

Ailsa Care Services West Support Service

Falkirk Business Hub
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Telephone: 01324 230 111

Type of inspection:
Unannounced

Completed on:
2 February 2024

Service provided by:
Ailsa Care Services Ltd

Service provider number:
SP2004006718

Service no:
CS2004079450

About the service

Ailsa Care Services West is registered by the Care Inspectorate to provide a Care at Home service. It provides a range of services, from domestic help to assistance with personal tasks.

At the time of the inspection the service supported 102 clients, the majority of them older people.

This service registered with the Care Inspectorate on 1 April 2011.

The service states in their aims and objectives "We will support our service users to live as independently as possible by providing safe, effective and person-centered care of the highest quality respecting the dignity and diversity of both service users and their families as well as all of our colleagues."

About the inspection

This was an unannounced inspection which took place on 30 and 31 January 2024 and 1 and 2 February 2024. The inspection was carried out by one inspector 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 four people using the service and four relatives
- spoke with seven staff and management
- observed practice and interaction with service users
- reviewed documents.

Key messages

- People liked the people supporting them
- People found the service approachable and helpful
- Staff liked working for the service
- People's care plans were very person centred and individual to them and their needs
- The service needed to develop and action more robust quality assurance procedures.

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? | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| How well is our care and support planned? | 5 - Very Good |

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

How well do we support people's wellbeing?

4 - Good

In this part of the inspection report we considered three quality indicators:

1.1 People experience compassion, dignity and respect.

1.2 People get the most out of life.

1.3 People's health and wellbeing benefits from their care and support.

We assessed the service as good for this quality indicator which means overall we evaluated this key question as good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

People were involved in the assessment of their needs by the service and how they wanted their care to be delivered to them. Service users signed their care plans to confirm they had participated in a meeting to discuss its content. Risk assessments were also signed by people using the service. This meant that people were fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when their needs changed.

Care plans were written in a very person centred and strengths based way. They made clear the importance of knowing the person well, being able to read them and therefore understand/ anticipate how they may be feeling. This was respectful to people and their dignity. As part of this process the service gathered good information about people's interests, skills and goals and care plans reflected people's interests, hobbies and the support they required for meaningful activity. Good attention was paid to alternative modes of communication and how best to support people's communication needs, thus promoting good communication and inclusion.

People received care from a small group of staff which meant that positive relationships were formed and people were put at ease and made comfortable. This was appreciated by people using the service. One person told us "They just treat me as a person, they're not task orientated, they just treat me as a person. All the staff - we get on really well, they don't come in being judgemental - you can feel that from people. The regular staff are very good, very respectful and helpful. They help me keep my independence- it's very important not to just do everything. Treating an individual as an individual is very important. Nothing is too much bother for them." People were asked their views regarding the quality of their care and what qualities they regarded as important in the members of staff supporting them. Another person told us "I think they are brilliant. Mum was in hospital and required a service in place prior to discharge. She gets the same people, so they are comfortable with each other. She has all the numbers of the staff who attend on the wall. The family knows them all too. If we have to call the office they know who we are."

The service sought people's involvement in the recruitment of new staff. Staff were mindful of the security of people's homes and tidied up after themselves before leaving. This meant that when people experienced care and support where they lived, staff respected it as their home.

Strategies were in place to encourage positive behaviour where this was assessed as a need and a risk assessment was attached in order to support care being provided safely. Triggers were identified with a problem-solving approach to supporting people. This meant that people were supported and cared for sensitively by people who anticipated issues and were aware of and planned for any known vulnerability and frailty.

The service had good oversight of people's health needs. Specific plans and risk assessments were in place to support people's individual health needs, for example in terms of falls prevention, ensuring people eat and drink well and are supported to do things they enjoy. Training and development plans and records were in place that reflected the needs of those being supported.

If people required support to take their medication safely then the level of assistance was assessed and within their care plan. Staff were aware of the importance of regular handwashing and wearing PPE to control the avoidable spread of infection.

How good is our leadership?

3 - Adequate

In this part of the inspection report we considered one quality indicator:

2.2 Quality assurance and improvement is led well

We assessed the service as adequate for this quality indicator which means overall we evaluated this key question as adequate which means there are some strengths but these just outweighed weaknesses.

The service sought people's views in a variety of ways in order to ensure people continued to be happy with the service they received and whether any changes to their support was required. They are currently implementing an online care planning and staff management system and are updating care planning, risk assessment and reviews as part of this process. Some reviews are outstanding and this was discussed with the manager at feedback. The intention is for these to be completed shortly.

Accident and Incident forms were completed and we could see these are investigated and responded to, with issues arising being actioned.

Staff told us that they enjoyed working for the service and that the management team were approachable. We could see that supervision/appraisal happened regularly but could be utilised better for the benefit of staff development. The purpose should be to encourage self reflection, monitor performance, tasks, to problem solve and support staff to navigate complex situations confidently in order to promote better outcomes for people using the service. This provides more support to staff who are often working in isolation to have regular access to advice and guidance which in turn promotes confidence and resilience whilst working.

Management had clear understanding of their role in monitoring practice and identifying, directing and supporting improvement. There were established systems for monitoring standards of care. However, despite this we saw a disparity between training offered and staff putting their training into practice. Communication between staff and the management team could be improved. (See Requirement 1).

Requirements

1. The provider must develop effective and robust quality assurance systems by 15 June 2024. To ensure this the provider must put in place a system to:

(a) Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively.

(b) Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified.

This is to ensure that care is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

How good is our staff team?

4 - Good

In this part of the inspection report we considered one quality indicator:

3.1 Staff have been recruited well

We assessed the service as good for this quality indicator which means overall we evaluated this key question as good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

We looked at staff recruitment files and were confident that they met safer recruitment guidelines, and that recruitment was value based. New staff received an induction centred around meeting the needs of people using the service. They completed shadow shifts prior to lone working in order that they felt confident in their role. There was a system in place to support new staff into their role.

People using the service valued having a small team of regular staff supporting them. They knew who was providing their support on a day-to-day basis and had confidence that staff providing their care knew what was expected of them. Communication was generally good and this meant any changes to support, or any concerns they had, were responded to promptly. This meant that people were supported and cared for by people they know so that they experienced consistency and continuity.

Staff understood their responsibility to register with the Scottish Social Services Council (SSSC). Staff were registered with the SSSC in good time and a record was kept of staff registration and renewal dates, in addition to any qualifications required as a condition of their registration. The manager could therefore ensure staff achieved and maintained the required registration and qualifications in good time.

How well is our care and support planned?

5 - Very Good

In this part of the inspection report we considered one quality indicator:

5.1 Assessment and personal planning reflects people's outcomes and wishes.

We assessed the service as very good for this quality indicator which means overall we evaluated this key question as very good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans seen demonstrated a very good assessment of need. Good conversations had taken place with people being supported and plans were very person centred and outcome focused. They were thoughtfully and respectfully written with good attention paid to people's strengths. There was a strong focus on people's likes/dislikes/preferences and goals they wished to achieve.

People's independence was promoted by detailing clearly the support to be provided by staff and what people do themselves. People were encouraged to retain their existing skills and abilities and to acquire new ones. Risk assessments were in place which promoted people being supported safely. Care plans and risk assessments were signed by the person using the service to denote their involvement and agreement with the support to be provided by the service and what they themselves would contribute. This meant that people's support was right for them because it set out how their needs would be met as well as their wishes and choices.

Reviews were generally taking place at least once in every six month cycle in line with legislation although as mentioned elsewhere in the report some were outstanding and scheduled to take place shortly. Reviews focused on outcomes which people had defined in conversation with the service. These differed from person to person according to their wishes, choices and preferences.

Complaints

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

Detailed evaluations

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|------------------------------------------------------------------------|----------|
| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.2 People get the most out of life | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |

| | |
|---------------------------------------------------|--------------|
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

| | |
|------------------------------------|----------|
| How good is our staff team? | 4 - Good |
| 3.1 Staff have been recruited well | 4 - Good |

| | |
|----------------------------------------------------------------------------|---------------|
| How well is our care and support planned? | 5 - Very Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 5 - Very Good |

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