

Care service inspection report

Lynedoch Care Ltd - Care at Home

Support Service Care at Home

22 Morningside Drive

Edinburgh

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Inspected by: Catriona Maplesden

Type of inspection: Announced (Short Notice)

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Service provided by:

Lynedoch Care Ltd

Service provider number:

SP2004007053

Care service number:

CS2004084232

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

Staff work hard to provide clients with a very good quality of care and support. Systems for supporting staff in their work and professional development are well established.

We found that people using the service have direct access to the management team if they have any issues they wish to discuss.

The service has developed a variety of ways to get feedback from service users and carers about the quality of care and support they experience.

What the service could do better

Information about the service's complaint procedure and about how to make a complaint to the Care Inspectorate need to be more widely distributed.

The systems for recording complaints needs to be reviewed so that any complaints are recorded on individual sheets with a reference log.

Supervision systems were being improved to ensure that staff at all levels in the organisation including home helps receive this on a more regular basis.

What the service has done since the last inspection

The service has updated its policies and procedures and was implementing a computerised system for care reviews and planning. This had led to improvements in monitoring and tracking the frequency of care reviews for service users.

The service had made improvements to care planning meetings so that all staff involved in a service user's care package could meet along with relatives. This meant that information could be communicated face to face with all involved and any issues picked up more quickly.

The service had developed a computerised system for safer recruitment. This had led to improvements in ensuring all necessary checks and references were complete before staff contracts were issued.

The staff induction process had also been improved to provide staff with on site, practical training at an earlier stage in the process.

The service had recently created a new post of staff supervisor. This had led to improvements in supervising staff and monitoring the quality of care and support provided to people who use the service.

Conclusion

Lynedoch Care provides a high quality of care and support to people living in their homes. Quality assurance systems are in place to ensure that all aspects of the service are regularly monitored and reviewed.

Staff are clearly motivated in their work and receive ongoing support and training suited to the individual needs of people using the service.

Who did this inspection

Catrina Maplesden

1 About the service we inspected

Lynedoch Care Limited (Ltd) provides care at home and home help services to adults living in the community. The service was previously registered with the Care Commission in 2005. Registration of the service was transferred to the new body SCSWIS (known as the Care Inspectorate) on 1 April 2011.

The service is provided in a flexible manner which takes account of each service user's assessed support needs. At the time of inspection there were 112 service users who used the service for domestic support and/or personal care.

Lynedoch Care Ltd. is a privately owned organisation which has its head office in Morningside, Edinburgh. The service has recently expanded and now has an office base in Peebles. The service has been gradually expanding to meet demand. It now operates from larger premises with a training suite with moving and handling equipment and additional space for meetings and staff supervision.

At the time of inspection Lynedoch Care Ltd. was coming to the end of a process of re-branding. This has resulted in a new image with new company logo, updated company policies and procedures, new paperwork, new uniforms and branded vehicles. A launch of the service in Peebles was in the process of being organised while the inspection was taking place.

Lynedoch Care has a full statement of aims and objectives and a Philosophy of Care Statement which include:

'We aim to provide clients with the very best individualised care service in their homes.'

'We aim to encourage the client to retain as independent a lifestyle as possible, for as long as possible.'

'Our clients are firmly in the driving seat when it comes to the design of the service they require.'

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

In this inspection we gathered evidence from various sources, including the following:

- * the service's most recent self assessment
- * certificate of registration and public liability insurance documentation
- * the service's annual return
- * feedback from people using the service and their families via the returned Care Inspectorate questionnaires, phone discussions and meetings
- * Quality assurance policy, feedback from service's own questionnaires and suggestion cards
- * consultation with the director, manager, staff supervisor, senior carer and carers
- * sample of records, review visits and risk assessments for people using the service
- * sample of staff records including supervision and training and recruitment
- * team meeting records
- * staff feedback questionnaires
- * sample of care and support plans including care review meetings
- * complaints, concerns and compliments records
- * accident and incident records
- * medication administration policy
- * whistle blowing policy
- * records kept in service user's home
- * staff training strategy
- * Lynedoch Care Ltd quality monitoring documents and improvement plans
- * Newsletters
- * Lynedoch Care Ltd's charter and aims and objectives.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

There were no recommendations made at the previous inspection of this service.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was completed to a high standard and detailed the strengths of the services and identified areas for future improvement.

Taking the views of people using the care service into account

We received positive comments about the service during our phone calls, shadow visit and in the 20 returned care standards questionnaires.

'I couldn't ask for a better service. I know the staff that come really well and I am kept informed if on any occasion they are going to be delayed. The staff are caring and kind and they keep a record of visits to my home. I have regular carers coming in and I have built up really good relationships with them.'

'We have every confidence in the service from Lynedoch Care. All of the carers are kind, friendly, effective and reliable. The service is flexible, making every effort to deal with any problems or changes which may arise.'

'The agency have tried hard to provide a small core of carers sometimes at short notice. This has been very helpful as my relative has a complicated condition and seeing familiar faces has been appreciated.'

'I am very happy with the service provided for me.'

'The service tries hard to send me the same person regularly and this is very good and helpful. But the individual worker sometimes moves on to pastures new so I have to go through the location of things and the why and wherefore take time to learn

again. Thankfully I usually get on well with the people sent out - but I don't know about the other way round!'

'I cannot fault the staff. They are punctual and reliable and have got to know my relative as an individual. I can ring the office at anytime and the service ask for my opinions as to how it might improve. My relative's care needs are regularly reviewed and we get the chance to discuss any issues with the supervisors and the care team.'

'The staff I get from Lynedoch care help me with the cleaning, cooking and ironing. Normally I am very happy with the care and support I get, though when it is holiday time the helpers can be less reliable than my normal ones. I can contact the office at any time if someone is late and they are quick to sort things out for me.'

'Lovely staff. very good service. Can speak with managers and staff are very reliable. Not sure if I filled in the questionnaire this year but if I have any suggestions they always take these on board. My regular carers know me so well and we have built up really good relationships.'

Taking carers' views into account

Relatives we consulted during the inspection spoke positively about the service provided and confirmed that they had regular contact through being invited to reviews and through the service's 'Open Door' policy.

Comments included:

'I cannot fault the staff. They are punctual and reliable and have got to know my relative as an individual. I can ring the office at anytime and the service ask for my opinions as to how it might improve. My relative's care needs are regularly reviewed and we get the chance to discuss any issues with the supervisors and the care team.'

'The agency have tried hard to provide a small core of carers sometimes at short notice. This has been very helpful as my relative has a complicated condition and seeing familiar faces has been appreciated.'

One relative we consulted agreed that we could raise a staffing issue with the management team. We saw that a formal care review had been arranged which would involve all staff members involved in the care package to improve consistency and reliability in the provision of the service.

We confirmed that the relative knew how to make a formal complaint to the service and to the Care Inspectorate if they did not feel their concerns had been adequately dealt with.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

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

The service has developed a variety of ways for gathering feedback from service users and relatives about the quality of care and support. There was a clear participation strategy which outlined how service users and their relatives' views would be listened to and responded to.

The service issued questionnaires on a regular basis and service users were encouraged to complete suggestion cards. We saw that the service collated the information that was returned and identified areas for improvement. The service had an improvement plan which was directly influenced by the views of service users and their relatives. We found examples where the service had made improvements through monitoring visits to check the quality of care and support being provided.

We received overall very positive feedback about the quality of care and support offered. Service users expressed how much they value having a minimum of a one hour visit. This means that they had time to build relationships with the staff providing them with care and support.

People we consulted in person and through telephone contact were clear that they could contact the office at any time if they had any concerns or queries. There was an on call system in place should service users or their relatives have any issues outwith office hours.

The management team operated an open door policy and it was evident during the inspection that people had a variety of ways to express their opinions and offer suggestions for improvements. We heard that the appointment of a staff supervisor and visits by senior care staff had improved the monitoring of the quality of care and support offered to people in their homes.

The service has introduced a new system to ensure that care reviews are being held on a six monthly basis. They had also identified the need for all carers involved in a person's care and support package to meet with relatives to discuss any issues. The computerised system alerts them as to when six monthly care reviews are due. We saw that where service users' care and support needs are more complex, there is more regular contact and monitoring of care by the senior support staff.

Areas for improvement

The distribution of the regular newsletter had been delayed due to the re-branding process. This should be distributed to all service users and their relatives as planned on a six monthly basis. The service should continue to build upon the excellent quality assurance systems they have developed over the years.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We saw in the service's charter and in individual contracts that there was a strong commitment to providing a high quality of individualised care to people in their homes.

Each service user had an individual care and support plan. We received some very positive feedback from people we contacted about the quality of care and support from their regular carers. We visited a service user who let us look at the way the carers recorded information about the care and support provided. We found that each visit was recorded neatly and evidenced the care that had been provided. The service user spoke very highly of the care provided by her regular carers and knew how to raise any issues with the management team if required.

The service had a clear reporting system in place for staff to follow should they have any concerns about a service user's safety and protection. Staff received a comprehensive induction package which included Infection Control, Protection of Vulnerable Adults, Food Hygiene, Moving and Handling, Medication and Personal Care Training. We saw from the support plans that the management team communicated regularly with other health professionals such as GPs, district nurses, palliative Care staff and occupational therapists.

We met with members of the staff team during the inspection and looked at information provided in the staff questionnaires which were returned to us before the inspection. They described the varied types of care and support work which they

undertook and confirmed that systems were in place to contact the management team at any time, should they have any concerns about a service user's health and welfare. This included an out of hours on call service. Staff also confirmed that they received training suited to the needs of the people they supported in the community.

Staff worked alongside health professionals and described how the new care review system had improved communications between all people involved in a person's care and support package. The new training suite meant that practical training such as Moving and Handling could be delivered on site using the equipment. This meant that staff could practice safe transfers on site and learn how to use any specialist equipment such as hoists.

The service was in the process of transferring to computerised care planning which will automatically alert them in advance to when service user's six monthly reviews were due. Risk assessment information was in place and we saw from the care plans sampled that the service reviewed information and made changes to care and support plans when circumstances changed. Staff we consulted were very clear about sharing information with the senior team if a service user's needs or circumstances changed.

Areas for improvement

The service had plans to roll out further training to staff including training in dementia care, training from a nutritionist and diabetic training. The service should continue to build upon the strengths identified in this report through the provision of ongoing training to staff specific to the identified health needs of service users. The service planned to carry out more regular reviews for people receiving home help support. The service was continuing to develop computerised data basis to allow them more ready access to client information which in turn will improve the on call response times.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

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

During this inspection we sampled six staff files and looked at computerised recruitment records.

We saw that the service had excellent systems in place to ensure that staff being employed were appropriately vetted to safeguard people using the service. This meant that the service took up character and employment references and checked potential employees' backgrounds to see if they had any record of criminal behaviour that would affect their suitability for the post. The service also had a system in place for checking that employees were physically and mentally fit for the work they were required to perform and we saw medical fitness forms on employee records.

We examined staff files and computerised records and saw that employment contracts were not issued until satisfactory Protection of Vulnerable Groups (PVG) checks had been carried out. This was an additional safeguard that the service had recently put in and helped to keep a clear track of each employee's employment details.

The service records any issues arising from PVG checks undertaken. This means that decisions reached about each employee's suitability for the post are clearly set out and communications with potential candidates logged. The service keeps a copy of interview records and checks qualifications and employment experience. The recruitment policy has been reviewed to take account of best practice PVG guidance.

It is the service policy that an enhanced disclosure for working with adults and children be applied for all potential employees. Candidates are asked to bring copies of qualifications to interview along with two forms of identification. All enhanced disclosures were then renewed on a three yearly basis. If potential candidates hold a non UK passport checks are made with the Home Office to ensure that staff are legally entitled to work in the UK. Staff must also produce a current Moving and Handling certificate and if they don't have this they must attend a two day training course in this.

The service has made improvements to the provision of training at an earlier stage of employee induction and monitors staff's ongoing training needs. The new post of

staff supervisor has been created to improve the monitoring of staff practice and identify any particular training and support needs at an earlier stage.

Areas for improvement

The service has been in touch with Disclosure Scotland to confirm dates for transferring existing staff onto the Protection of Vulnerable Groups Scheme. The service should maintain the excellent safe recruitment practices seen during this inspection.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Seven staff questionnaires were returned to us before the inspection. These confirmed to us that respondents had received induction training and had full information about the service's procedures and policies. These also indicated a high level of satisfaction with the training and planned support available to them. The members of staff we consulted all showed real motivation in providing a high quality of care and support to people. There was a strong sense of them being valued by the organisation and supported in their work.

Staff received induction training which included infection control, moving and handling, adult protection, personal care training and food hygiene. New members of staff also had the opportunity to shadow staff and the senior carers were involved in monitoring the quality of care and support provided to people in their homes. Staff were given the opportunity to complete staff surveys where they could identify any training they would benefit from and put their suggestions for improvements forward.

The appointment of a staff supervisor had led to improvements in providing more regular and formal supervision to staff. We saw that staff meetings and training days were planned and that staff had access to a range of training courses and educational materials. Any issues raised by service users about specific members of staff were addressed through meetings and supervision sessions.

All staff were aware of their duties and responsibilities outlined in the Scottish Social Services Codes of Conduct. The service was aware of the registration requirements of the SSSC and was committed to providing staff with continuous professional development. Staff at all levels in the organisation were being supported in obtaining qualifications relevant to their posts. Computerised systems were in place to ensure

that staff skills were matched to the needs of individual service users. This meant that new staff employed would be matched to home help services if they didn't have the necessary skills and training to provide personal care to people in their homes.

Areas for improvement

The service was making improvements to the quality and regularity of supervision at all levels. Further training for senior staff to enhance their supervisory skills was being planned. The service was also planning to provide more regular formal supervision to home help staff. This will help them in identifying any changing support needs at an earlier stage.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

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 strengths noted in Quality Statement 1.1 also apply to this statement.

We saw that the service had developed a variety of ways to gain feedback from service users and carers about their experience of how the service is managed. Questionnaires were distributed to service users and relatives and the information from these was collated and informed the service improvement plan. Senior carers carried out review visits at service users homes. The service had an open door policy where service users and relatives were encouraged to make suggestions as to how the service could be improved.

The service had also introduced suggestion cards which went out to all new clients with their first invoice. The service had a complaint policy and procedure in place and a system for logging complaints, concerns and suggestions.

Areas for improvement

We saw from the returned questionnaires that not all service users and carers knew about the service's complaint procedure or that they could make a complaint to the Care Inspectorate. Although we saw a copy of the complaint procedure when we carried out a shadow visit to a service user's home, we suggested that information could be included about this and advocacy services in the newsletters sent out to people.

We looked at the way complaints were logged and we advised the director and manager to record any complaints on separate sheets with a corresponding log number. (See recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. We recommend that the current system for recording complaints and their outcomes is reviewed so that any complaints are recorded individually with a corresponding log number for clear tracking of information.

National Care Standards for Care at Home. Management and Staffing 4.1.

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

The strengths identified in Quality Statement 1.1 also apply to this statement.

The service had a quality assurance policy and participation policy in place and had developed a variety of methods for improving and monitoring the quality of care and support. The quality assurance systems were continuing to develop and had recently included staff quality assurance forms to allow staff who are based out in the community most of the time to feedback their views of the service and make suggestions for improvement. We saw that staff suggestions had been taken on board, including having their own supplies of gloves, aprons and gel in case the service users supplies had run out.

Areas for improvement

The service should continue to develop the very good systems seen to be in place and feedback to service users, carers and staff about how their ideas and suggestions have led to service improvement. The service should consider whether other stakeholders such as visiting health professionals and social workers could be included in the quality assurance processes.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

The service had submitted an action plan detailing steps they had taken to address recommendations made following a complaint that was upheld. We were satisfied with the way the service had addressed issues and that regular monitoring of staff and the quality of the service was taking place.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 2	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
26 May 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
27 Nov 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
4 Feb 2009	Announced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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