was approachable and an effective manager.

We looked at audits which had been carried out by both staff external to the service and internal managers. We noted the actions required as a result of the audits. This meant that there was monitoring of service delivery from various roles within the service.

The service provides regular monitoring reports to North Lanarkshire Council (NLC) which serves as an additional method to monitor performance.

We suggested to the manager that the service could be better in how it monitors and evaluates the audits which are in place to help improve performance.

Overall, we thought the system of audits could be better organised, however, we appreciate that due to staffing issues this has not been possible at this time. We will continue to monitor the system of audits going forward.

We thought that the service was moving in the right direction and clear plans were in place to address the issues identified by the provider and at this inspection. We look forward to seeing how this develops going forward.

We have requested that the service submit a variation to ensure their registration reflects the current service provision.

We made five recommendations at the last inspection three of which have been met and there was still work to do to meet the other two.

One of the recommendations relates to quality of management and leadership.

The use of agency staff remains an issue for the service despite genuine attempts to resolve this through on-going recruitment.

We will continue to monitor this at future inspections.

(see Recommendation)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should continue to focus on reducing agency staff within the service, to improve outcomes for people and create stability within the teams. Additionally, this should be demonstrated by way of an improvement plan, how they are going to achieve this and include timelines for completion.

Health and social care standards My support ,my life:-4: I have confidence in the organisation providing my care and support.

Grade: 4 - good

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

Previous requirements

Requirement 1

All staff should have access to formal supervision, with their line manager on a regular basis and take part in their appraisal, in accordance with the company's standards. Additionally, robust audit procedures will show evidence in supervision and appraisals records of how observational monitoring is used to develop staff skills and identify practice areas for those staff, who require additional support.

Team meetings should also take place regularly as part of supervision and best practice.
The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), Regulation (15) (b) (i)

Timescale: This should be completed by 31 May 2018

This requirement was made on 13 December 2017.

Action taken on previous requirement

At this inspection, we found that staff had access to regular supervision. We also found that the service has started to carry out observations of staff practice. It was good to hear that Capability has written a new supervision policy, to comply with SSSC guidelines and this will be introduced in December 2018. We found that team meetings were now being held regularly.

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 service should make sure that everyone using the service has the opportunity to participate in all aspects of care planning.

National Care Standards, Care at home - Standard 3, Your personal plan.

This recommendation was made on 13 December 2017.

Action taken on previous recommendation

We found comprehensive evidence that people were able to contribute to the care planning process.

This recommendation has been met and will be removed.

Recommendation 2

Outcomes for people should be meaningful and have clear tools, to measure how these are being achieved and evidence how people have been involved in the review of care plans every six months.

National Care Standards, Care at home - Standard 3, Your personal plan.

This recommendation was made on 13 December 2017.

Action taken on previous recommendation

We were satisfied that the majority of reviews have taken place within the legal framework of every six months. We were satisfied with the explanation given where reviews had not taken place which we found to be reasonable.

We have made a suggestion on how the service can demonstrate outcomes in the report.

This recommendation has been met and will be removed.

Recommendation 3

The service should be clear and demonstrative in how they involve people and their relatives in the recruitment of staff.

National Care Standards - Care at home - Standard 11, Expressing your views

This recommendation was made on 13 December 2017.

Action taken on previous recommendation

There was very good evidence that people are involved in the recruitment of staff by sitting in during interviews, asking questions and contributing to the decision making process.

This recommendation has been met and will be removed.

Recommendation 4

The service should further develop their training matrix that is clearly influenced by, and links into staff supervision and training needs. This must include information of training needs identified, requested, planned, attended and due for renewal.

National Care Standards, Care at Home - Standard 4, Management and Staffing

National Care Standards, Housing Support - Standard 3, Management and Staffing.

This recommendation was made on 13 December 2017.

Action taken on previous recommendation

We looked at the staff training matrix where staff had access to range of mandatory and specialised training for example, epilepsy and enteral feeding. It was good to see that some staff had received autism training and, where appropriate, we thought this should be rolled out to all staff. We did not see any information on staff training on how to manage 'challenging behaviour'. We recommend the manager considers introducing 'The Newcastle Model' for managing 'Stress and Distress'. It was not clear on how decisions were made on who should attend which training. This should be based on decision made at supervision and we suggest that each

member of staff has an individual development plan and individual training plan linked to their own developments needs. However, it was good to see that Capability has developed a new supervision policy linked to Scottish Social Services Council (SSSC) guidance and expectations. We look forward to seeing how this develops at future inspections.

We saw that clear plans were in place to address this recommendation, however, these have not yet been fully implemented.

We believe the service is moving in the right direction and we will continue to monitor progress at future inspections.

This recommendation has not been met and will be restated.

Recommendation 5

The manager should continue to focus on reducing agency staff within the service, to improve outcomes for people and create stability within the teams. Additionally, this should be demonstrated by way of an improvement plan, how they are going to achieve this and include timelines for completion.

National Care Standards, Care at Home - Standard 4, Management and Staffing
National Care Standards, Housing Support - Standard 3, Management and Staffing.

This recommendation was made on 13 December 2017.

Action taken on previous recommendation

The use of agency staff remains an issue for the service despite genuine attempts to resolve this through on-going recruitment.

We will continue to monitor this at future inspections.

This recommendation has not been met and will be restated.

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 |
|-------------|-------------|---|
| 13 Dec 2017 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate |
| 7 Oct 2016 | Unannounced | Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed |
| 8 Oct 2015 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good |
| 4 Dec 2014 | Unannounced | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 19 Dec 2013 | Unannounced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good |
| 15 Oct 2012 | Unannounced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good |
| 1 Sep 2010 | Announced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed |
| 23 Sep 2009 | Announced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good |

| Date | Type | Gradings | |
|------|------|---------------------------|----------|
| | | Management and leadership | 4 - Good |

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