

Kerr Home Care Support Service

Darluith Business Centre
Unit A Rm 1
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Telephone: 01505 383 422

Type of inspection:
Unannounced

Completed on:
8 March 2024

Service provided by:
Anne Kerr trading as Kerr Home Care

Service provider number:
SP2015986657

Service no:
CS2015334913

About the service

Kerr Home Care is a registered care service providing care at home support to adults with physical and/or mental health needs. The service is registered to support adults living in Erskine, Houston, Bridge of Weir, Paisley, and Kilbarchan areas of Renfrewshire.

The service employs eight staff, and was providing care to 32 people at the time of inspection.

About the inspection

This was a follow up inspection which took place on 6 March and 7 March 2024 between the hours of 09:30 and 17:00. 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 two people using the service and one of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- The staff team know people well and we received positive feedback about the service people receive.
- Staff have the right knowledge and skills to ensure people are safe.
- Reporting and management of incidents was more robust.
- Care plans and risk assessments accurately reflect people's needs and risks.

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

Requirements

Requirement 1

By 6 February 2024, the provider must ensure incidents and accidents are recorded and appropriate follow up action is taken.

To do this, the provider must, at a minimum:

- a) record, monitor, and follow up incidents in line with legislation and guidance;
- b) ensure all staff are aware of their responsibilities and how to report accidents and incidents, including adult protection;
- c) implement quality assurance systems and oversight of incident and accident reporting;
- d) ensure information is communicated to relevant agencies including the Care Inspectorate, following guidance 'Records all registered care services must keep and guidance on notification' (Care Inspectorate, 2020); and
- e) ensure information from incidents is used to inform a development plan and service improvement.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This requirement was made on 29 August 2023.

Action taken on previous requirement

The service had improved how they communicate and record accidents and incidents using their electronic system, Care Planner. This is now being used more effectively to ensure important information needed to support people is available to staff involved in their care. Since the last inspection, all staff have completed the Scottish Social Services Council training in adult support and protection. Staff supervisions and team meetings demonstrated staff's knowledge of recognising and reporting any adult support and protection issues had improved. Staff we spoke to were able to demonstrate a good understanding and knowledge of recognising and reporting any concerns they may have. This means people can be confident they are being supported by staff who have a clear understanding of their responsibilities and knowledge of keeping people safe.

Management's oversight of all accidents and incidents had improved. They were able to demonstrate how they were assessing, reviewing and actioning these to ensure people's wellbeing. This means people can be confident they are supported by a service with a culture of continuous improvement.

Management had an improved understanding of how, what, and to whom they should report incidents. As a result, notifications to the Care Inspectorate and other relevant agencies had improved. Having a responsive approach to accidents and incidents means people can be sure they are being supported by a service who strives to maintain their protection, safety and wellbeing.

Met - outwith timescales

Requirement 2

By 6 February 2024, the provider must ensure that personal planning reflects people's outcomes and wishes, which contain current, clear and meaningful information.

To do this, the provider must, at a minimum:

- a) ensure personal plans record risks, health, welfare, and safety needs in a coherent manner which identifies how needs are to be met;
- b) ensure personal plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed; and
- c) ensure the auditing of personal plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned and any learning is recorded.

This is to comply with Regulation 5(1) (Personal Plans) 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 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).

This requirement was made on 29 August 2023.

Action taken on previous requirement

Management had reviewed the format being used to create care plans for people. All care plans and risk assessments had been updated to include all relevant and appropriate information to ensure staff knew how to support people well.

Care plans viewed contained specific information relating to individuals, were person-centred using plain and appropriate language, and were outcome focused.

There was a copy of individuals' care plans available in their home and staff supporting them also had access to an electronic version of the plan. People we spoke to told us they felt their needs were being met and that staff knew them and supported them well.

Care plans were being regularly reviewed on a six monthly basis or sooner if a person's needs had changed. Staff visited people at home to review their care plan and people and/or their family were being encouraged to have input into recording the support they wanted or needed. This means people can be involved in developing and reviewing the support that is right for them and their plan is always available to them.

The service has a clear overview of people's care plans using their electronic system. Regular auditing of people's care plans is being carried out by management and any actions identified are being acted upon timeously. This ensures people can be confident they are being supported by a service with a culture of continual improvement to best meet the needs of people they support.

Met - outwith timescales

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

To ensure there are accurate records and effective communication with families/legal guardians and relevant representatives, the service should ensure all information shared and received is accurately recorded and responded to without delay.

This area for improvement was made on 1 November 2023.

Action taken since then

The service was able to demonstrate how they are using their electronic system more efficiently to record, monitor and action information shared and received from people and their families. Management have oversight of all information electronically and can ensure appropriate actions/arrangements are being responded to. This means people and their families can be confident they are being supported by people who are responding to and meeting their needs well.

The service has access to an on-line platform to meet the training needs of staff. During the inspection, staff were asked by management to complete training in good communication. Many staff completed this whilst the inspection was ongoing. We would advise management to establish a need for staff to complete modules of training relevant to good communication and accurate record keeping as part of their annual learning and development. This would ensure staff maintain their understanding and knowledge of the importance of communication and record-keeping in providing support that is responsive to the needs of people.

This area for improvement has been met.

Complaints

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

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