

Caledonia Social Care (West) Support Service

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Telephone: 0330 053 7130

Type of inspection:

Unannounced

Completed on:

10 January 2020

Service provided by:

Caledonia Social Care Limited

Service provider number:

SP2016012833

Service no:

CS2016353182

About the service

Caledonia Social Care (West) has operated since April 2017 and is registered with the Care Inspectorate to provide a care at home service to adults living in their own home. Caledonia Social Care (West) provides services in East Renfrewshire, Renfrewshire, Glasgow, West Dunbartonshire, East Dunbartonshire and Falkirk.

The registered manager co-ordinates the overall running of the service. Five service managers help to manage the support staff who provide direct support to people.

A lot of the support provided was focused on befriending and social stimulation. At the time of this inspection there were 294 people using the service.

The service aims to offer flexible and personalised home support services that enable people to live independently in their own homes and remain connected to their local community. They can provide support and stimulation for the person in their own home, respite for carers and flexible care for special occasions and emergencies seven days a week.

What people told us

We met 22 supported individuals and 26 relatives during home visits in the East Renfrewshire, Renfrewshire, Glasgow, West Dunbartonshire and East Dunbartonshire areas of the country. We also spoke with 14 relatives by phone, mainly from the Falkirk area, and received 31 completed questionnaires from relatives on the person's behalf. It was noteworthy that the feedback we received was very positive from everyone and indicated to us that people experienced a high standard of care and support. Comments included,

"I have the same team of staff which gives me confidence in the service."

"We are very happy and confident to leave carers in our house knowing that they will know what to do should anything happen."

"Moving to Caledonia Social Care has allowed me to be me, staff are so supportive and listen to what it is I want to do."

"We found that the service had made a very good match when choosing a staff member to support. They get on very well together and can chat for hours at a time and go to places that really interest."

"I find that the service is very receptive to my needs and if things need changing they are very responsive."

"Communication with the service is excellent, they always let you know what is happening."

"We find that it is very good that the service still has links to Alzheimers Scotland, we need this level of specialism for our mum."

Only a few issues were raised by a small number of people and we passed these on to the manager to take forward with the people concerned.

Self assessment

The service did not require to submit a self assessment. As part of this inspection process, we looked at the service's improvement plan. We found clear evidence of continuous improvement from this plan as well as examples of positive outcomes achieved.

From this inspection we graded this service as:

| | |
|--------------------------------------|---------------|
| Quality of care and support | 5 - Very Good |
| Quality of staffing | not assessed |
| Quality of management and leadership | 5 - Very Good |

What the service does well

Our inspection found that this service was performing very well. We noted a high level of positive outcomes for people as result of them receiving this service.

People who experience care should be accepted and valued whatever their needs and be treated with dignity and respect. We could see that supported individuals received compassionate care with dignity and respect and had built up trusting relationships with staff. Keeping the care teams small and providing regular workers meant that continuity of care was maintained.

The main focus was on befriending and supporting people with dementia within or outwith the home. Staff were trained to a skilled level in dementia and feedback from family carers indicated that support workers provided sensitive support in line with the principles of good dementia care and the Scottish Government's Health and Social Care Standards. For instance, relatives told us that the service was professional, responsive, and person centred. They confirmed that the person receiving the service and family carers both experienced positive outcomes as result of the care and support provided. One person told us that she could be herself with the homecare staff, she was no longer scared to ask them things, she has got back a lot of her independence and felt like a mum again to her daughter.

We could see that people were getting the most out of life and, wherever possible, were active members of their local communities. Relatives told us that their family member felt safe, could make choices and decisions about how they spent their time and were supported to achieve their wishes, interests and aspirations. A key service strength was the attention given to matching people to staff who had shared interests, such as football, music and physical exercise.

Relatives could give us examples of how staff supported people in areas of healthcare even where this role for the service was minor. This included supporting people to medical appointments and sharing information with relevant agencies. Health care needs were also reflected in support planning paperwork. Adult protection was given a high priority and discussed at team meetings as a standing agenda item to ensure people were protected from harm.

Support plans provided a clear picture of the person with desired outcomes identified and guidance to support people to remain as independent as possible. The service had the right amount of assessment and evaluation tools. Consequently, support plans had relevant information to ensure the persons support needs and wishes were identified, known and recorded. We discussed with the manager a few ways to improve recordings. For instance, with some tweaking to terminology and developing staffs' understanding of what an outcome was we felt that care records would be even better. To show agreement, the paperwork, including record of reviews ought to include the names and signatures of people involved, in particular, the supported individual or their representative.

Everyone we spoke with described managers as supportive, approachable and open to addressing any issues or concerns that arose. Good lines of communication were in place and we could see that managers engaged meaningfully with staff, supported people, their families and other interested parties. We could see that managers had a good overview of the service and continued to provide strong leadership.

When people are encouraged to be involved in improving the service, this ensures that their views are being listened to and increases confidence in management and leadership and with those providing their care and support. We found a culture of continuous improvement with the feedback from people directly informing individual support plans and the learning and improvement plan leading to changes in service delivery. In addition, through regular team meetings, supervision and an employee forum, managers and staff worked well together. These opportunities meant that the frontline staff could also have their say, influence service development and build a successful employee owned company. The manager could also outline to us the plans to develop participation methods further within the service.

What the service could do better

As a general point we discussed with the manager the benefits of adopting a 'SMART' approach to record keeping and continuous improvement agendas. By this we mean setting specific, measurable, achievable, relevant and time-bound goals and actions to help improve the chances of succeeding in accomplishing them.

We came across support plans in the person's home which were out of date and consequently did not reflect the person's current needs and circumstances. We also noted that a number of reviews were now overdue. The manager acknowledged these points and could assure us of the steps that would be taken to address these issues.

Supported individuals and relatives we met described experiencing a reliable, flexible service with continuity of care through regular support workers and teams. Despite this there had been some missed visits reported. While the number is proportionately low in relation to the overall size of the service, management rightly recognised that a missed visit could have a negative impact on the people affected. Local call monitoring arrangements were put in place where appropriate in response to a missed visit and we noted that concerted efforts were being made to prevent such incidents from happening. We have made a recommendation to support the service in this area (See Recommendation 1). We understood the service was not currently in a position to install an electronic call monitoring system for the whole service to help to improve the management of staff out in the field. However, the manager assured us that the service provider was keen to review this matter whenever the situation changed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order that people have confidence in receiving a reliable service, the provider should ensure that there are appropriate systems in place to minimise the risk of a missed visit.

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

Complaints

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

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The service should continue to improve support offered when regular worker is not working.

This is to comply with Health and Social Care Standard 4.15 I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.

This recommendation was made on 15 February 2019.

Action taken on previous recommendation

Feedback from people indicated that when their regular staff member was absent, they did not experience a problem with cover arrangements. However, we noted a small number of missed visits and have referred to this in the report.

Recommendation 2

There should be clear evidence of support received by new staff.

This is to comply with Health and Social Care Standards 3.14 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.

This recommendation was made on 15 February 2019.

Action taken on previous recommendation

This recommendation was now met.

Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 24 Jan 2019 | Unannounced | Care and support Environment Staffing Management and leadership |
| | | 4 - Good Not assessed 5 - Very good 4 - Good |

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