

Inspection report

Hazelhead Homecare Housing Support Service

Block 4
Tantallon Court
Castlehill Industrial Estate
Carluke ML8 5UF

Inspected by: Rick O'Dowd
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 12 November 2008

Service Number

CS2004070597

Service name

Hazelhead Homecare

Service address

Block 4
Tantallon Court
Castlehill Industrial Estate
Carluke ML8 5UF

Provider Number

SP2004005809

Provider Name

Hazelhead Homecare Ltd

Inspected By

Rick O'Dowd
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

12 November 2008

Period since last inspection

9 months

Local Office Address

Princes Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction

Hazelhead Home Care offers a range of services to individuals in their communities. The service has been operating for 11 years and was registered by the Care Commission in November 2004. The service operates from three bases in Carlisle, Cumbernauld and Ayrshire. Their aim is to provide a service which supports service users to live an "independent life". The care packages offered to Service Users were task driven and times were agreed based on how long these tasks should take.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 3 - Adequate

Quality of Staffing - 3 - Adequate

Quality of Management and Leadership - 3 - Adequate

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission

Views of service users

Views of Service Users were collated through questionnaires and telephone contacts. 34 people responded out of a total of 80 invited to participate in the inspection. Some of these people had their views represented by family members/carers or other representatives. 34 of the Service Users were contacted directly in relation to the unannounced component of the inspection which specifically related to punctuality, professionalism, effective communication and the extent to which staff delivered the agreed service.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements

from previous inspections and complaints or other regulatory activity.

During the inspection process

There were two visits to the Service as part of this inspection. The first was unannounced on 17 September 2008 where there was a specific focus on staff recruitment and ensuring that service delivery on that day was commensurate with Service Users care packages.

This visit was followed up with an announced visit on 22 October 2008 to consider a wider range of issues.

Staff at inspection

30 staff had been sent questionnaires inviting them to participate in the inspection. Only one had been received by the time the report was completed. The Registered Manager and the Operations Manager were interviewed during the inspection.

Evidence

Along with views of staff and Service Users, Care Commission Officers examined the computerised data base, staff files, personal plans, staff work schedules/time sheets, monitoring and standards data, staff appraisals, training records, staff news letters, internal investigation records, communication records, written agreements, policies and procedures, staff hand book, service user information pack and service user questionnaires (internal).

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There were two requirements from the last inspection:

1. The Care service must review and develop its existing Adult Protection policy to meet the needs of its service users.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of service users.

Action had been taken to meet this requirement. The policy could be improved by being more closely aligned with the policy and procedures of the Host Local Authority. (See recommendation 7)

2. The care service will ensure access to appropriate training in adult abuse issues and use of associated policy and procedures to all staff with access to service users.

This is in order to comply with SSI 2002/114 Regulation 13(c) – a requirement to ensure that person employed in the provision of the care service receive – (i) training appropriate to the work they are to perform.

Action had been taken to this requirement.

Comments on Self Assessment

The self-evaluation had been completed and identified strengths and areas for improvement.

View of Service Users

Out of people who were specifically consulted about the punctuality, professionalism, effective communication and the extent to which staff delivered the agreed service, 22 responded. Only two people had concerns. One related to a missed visit and the other felt that there was not enough time allocated to tasks. The other 20 were very positive and comments included:

“The girls are always helpful and kind, as are the office staff.”

“Staff we have are most caring and considerate...only praise can be given”.

“All the girls are wonderful with their care and consideration. My health had vastly improved since coming out of hospital”.

Over and above that exercise service users were asked to comment more generally about the service. Those who responded indicated that they were either satisfied with the service or very satisfied. Several Service Users were unclear if there was a complaint’s procedure. One person stated that:

“With the various carers attending I have to waste valuable time explaining my chores...continuity of staff would be great. I know and understand that staff duties (days off etc.) make this difficult”.

View of Carers

Carers were generally positive about the service. Comments included:

“All of the carers who have been at my mother are very good and I am pleased my mother gets on well with them all.”

“The carers my Dad has...have the greatest respect for him and he has the greatest respect for them. They are doing a fabulous job”.

“Without the carers we could not manage with my Dad”

One person was concerned about the amount of different carers involved with a person who had dementia and commented:

“Too many different carers...no consistency in relationships. This has been raised with the Hazelhead but still has not been addressed.

Another stated that staff needed more information about her sister’s illness in to ensure that they could offer her the correct level of care.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

Service Users benefited from a range of strategies to encourage them and their carers/representatives to assess and improve the quality of care and support they received from the Service.

This began with an initial visit where a coordinator discussed with Service Users the detail of the service to be provided and established their personal preferences and circumstances. During this meeting the coordinator would issue and explain the "Service User Guide" which detailed how the service operates. Consideration was given to issues of confidentiality with regard what is shared with workers. Risk assessments were also developed at this time.

Service users were allocated a contact manager who routinely contacted them to ascertain their view of how the service was being delivered and any changes or improvements which needed to be made. Service users were intermittently issued with "Tell us what you think" questionnaires which asked their views on various aspects of the service delivery and there were several examples where appropriate changes were made as a result of these

Staff were instructed to report any issues raised directly by Service Users and this information was recorded in the computerised data base. This information was then shared with contact managers who addressed the issues with Service Users.

There were also Monitoring and Standards officers whose responsibility was to identify issues of quality based on contact with Service Users. This was then addressed by contact managers. Much of their remit was to identify and support service Users with issues they may have but did not feel they should raise directly with the Service.

Service Users were able to make choices about the characteristics of their main care workers such as gender and age, within the limitations of staff availability.

Areas for Development

The Service had identified that an improvement would be increased home visits by monitoring and standards officers and were taking action to facilitate this.

The Service could improve its performance in this area by a more structured strategy to collate information gleaned from a number of sources such as questionnaires and use these to assess the overall effectiveness of the service. (See recommendation 1)

There was no written participation strategy which described how the Service would involve Service Users and their carers/representatives in influencing the development of the service. (See recommendation

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

2

Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential

Service Strengths

Initial visits were made to individual Service Users by senior carers before service delivery commenced. Personal plans were developed at this stage between the Service Users, their representatives and the service provider. This gave Service Users the opportunity to make some choices about the how the service would be delivered. Care packages were reviewed regularly and the frequency of these varied depending on the circumstances. . Personal plans and the computerised data base were consequently updated. This gave care workers direct access to any changes to the care package.

Each service user was given a written guide outlining the service. Consideration was given to confidentiality while striving to ensure that staff were given the information needed. Staff were given detailed induction training aimed at ensuring they were equipped to meet the individual needs of Service Users. Specialist training in areas such as epilepsy or dementia, was given to staff where there are specific identified needs of service users

Areas for Development

The Service identified that there was a need to increase opportunities for service user participation in this area. Consultation with Service Users highlighted a need to ensure that Service Users and their representatives were made fully aware of the complaints procedure. (See recommendation 3)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

Service Users benefited from a staff group who had a range of training programmes including food hygiene and moving and handling. Practice was supported by written policies in Health and Safety. Health needs, including dietary needs, of Service Users were detailed in Personal plans and essential information was shared with Care Staff.

Care was delivered within defined limits, for example staff did not administer medication. Systems were in place to monitor staff performance which included spot checks which took account of health and safety issues. Several Service Users commented on the positive impact of the service on their health.

Areas for Development

The Service identified an increase in the number of staff achieving formal qualifications as an area which would improve the quality of the service.

Two Carers commented that they felt there were ways in which the service could have been improved in relation to health and wellbeing. One felt that staff had insufficient information about the health needs of her relative. Another felt that there were too many different staff working with a particular person with dementia. Support plans were holistic but could be improved by the inclusion of more detail in relation to health issues such as diet. (See recommendation 4)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

As previously mentioned Service Users have an initial meeting to establish the detail of service delivery. At these meetings they were able to request certain characteristics in the choice of carers working with them for example, male or female staff. At any point they could revisit this and make changes to the personal working with them.

Questionnaires which were issued to Service Users also gave them and their representatives an opportunity to comment on the performance of staff. Monitoring and Standards officers carried out unannounced spot checks and recorded the performance of staff directly in the homes of Service Users. They also made other visits to Service Users to ascertain their views of staff performance and service delivery generally.

Areas for Development

The Service had identified that increasing the frequency of monitoring visits would improve the service in this area and were taking action to achieve this. As previously stated there was a need to maximise the way in which sources of information were used to improve outcomes for service users. (See recommendation 1)

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

A selection of staff files were selected and examined by Care Commission Officers at the unannounced inspection. Overall procedures complied with SSSC codes of practice. All staff completed disclosure checks and had references taken up. Appropriate consideration was given to equal opportunities. Practice was supported by detailed written recruitment procedures.

Account was taken of the previous experience and skills of prospective staff members and was considered along with their references and their performance at interview before offering

them a post. Staff completed a detailed induction programme which covered a wide range of relevant areas which helped them become familiar with the policies and procedures of the Service.

Areas for Development

In some cases staff had been recruited after interviews with single manager rather than a panel because of resource issues and availability of managers. (see recommendation 5)

There were some minor difficulties in relation to the management of information in staff files and key documents were not readily available at the unannounced visit. The Service was able to retrieve the information when asked and was able to recognise the importance of ensuring that accurate information is accessible in the correct locations to eliminate any possibility of uncertainty regarding the credentials of any staff member.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

The Service had Monitoring and Standards officers who monitor staff performance directly in the homes of Service Users and took account of staff performance and attitude. There was evidence of the whistle blowing process being activated by staff and an appropriate response to this by management.

The Service recognised the difficulties in monitoring staff who often work in isolation and consequently were actively increasing the frequency of monitoring visits. There was also a range of relevant training opportunities available to staff and a detailed induction programme. Staff were guided by written policies and procedures which were based on relevant legislation and National Care Standards. From these a staff handbook had been developed for all staff and further information was available in staff news letter which was issued intermittently. The news letter demonstrated recognition of staff achievement and identified areas where the service could improve.

Information given to Service Users laid out what they should expect from staff and they could raise issues directly with managers, monitoring and standards staff or through the use of the complaints procedure. Service users who contributed to the inspection spoke positively of the attitude and conduct of staff.

Areas for Development

Only one staff member had responded to the Care Commission questionnaires. Although there was no concern raised by this person it would have been beneficial if all of them had responded.

The remote nature of working practices for individual workers made it difficult to assess the extent to which workers treated each other respectfully. It would be helpful if the service were to consider methods which could illustrate the manner in which staff conduct themselves towards each other and managers.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

The questionnaires issued to Service Users by the Service created an opportunity for them to comment on management. One positive outcome from this was the recruitment of more coordinators and monitoring and standards officers. Another was the extension of office hours to increase the support available to Service Users over the weekend.

As previously mentioned Service Users can raise issues directly with the monitoring and standards officers who have a remit to pursue these views in a pro-active manner.

Areas for Development

There was a need to ensure that Service Users and their Carers who have raised issues or offered suggestions have clear feed back about how this information has been used. Although the feedback to this inspection from Service Users was generally positive there was one person who felt that a suggestion which had been made, had not been acted on. There may be situations where suggestions can not lead to improvements or changes for a variety of reasons but it is important that people can trace the response to comments they offer.

Overall performance in this area could be improved by more detailed methods of eliciting the views of Service Users and Carers and developing methods to ensure people are clear about the way in which the Service has acted on their views or suggestions. (See recommendation 6)

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

As previously mentioned the staff news letter was a good source of information to staff and it recognised their achievements. This letter also informed staff about the strategic plan for the future development of the service. There were also staff appraisals which took account of unannounced spot checks which assessed the performances of staff in the homes of Service

Users.

Staff also had ongoing training and had the opportunity to evaluate the quality and effectiveness of this. There were regular minuted team meetings where staff could raise issues and make suggestions which could influence the development of the strategic plan for the Service. The Service also encouraged staff to contribute to the strategic plan through the use of "Survey of Service Provision" questionnaires.

As previously mentioned there was an effective Whistle Blowing procedure which had been activated and elicited an appropriate response from management.

Areas for Development

The Service had identified that an area for improvement would be to increase the frequency of staff meetings and staff performance reviews. As previously stated performance could be improved by a more structured strategy to collate information gleaned from a number of sources and use these to assess the overall effectiveness of the service. (See recommendation 1)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

As previously stated the Service had monitoring and standards officers and senior carers who assessed the quality of the work as it directly affected service delivery in the homes of Service Users.

The Service had achieved "investors in people status" and had developed questionnaires for staff and Service Users to collate their views and make improvements to service delivery. Staff meetings and appraisals were also used as a method of seeking views towards making improvements.

The Service also used Care Commission inspection reports to identify areas for improvements and complied with any recommendations and requirements made. Staff and management were clear about their responsibilities in relation to the Scottish Social Services Council and the Care Commission.

Areas for Development

The Service recognised that performance in this area could be improved by developing their methods of gathering the views of Service Users and their representatives to higher level. They also recognised the need to involve other stake holders such as social workers in this process. Systems should be developed to collate all of this together, identifying strategies to improve outcomes for Service Users in a manner which allowed people who offer views to track the progress of these. (See recommendations 1 and 6)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

During the inspection it was noted that in one case the Service was working directly with children and because of this there was a need to develop a child protection policy. (See requirement 1)

There was one recommendation made at the previous inspection:

1. The care service will obtain a copy of the local inter-agency policy.
NCS Housing Support Services Standard 3.1 Management and Staffing Arrangements and
NCS Care at Home Standard 4.1 Management and staffing.

Action had been taken to meet this.

Requirements

1. The care service must develop Child Protection policy to meet the needs of its service users.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of service users.

Timescale for implementation two weeks from the publication of this report.

Recommendations

1. A structured system should be developed to capitalise on information collated about service delivery with a view to the maximising the outcomes for Service Users.
National Care Standards Care at Home Standard National Care Standards Care at Home Standard 11 Expressing Your Views.
2. A written Service User participation strategy should be developed.
National Care Standards Care at Home Standard National Care Standards Care at Home Standard 11 Expressing Your Views.
3. Action should be taken to ensure that all Service Users and their carers/representatives are familiar with the complaints procedure.
National Care Standards Care at Home Standard 11 Expressing Your Views.
4. Efforts should be made to ensure that support plans contain the level of information required to ensure service delivery is maximised.
National Care Standards Care at Home Standard 7 Keeping Well Health Care
5. All candidates seeking employment should have an interview with a panel of interviewees.
National Care Standards Care at Home Standard National Care Standards Care at Home Standard 4 Management and Staffing
6. Methods should be developed to ensure that any person offering an opinion or making a suggestion for improvement are given clear feedback of the outcome to this.

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

7. The policy on Adult protection should be developed to align more closely with the
procedures of the Host Local Authority.

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

Rick O'Dowd
Care Commission Officer