

Place (personalised care at home) Support Service

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Unannounced

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Service provided by:
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About the service

Place (personalised care at home) is a care at home service operating in East Renfrewshire. It provides support to adults who need support to keep well while living in their own home. The service is owned and managed by Place Home Care, the registered manager is also the owner.

This was the first inspection of this service, which registered with the Care Inspectorate in November 2022.

At the time of the inspection there were eight people receiving support from the service in their own homes.

About the inspection

This was an unannounced inspection which took place on 19 and 20 March 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 registration information, information submitted by the service and intelligence gathered. In making our evaluations of the service we:

- spoke with four people using the service and three of their family
- received feedback by email from another seven family members
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service provided a personalised service taking account of people's needs and wishes.
- Management were involved in the planning and delivery of care which ensured they had a good oversight of the quality of care.
- The staff team were well trained and enthusiastic which ensured that people received good quality support.
- People, families and members of staff said the manager was approachable and always available on the phone. This meant that any issues or concerns were responded to quickly.

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

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people; therefore, we evaluated this key question as very good.

People experiencing care and their families told us that they were very happy with the support they receive. They told us that the staff team treated them with warmth and compassion and had, in some cases, become "like family". People receiving support told us that they felt like the staff wanted to be there, ensuring people felt they were valued by the team supporting them.

We observed staff interacting with the people they support and saw them interact with compassion, staff took time to listen to people and ensured no one felt rushed. Individuals supported by the service told us that there was flexibility with the times and tasks provided by staff that allowed them to continue to do things they enjoyed in the community. This meant that people were able to get the most out of life.

We reviewed records of care which showed people were given appropriate support to keep well. The daily recordings of care were very detailed and included notes about the persons mood and wellbeing that day and conversation topics as well as completed tasks which ensured that there was consistency in the support provided to people.

People directed their own support and were supported with a variety of tasks. For some, staff were available to attend medical appointments, others were supported with shopping, preparing food or ensuring they took the correct medications. This support was based on what the person required from the service. The service worked well with community-based health professionals such as speech and language therapists, pharmacists, physiotherapists and occupational therapists, this ensured that people were given the correct care and support and that this was consistent.

There were good examples of personalised support including people choosing which staff supported them, flexibility to change their visits when people made plans, people having the support they needed based on what they wanted. We heard from people and their families that the staff were not just task oriented but also took time to talk and joke with people. This meant that tasks were carried out in a way that made them more enjoyable and supported people's mental wellbeing.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager was hands on and was responsible for all areas of the service. The service was small and this worked well in terms of ensuring there was oversight of quality and consistency of the care provided.

Staff, families and people receiving support from the service all reported that the manager was always available on the phone and was very approachable and supportive. Any changes, issues, or concerns were addressed quickly.

The provider asked people and their families for feedback regularly and took action where appropriate. There was regular feedback received through the electronic care planning system, during home visits and by telephone. However, this feedback was not formalised in the service improvement plan, therefore the service should develop a formalised approach to recording feedback and showing how this has influenced service delivery (**see area for improvement 1**).

When staff were newly recruited or going to support a new person they were given shadow shifts with the manager. Doing this allowed the staff to understand the expectations on them and gave the manager an opportunity to observe staff practice. Regular discussions took place between the manager, supported people, their families and the staff team to ensure that people received the right support for their needs. This worked well for the service as everyone knew each other and discussions gave opportunities to review support.

This was all working well as the service was small, however as the service grows these practices will need to be formalised. This would mean that other staff could take some responsibility from the manager while still ensuring the same standards, while allowing the manager to focus on other things (**see area for improvement 2**).

Areas for improvement

1. In order to monitor progress and plan for the future the provider should develop the service improvement plan. The provider should ensure that this plan uses information gathered from internal auditing and feedback to inform the future direction of the service with a view to continuously improving and developing. All relevant stakeholders should be involved in identifying areas for improvement or development. This ensures the service can embed a culture of continuous improvement, ensuring they continue to provide the best possible outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. In order to ensure the current standards are maintained as the service grows, the provider should ensure that current methods of quality assurance are formalised and procedures implemented. This will ensure that the manager can continue to have the same level of oversight and governance of a bigger service.

This is to ensure that care and support is consistent with the 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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people; therefore, we evaluated this key question as very good.

Staff recruitment followed appropriate guidance to ensure that people were supported by a team that had been recruited safely. Checks were carried out to ensure staff had the relevant registrations in place with the Nursing and Midwifery Council or Scottish Social Services Council. Staff were given the training and support they needed to maintain these registrations.

The team were trained well and on relevant topics, training was provided face to face by the provider, and by external agencies, with some online resources used to supplement this. Any additional training, for example condition specific, could be sourced easily through partner organisations or training providers. A spreadsheet was used by the manager to track completed training, this was due to be transferred onto the electronic care planning system so that monitoring would be easier as the staff team grew.

Morale across the service was very high, all of the staff we spoke to said they were very happy at their work. This supported people to have a positive experience of their care as the staff team were enthusiastic and happy.

There were good quality pro forma documents in place for staff supervision and appraisals, as well as for observations of staff practice. Due to the short length of employment of most staff there had not been any appraisals completed at the time of the inspection. There were regular meetings both one to one and in groups however these were often informal, and records did not evidence where people had supervision or observations of practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service used an electronic care planning system in the form of an app which ensured that information and updates could be shared quickly. The system was also used effectively to ensure required tasks were completed such as medication as staff could not sign out of a visit without signing off the tasks. Management and families regularly used the app to communicate directly with the staff team. This meant that changes in someone's care could be communicated quickly, and that the manager was able to view information about the person's care and support.

There were initial admission assessments that captured people's core needs and preferences and their personal preferences were met when possible. Management risk assessed people's requests and on occasion agreed suitable compromises with individuals so they could have their wishes respected while being kept safe. These compromises were written into care plans as agreements between the person and the provider. People and their families were involved in writing care plans and in reviewing these. Plans highlighted people's health needs, such as continence, nutrition, mobility and oral care and were reviewed regularly.

Some work is required to develop the care plans to ensure that as well as considering people's health needs, they are also person-centred and capture people's stories, likes and dislikes and views. This information is captured well through the daily recording feedback completed by staff but is lacking from care plans. Plans should be outcomes focussed to capture what people want to achieve from their service and to record how the service is supporting people to achieve these outcomes (**see area for improvement 1**).

Areas for improvement

1. The provider should develop documents to ensure personal plans are strengths based, and outcomes focussed. They should include plans for supporting stress and distress if required and anticipatory/emergency care planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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