

# CarePlus Scotland Ltd - Home care services Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
2 November 2023

**Service provided by:**  
CarePlus (Scotland) Ltd

**Service provider number:**  
SP2011011420

**Service no:**  
CS2011281036

## About the service

CarePlus Scotland Ltd - Home Care Services (thereafter 'CarePlus') is an independent provider of care at home based in Glenrothes. The service operates 24-hours a day, seven days a week. The service was delivering approximately 242 hours per week across Fife, funded by Fife Social Work department and privately funding clients.

## About the inspection

This was a short notice inspection which took place on 25 and 26 October 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with six people using the service and six of their family/friends/representatives
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

## Key messages

- Feedback from clients and their families was mixed.
- Medication management still required development.
- Quality assurance required improvement.
- Recruitment and staff checks could be improved.
- Care plans required development in order to provide more than basic guidance.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

We evaluated this key question as 'weak' where strengths can be identified but they are outweighed or compromised by significant weaknesses.

People using the service were generally happy with the care and support they received from individual carers. Staff were described as 'great' and people felt included in their care, 'they always ask me what I want'. People did describe some issues with the service which impacted on their lives. At times staff did not arrive when expected and this caused anxiety. One person said, 'I'm told there's no staff', 'I feel fobbed off'. Feedback from people also reported that sometimes staff did not come at all. This caused concern.

The current system to monitor missed visits relied on people reporting issues directly to the service's office base, or to staff on subsequent visits noting that a colleague had not attended. Although the number of missed visits appeared to be low, this system required further management to ensure that vulnerable people were not put at risk. More formal monitoring of completed visits at the end of each shift would provide the necessary assurance. A previous area for improvement is not met. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Medication management continued to be developed within the service. A medication 'tracker' had been put in place, but it was not possible to see this documentation during the inspection.

It was therefore not possible to evidence that people were experiencing adequate support with medication management. Medication had begun to be listed in some care plans, but this was not complete for all clients. It was evident that visits did not always take place within the scheduled times. This meant that there was a risk of medication being given too early, too late or out with a safe interval. A previous requirement is not met. See 'What the service has done to meet any requirements made at or since the last inspection'.

## How good is our leadership?

2 - Weak

We evaluated this key question as 'weak' where strengths can be identified but they are outweighed or compromised by significant weaknesses.

At the time of the inspection, the manager had not been able to provide all the documentation requested to demonstrate robust quality assurance.

Some quality assurance was taking place, with carer notes being checked for accuracy and care plans being audited. However there remained potential for more aspects of quality assurance to be formalised. Aspects of staff recruitment and registration were not being adequately monitored. This had led to a potentially unsafe situation of unregistered staff working for the service. See 'How good is our staff team' for details.

Overall quality assurance within the service could improve. A requirement is made. See Requirement 1.

## Requirements

1. By 1 January 2024 the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must evidence that effective quality assurance systems are in place and result in consistent good standards of care and support. These processes must include, at a minimum; recruitment and registration of staff, training, monitoring of late and missed visits, staff support and supervision and care planning.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My environment is safe and secure' (HSCS) 5.17.

## How good is our staff team?

**2 - Weak**

We evaluated this key question as 'weak' where strengths can be identified but they are outweighed or compromised by significant weaknesses.

At a previous inspection, issues with the staff registration process were highlighted, as many of the staff group did not have an up-to-date S.S.S.C. registration. Registration with the S.S.S.C. is important in order that vulnerable clients are protected, and standards of practice maintained. All staff should maintain an up-to-date registration throughout their employment with the service. The manager had not taken adequate steps to ensure that this process was complete. This put people at risk. The leadership team were working hard to resolve this situation during the inspection. A requirement is made. See requirement 1.

Staff recruitment checks were not always being undertaken in a robust manner. Although references were generally sought, these were not always from previous employers and were gained verbally, with little to evidence their authenticity. Documentation was, at times, incomplete and did not support a strong and selective process. Safer recruitment processes should be followed at all times in order to protect clients and maintain standards. The guidance was made available to the service at the time of the inspection. A requirement is made. See requirement 2.

## Requirements

1. By 1 January 2024 the provider must ensure that all staff are appropriately registered with the Scottish Social Services Council, in order to protect the health, safety and welfare of people.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that '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' (HSCS 3.14)

2.

By 1 January 2024 the provider must ensure safe recruitment processes, in order to protect the safety and welfare of people. The provider should follow guidance from the 'Safer Recruitment Through Better Recruitment' resource.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24).

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where there are strengths which outweigh areas for improvement.

Care plans contained basic detail with which to guide care. There were helpful short profiles of the person requiring care which allowed staff to be aware of important details about their life. Essential information was clearly listed at the start of the plan.

Plans continue to require development. Not all plans include a list of medication or highlight when it might be safe to give medication early or late. Records didn't evidence that staff visited at the agreed time. This meant that it was not clear when late or missed visits might affect medication management.

Risk assessments could be improved. Not all risks were clearly highlighted. When risks were identified it was not always apparent what actions would be taken to reduce those risks. If people have known medical risks then it is important to identify these and consider the information which staff might require to keep people safe.

Care plans would benefit from being more person centred and individual. Current care plans focus solely on the tasks to be completed and lack evidence that the person being cared for has had input. This was also true of care plan reviews, which varied in detail. Overall care plans provided basic detail to guide staff and could be further developed and reconsidered.

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

### Requirements

#### Requirement 1

By 9 June 2023, to ensure positive outcomes for people who use this service, the provider must further develop robust systems to effectively demonstrate that all clients' individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support clients. In order to achieve this the provider must:

- a) ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support planned or provided.
- b) be able to demonstrate that medications are being managed, as per the prescriber's instructions, and in a manner that protects the health, safety and wellbeing of clients.
- c) when areas of risk are identified, introduce risk assessment guidance to ensure that clients care/support arrangements are being effectively monitored and evaluated.
- d) be able to show evidence of regular, on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities when carrying out support visits and can demonstrate this through their practice.

To be completed by: 09 June 2023

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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. (HSCS 3.14)

**This requirement was made on 27 April 2023.**

#### Action taken on previous requirement

The service were undertaking some monitoring of records and ensuring that staff received feedback to help improve record keeping. Medication management continued to be developed. It was not possible to fully assess this during the inspection. Not all care files contained a record of the medications which people received, this made it difficult to assess whether there was a risk when missed or late/ early visits occurred. Other risks were assessed to some degree but there were limited details of the actions taken to reduce risks or evaluation of their effectiveness.

**Not met**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should ensure that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development / improvement plan for the service. To do this the provider should:

- (a) review and update audit tools and processes; and
- (b) implement a development / improvement plan which reflects improvements over time.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 2 February 2023.**

#### Action taken since then

The service had made some progress towards this area for improvement. Some audit processes were in place, with carer notes being checked for detail and care plans being audited and updated. Oversight at a more managerial level was not able to be assessed at this inspection. A development / improvement plan was not available. This area for improvement is not met.

#### Previous area for improvement 2

The provider should review systems in place for assessing and managing the risk of missed visits. Systems should support safe practice and provide evidence that visits are monitored and recorded effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that:

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This area for improvement was made on 2 February 2023.**

#### Action taken since then

The current system for managing the risk of missed visits relies heavily on client, relative and staff reporting. The system for checking that visits have taken place varies across staff members and teams. The service would benefit from issuing clearer guidance to staff. This would enable office staff to more effectively monitor the completion of care 'runs' and ensure that missed visits were minimised. Clients reported that this was an issue for them on occasions. This area for improvement is not met.



### Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the manager should ensure staff have the skills, and knowledge, required to provide people with the care and support they need, including meal preparation and cooking. Staff should be checking that food is correctly prepared, and people are happy with this, before they leave the visit.

This is to ensure care and support is consistent with Health and Social Care Standard 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 area for improvement was made on 2 June 2023.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

### Previous area for improvement 4

In order to ensure good outcomes for people experiencing care, the manager should review how complaints and concerns are handled, and responded to. Records should be kept to identify any trends or patterns, and to support the improvement of the service.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern.

**This area for improvement was made on 2 June 2023.**

#### Action taken since then

There were no complaints received by the service and / or available to be examined at this inspection.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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