

Castle Care (Scotland) Ltd Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 2 June 2017

Service provided by:
Castle Care (Scotland) Ltd

Service provider number:
SP2013012212

Care service number:
CS2013322100

About the service

Castle Care (Scotland) Ltd is a care at home and housing support service registered to provide services to adults with learning disabilities, physical disabilities and mental health needs and to older people living in their own homes. The service has been operating since it was registered with the Care Inspectorate in May 2015. The service was operating in the Highland areas, predominantly in the Inverness and Nairn area.

The aims of the service are:

'Castle Care is a company whose main aim is to support people in their own homes. We believe that service user / customer involvement is important. This means that we can take into account your experience, needs and wishes. We believe this approach is effective in promoting better care and outcomes for you when you are using our service'.

What people told us

For this inspection, we gathered people's views in a variety of different ways. We asked the service to hand out:

- 40 Care Standard Questionnaires for supported people and we received nine back and
- 30 staff questionnaires and we received 12 back.

During the inspection we spoke with four people who experience care from the service and five relatives. Some of the views people spoke with us were:

- 'They always ask before they go, is there anything else we can do for you?'
- 'They are very helpful, I have nothing but praise for them.'
- 'They are a great support.'

Relatives spoke highly of the service. We were told:

- 'The support is invaluable. We are reassured that someone is there to help with the essentials.'
- 'The help we receive is the difference between living at home or moving into a care home.'
- 'We can go and visit now and enjoy our time together rather than rushing to help with practical and caring tasks.'
- 'They have helped us out when we needed them, when we needed extra support or visits at a different time. We are very thankful for their help.'
- 'Staff are very friendly, polite and efficient.'
- 'Running notes are helpful as can see how my relative has been since I last saw them.'
- 'Staff are good at keeping in touch - they use a diary and also phone when it is something more important.'

Self assessment

A self-assessment is no longer requested for this type of service. Providers have been asked to make available their improvement and development plan and for this inspection we reviewed the provider's business development plan and quality assurance processes.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

The quality of care and support was good. Clients told us that it made a big difference to their quality of life and helped them to live as independently as possible. A client said the staff were, 'very helpful' and 'I have nothing but praise for them'. Relatives said that the service provided good, reliable care which meant they could now enjoy spending time together as a family.

Clients and relatives told us that the service was good at communicating with families and health professionals. A client was pleased that staff had arranged a home visit from a GP when they became unwell. Relatives said they could rely on the service to provide additional care at short-notice when it was required.

The quality of care was reviewed at 6 monthly meetings and feedback from clients and their families used to make improvements. For example a client's visit times were altered to suit their lifestyle and confident staff with the right knowledge and skills were assigned to another client with more complex health needs.

Some clients said they were pleased with the quality of their care because it was provided by regular staff who knew them and how they liked to be supported. Other clients felt there were 'too many faces' and that the quality of their care was less good because the staff did not know them well enough **(see Recommendation 1)**.

Assessments and support plans did not always provide accurate and specific guidance on the best way to support clients **(see Recommendation 2)**. Some support plans which had been completed more recently were detailed and person-centred which gave us confidence that the service had the capacity to improve the quality of support planning.

Written records relating to health, safety or wellbeing concerns were incomplete and disorganised which made it difficult for the manager to ensure that appropriate action was taken in a timely manner **(see Recommendation 3)**.

There were a lot of gaps in the record of visits which made it difficult for the provider to monitor whether clients were being visited at the right time for the agreed amount of time. The service needs to keep an accurate record of visits and ensure that they are reviewed regularly by a senior member of staff **(see Recommendation 3)**.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Service users should feel confident that their care and support is provided by staff they are familiar with and who have a good knowledge of their needs and how they like to be supported.

National Care Standards, Housing Support Services: Standard 3 - Management and staffing arrangements.

2. Each service user should have an assessment and support plan which provides up-to-date, person-centred guidance on how to meet their health, safety and wellbeing needs.

National Care Standards, Housing Support Services: Standard 4 - Housing support planning; Principles - Realising Potential.

3. The service should improve the standard of record-keeping and use records to promote better outcomes for service users and improve the quality of the service.

- Concerns about service users' health, safety or wellbeing, along with any follow up action, should be recorded in a timely manner and in a format which allows the manager to quickly and easily monitor that appropriate action is taken.

- An accurate record of visits should be maintained and monitored by the manager to ensure service users receive the agreed level of support.

National Care Standards, Housing Support Services: Standard 3 - Management and staffing arrangements.

Grade: 4 - good

Quality of staffing

Findings from the inspection

The provider had improved the standard of the staffing theme to an adequate level.

Recruitment practices had improved however there were further improvements required. For example, the provider needed to check with a referee to ascertain if they had authority to give a reference; or ensuring a reference had come from the candidate's most recent line manager. Some practical solutions were discussed with the provider based on the "Safer recruitment through better recruitment" guidance issued in November 2016. For example, the application form didn't enable or promote candidates to complete their personal statements and a number of application forms reviewed had no information in these sections; the reference format meant referees were not completing all the required sections, and we thought this could be better laid out to ensure these sections were completed fully. Some of these issues were affected by how well

the candidate or referee had completed the forms. There were some concerns with the evaluations the provider was making based on the information available to them and the requirement has been updated to reflect this (**see Requirement 1**).

Staff induction had developed and there was evidence of improvements, for example, staff members' induction checklists had been completed. The provider needed to identify who was responsible for signing off the whole induction process as the completion signature section was often unsigned.

The provider had reviewed their training and had completed a training needs analysis alongside a training plan. There were minor gaps in the training of staff which the provider had plans to address, utilising in-house trainers to support this. Staff told us they had good training opportunities, including additional courses through eLearning. Some people told us they had more confidence in particular staff, but generally they found staff to be good.

Three staff members were required to be registered with the Scottish Social Services Council but were not. This was raised with the provider during the inspection, who then took immediate steps to address this. The provider needed to develop ways to ensure staff are registered within required timescales and maintain their registration for their role.

Staff had opportunities to meet with their line manager for their formal supervision sessions. The director had developed an appraisal format which they were in the process of introducing which would be used to review staff members' practice annually. Staff were observed by a line manager who completed a practical supervision session. This approach enabled feedback to be sought from the supported person, which meant an all-round feedback was then given to the staff member about their practice.

Requirements

Number of requirements: 1

1. The provider must review recruitment procedures to ensure that:

- The person completing the recruitment processes had competency to do so,
- There is someone within the organisation who takes overall responsibility for signing off recruitment processes and paperwork once completed,
- Full information about prospective candidates is disclosed on application forms, including their personal statements to allow the provider to short list appropriately,
- References are checked to ensure they are from an appropriate person, i.e. the candidate's line manager or previous employer and consider that the referee has authority to give the reference,
- Where there is uncertainty or lack of information, the provider must consider the next steps, for example, do they need to gain another reference, do they need to contact the candidate or a referee for more information.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 9(1) and 9(2)(a) and 9(2)(b) and (9)(2)(c) Fitness of Employees and Regulations 6(2)(a) and 7(2)(d).

Scottish Social Services Council Codes of Practice for Employers 1.1 and 1.3.

National Care Standards, Care at Home: Standard 4 - Management and staffing.

National Care Standards, Housing Support Service: Standard 3 - Management and staffing arrangements.

Timescale for points 1 and 2 by 2 August 2017.
Timescale for points 3 to 5 by 2 December 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The quality of management and leadership was adequate. The staffing structure within management roles had changed recently and it was not always clear who had responsibility for what. For example, who was responsible for ensuring recruitment processes had been completed to an acceptable standard, or who was responsible for signing off staff members' induction at the end of that process.

It was identified there were a number of different approaches when staff handed over information, which meant the electronic care system the service used, was not always up to date. This made it difficult for key personnel to access all the relevant information about the developing needs or concerns in relation to people the service was supporting. This additionally meant the registered manager, who had overall accountability for the service, was not always aware of all aspects about the service. The provider should review roles and responsibilities within the management team to ensure there were clear accountable people responsible for the various functions within the service. The provider should utilise the electronic care system to record important information so this is available to all staff (**see Recommendation 1**).

There was an internal role responsible for quality assurance and there was evidence in a variety of places, which demonstrated improvements had been made. For example, there was a checklist within recruitment files, case file audits had been completed and there had been steps taken to address some of the areas identified. What was not always clear was who was responsible for the overall accountability in these areas, which we capture in recommendation 1.

The director was considering different approaches to capture people's views more regularly. There had been developments with care reviews and staff's practical supervision which had offered different opportunities to gain feedback from people using the service about staff and the management. The director wished to gain people's views regularly throughout the year.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should establish clear roles and responsibilities within the management team, whilst ensuring the registered manager has overall accountability for the service.

National Care Standards, Housing Support Services: Standard 3 - Management and staffing arrangements and National Care Standards, Care at Home: Standard 4 - Management and staffing.

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must immediately review recruitment procedures to ensure that:

- full information about prospective candidates is disclosed on application forms, including full employment history
- previous employer references are gained before prospective candidates commence working with vulnerable adults who use the service
- references are checked to ensure that they are authentic
- all current employee recruitment records are reviewed and steps taken to address any gaps within their recruitment files to ensure that staff have met safer recruitment practices.

This is to comply with:

Regulations 9(1) and 9(2)(a) and 9(2)(b) and (9)(2)(c) Fitness of Employees and Regulations 6(2)(a) and 7(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Scottish Social Services Council Codes of Practice for Employers 1.1 and 1.3.

National Care Standards, Care at Home: Standard 4 - Management and staffing.

National Care Standards, Housing Support Service: Standard 3 - Management and staffing arrangements.

Timescale: We wrote to the provider after our inspection asking them to complete these actions within 4 weeks of receipt of our letter dated 16 June 2016.

This requirement was made on 10 June 2016.

Action taken on previous requirement

The provider had carried out a review of all recruitment files and had taken steps to address the various gaps in information. For example, there had been additional sheets retrospectively added into people's application forms which gave full disclosure of employment history; there had been retrospective references sought and added into staff files where there had been gaps.

The provider needed to continue making improvements and ensuring they were evaluating the information for quality to sufficiently meet safer recruitment guidance.

This requirement will be reworded within the inspection report.

Not met

Requirement 2

The provider must ensure that all staff receive the mandatory training that they require to enable staff members to work safely and consistently across the service. To achieve this, the provider must:

- carry out a training needs analysis
- devise a training plan to address the gaps identified in the training needs analysis
- devise a timescale for refresher training sessions.

This is in order to comply with:

Regulations 15(a) and 15(b)(I) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

National Care Standards, Care at Home: Standard 4 - Management and staffing.

National Care Standards, Housing Support: Standard 3 - Management and staffing arrangements.

Timescale: We wrote to the provider after our inspection asking them to complete these actions within 4 months of receipt of our letter dated 16 June 2016.

This requirement was made on 10 June 2016.

Action taken on previous requirement

The provider had completed a training needs analysis of the service and had created a training plan. The provider had identified timescales for refresher courses. The provider had a plan in place to address any training gaps identified which was using their in-house trainers.

Met - outwith timescales

Requirement 3

The provider must ensure that they have robust quality assurance systems in place that reviews and evaluates all areas within the service to include the implementation of policies and procedures. Actions should be identified along with a plan to address the areas of concern and the provider should ensure that this is shared with appropriate people.

This is in order to comply with:

Regulations 4(1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: Within six months of receipt of this report.

This requirement was made on 10 June 2016.

Action taken on previous requirement

The provider had updated their quality assurance policy in March 2017 and had created an internal quality assurance role.

The organisation's business plan detailed steps to continue developments in quality assurance. Additional team leader roles had been introduced into the staffing structure and their roles would support quality assurance developments with staff.

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 provider should ensure that the support documentation about clients is completed in a person centred manner, in particular risk assessments.

National Care Standards, Care at Home: Standard 3 - Your Personal Plan and National Care Standards, Housing Support Service: Standard 4 - Housing Support Planning.

This recommendation was made on 10 June 2016.

Action taken on previous recommendation

The provider had partially completed the work needed to fulfil this recommendation. For example, some risk assessments had been completed in a more person centred way, but others had remained the same. It was agreed to continue to monitor the improvements needed in this area.

Recommendation 2

The provider should ensure that all clients' support and support documentation is reviewed six monthly or sooner if needs change, evidencing involvement of the client.

National Care Standards, Care at Home: Standard 3 - Your Personal Plan and National Care Standards, Housing Support Service: Standard 4 - Housing Support Planning.

This recommendation was made on 10 June 2016.

Action taken on previous recommendation

The provider had completed case file audits and people were having reviews within the required six month timescale.

This has been met.

Recommendation 3

The provider should review how they plan and schedule carers to ensure that they are fulfilling their contracts and schedules agreed with clients.

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

This recommendation was made on 10 June 2016.

Action taken on previous recommendation

The provider had developed their approach to monitoring the performance in this area. For example, scheduling was being developed to ensure that care runs were working more efficiently, but there needed to be review of the electronic system used to monitor as this was not always working effectively.

There were some improvements necessary and we will continue to monitor this area.

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
10 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 2 - Weak Management and leadership 3 - Adequate
16 Jun 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

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