

## SRS Care Solutions Limited Housing Support Service

Waverly House  
Hamilton Business Park  
Hamilton  
ML3 0QA

Telephone: 01555700893

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Unannounced

**Completed on:**  
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**Service provided by:**  
SRS Care Solutions Limited

**Service provider number:**  
SP2016012703

**Service no:**  
CS2017362472

## About the service

SRS Care Solutions Ltd is a combined care at home and housing support service which is provided to adults and older people with a range of support needs living in their own homes.

The office is based in Renfrew and the service provides support to people in Renfrewshire, East Renfrewshire and Glasgow.

At the time of the inspection the service supported 56 people.

## About the inspection

This was an unannounced inspection which took place on 14, 15, 16, 19 and 20 February 2024, between the hours of 09:00 and 17:30. 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 10 people using the service and five of their family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People had consistent support from staff who were familiar to them.
- Staff required further training to understand Adult Support and Protection processes.
- Medication systems were generally well managed.
- There were significant gaps in quality assurance and oversight.
- Staff induction and training was of good quality and staff had regular supervision.
- Personal planning needed to more accurately reflect people's current needs.
- Safer recruitment guidance was not implemented, increasing the risk of harm.
- There was insufficient oversight of staff registration with an appropriate regulatory body.

## 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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	4 - Good
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?

## 3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance need to improve to ensure people consistently experience good outcomes.

There were warm relationships between staff and people using the service. Staff interacted well with people and included them in decisions about their care and support. People told us they had been consulted about their visit times and generally had regular staff members coming to see them. Scheduling of visits was effective and the co-ordinator was knowledgeable about the importance of continuity. This helped to ensure people were in control of their visits and were supported by staff who knew their preferences. Recording of daily notes was good and reflected the care people had received during their visits. This supported consistency as staff were sharing key information following visits.

The service aimed to support people to get the most out of life. Some personal plans we sampled reflected the views of the person and their identity. We had some positive feedback from external professionals about staff seeking advice to help meet people's needs. Some people told us the service was flexible which enabled them to live their lives how they wanted and promoted their independence. Staff knew this was important which helped to ensure people were in control over how their support was delivered to maximise their independence.

We were not confident that staff knew when they should communicate changing needs or risk for people. While the service had a comprehensive Adult Support and Protection (ASP) policy, this was not being used effectively. Leaders did not have a clear understanding about when and how to communicate changes or potential harm. This meant that the service did not effectively assess risks to people which could potentially leave them at risk of harm. **(See area for improvement 1)**

The service had some effective medication processes in place but needed to make some improvements. An electronic medication administration (Emar) system was used appropriately by staff to record when medication support was provided. Staff received medication training and we sampled medication competency checks which had been completed effectively. We saw an example where a medication error had occurred and this was dealt with appropriately, with the staff member undergoing additional training and competency checks. This meant people could be confident their medication was safely managed to support their health needs.

The service had not sought guidance from GPs where people who lack capacity were being supported with medication administration. This included when to administer 'as required' medication and how to record this. This meant it was not clear that consent had been obtained for medication administration. Personal plans should contain clear guidance and confirmation of legal authority to administer medication where a person is subject to legal measures such as power of attorney.

While we saw some positive examples of communication with care managers about changing health needs, recording about this in care plans was not detailed enough to ensure follow up actions were understood and completed. This meant that people could not be confident that appropriate healthcare would be sought if their health needs changed. **(See area for improvement 2)**

## Areas for improvement

1. In order to improve understanding of Adult Support and Protection processes, the provider should review and update ASP training to ensure staff are clear about their responsibilities to report changing needs, risks and issues which might impact on people's wellbeing.

This is to ensure 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).

2. In order to ensure health issues are appropriately addressed, the provider should ensure staff have sufficient knowledge of their responsibilities to report changing health needs. Communications with health professionals and care managers should be clearly recorded alongside any follow up actions.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

## How good is our leadership?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses impacted upon the welfare and safety of people, we made requirements for improvement which must be made as a matter of priority.

People should benefit from a culture of continuous improvement which is supported by good management oversight. The service had some quality assurance processes in place and took steps to evaluate people's experiences, but there were distinct gaps in oversight of the service which could leave people at risk.

The service had an improvement plan which was in its early stages of development. This demonstrated oversight of some areas, including staff supervision and feedback from people using the service. We gave advice during the inspection about using SMART (Specific, Measurable, Achievable, Realistic, Time-bound) planning to ensure the improvement plan could be used effectively to set goals for improvement.

People and their relatives told us they felt confident about contacting the service and that they felt any issues would be taken seriously and resolved. The service had a complaints policy in place and also took note of informal feedback from people. This meant that people's views and experiences could help to identify areas for improvement in the service. Staff told us that leaders were visible and accessible which helped to ensure they felt supported in their roles.

People should be assured that the staff supporting them are recruited safely and are registered with an appropriate professional body. We sampled recruitment files and found they did not follow the guidance 'Safer recruitment through better recruitment' (Care Inspectorate & SSSC, 2023). Full employment history or employer references were not present in some files or could not be verified as being from an employer. This was a risk for people using the service as we could not be assured necessary background checks had been completed to ensure suitability for work. All recruitment must be completed safely to ensure people receiving care are protected from harm.

Oversight of staff registration was inadequate. We found errors in the Scottish Social Services Council (SSSC) register for the service including key staff members not being SSSC registered at the time of inspection. Senior management completed a risk assessment during the inspection to assure us that the service was safely staffed. Understanding of the legal responsibility to comply with the SSSC code of practice was ineffective which posed a significant risk to people. We could not be assured staff were operating in accordance with the professional requirements of their roles.

The service is legally required to notify the Care Inspectorate of accidents, incidents and instances of staff misconduct. There had been no recent notifications to the Care Inspectorate despite accidents and incidents being recorded in the service. This was concerning as it demonstrated a lack of understanding of legal responsibilities which are designed to ensure people's safety.

## Requirements

1. By 6 May 2024, the provider must ensure people are kept safe by implementing and completing safe recruitment processes.

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

- a) recruitment practice follows good practice guidance from the SSSC and Care Inspectorate (Safer Recruitment Through Better Recruitment, September 2023);
- b) employer references are obtained and verified prior to new employees starting work;  
and
- c) SSSC registrations are maintained, regularly audited, and appropriate notifications made to the SSSC when employees are no longer employed by the service.

This is to comply with Regulation 9(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the 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).

2. By 30 June 2024, the provider must ensure that quality assurance for the service is carried out effectively, using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound).

This should include, but not be limited to:

- a) routine and regular management monitoring of the quality of care and support;
- b) internal quality assurance systems which effectively identify issues which may have a negative impact on the health and welfare of people supported;
- c) clear recording and evidence of actions taken when an issue has had an impact on the health or wellbeing of people supported; and
- d) timely reporting of notifiable events to the regulator in line with the guidance records that all registered care services (except childminding) must keep and guidance on notification reporting (Care Inspectorate 2012).

This is to comply with regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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?

### 4 - Good

We have made an evaluation of good for this key question. We found a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a positive impact on people's experiences and outcomes.

The service had effective induction processes in place and provided training and support to staff to develop their practice. Staff competence was regularly assessed and there were good processes in place to ensure these checks were completed regularly. Recording of competency assessments was good and development needs were discussed in supervision which was provided regularly for staff. Induction training for new staff was thorough. We spoke to staff who provided positive feedback about the quality of the training they had received and told us they felt encouraged to develop and progress in their roles.

Knowledge of the Health and Social Care Standards (HSCS) varied amongst staff, but those we spoke to were able to tell us about the importance of dignity and respect for people. We asked the manager of the service to develop training opportunities to improve staff understanding of the HSCS. This is to help ensure staff are practicing in line with good practice guidance and principles which are designed to ensure good quality care.

We saw evidence of specialist training being provided where people using the service had particular needs, such as epilepsy or Parkinson's disease. Supervisors were also included in this training which helped to assure us staff were led by senior staff who had sufficient knowledge of people's needs.

There was a culture of reflective practice in the service which was evidenced by frequent supervision, discussions about practice and regular team meetings. This helped to ensure staff were supported to develop their skills and understand the expectations of their role. Oversight of supervision needed to improve to ensure supervision records were effectively completed and linked to learning needs for staff. The service should clearly demonstrate learning needs analysis for staff members, and set goals and timescales for learning activities to ensure continuous improvement. The service used a 'Common Knowledge' workbook with overseas staff to support them to develop their knowledge of the social care sector in Scotland. While we found this workbook to be of good quality, we asked the manager to ensure supervisors review these alongside staff members to assess their understanding of the content.

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of adequate for this key question. We found some strengths which had a positive impact on people, but improvements were required in key areas to ensure people continue to have positive experiences and outcomes.

The service had an effective template for personal planning but the quality of the content varied. Improvements were required to ensure personal plans reflected people's views and were kept updated.

Some personal plans clearly reflected the voice of the person supported, but there were gaps in important areas of some personal plans, including risk assessments. Risk assessment should be centred on the person supported to identify how to enable them to maximise their abilities and independence. Some people didn't know if they had seen a copy of their personal plan. Quality assurance processes for personal plans were ineffective as there were multiple areas requiring improvement which had not been identified by the service.

We saw some good examples of short-term personal plans being used for people who had newly started with the service but some people had a short term plan for too long. People should have a personal plan in place within 28 days. Where there are complex needs and risks, it is important to ensure personal plans are robust to keep the person safe from harm and provide clarity about support to be delivered and outcomes.

Review meetings took place but were not used effectively to ensure personal plans were up-to-date, accurate and reflected the person's current views. It was not clear how discussions at reviews led to improvements or changes to personal plans as this had not been recorded. This is important as reviews provide an opportunity for people using the service and their representatives to discuss what is working well and where improvements are required. Some people had been asked for their views about the service more generally which supported leaders to identify development areas in the service.

Legal authority such as medical certificates, guardianship or power of attorney were not clearly recorded in personal plans. We had difficulty identifying who held legal powers in some instances. Where legal orders are active, we would expect to see copies of these in people's records. **(See area for improvement 1 and 2)**

### Areas for improvement

1. To ensure people are fully involved in decisions about their care, the service should ensure all required legal information is clearly recorded in personal plans. This should include appropriate medical advice and clarity about responsibility for decision making when a person is assessed as lacking capacity.



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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

2. To ensure people are fully involved in decisions about their care, the service should ensure all people using the service, or their representatives, have access to the most recent version of their personal plan.

Personal plans should:

- a) contain input from the person using the service, people important to them, and where appropriate, input from professionals;
- b) be reviewed and updated at a minimum of six monthly intervals with review target dates clearly recorded;
- c) include risk assessments which contain accurate and current information; and
- d) be updated as soon as possible when changes occur.

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

'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13)

and

'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).

## 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 individuals and their families have confidence in the complaints process, the manager should ensure all complaints and concerns are accurately logged and investigated in line with company procedures.

All responses must offer a clear record of what was investigated, how it was investigated, if upheld or not, and the action the service has taken in response.

This area for improvement was made on 18 April 2023.

## Action taken since then

The service had developed a system for logging complaints.

The manager of the service was knowledgeable about the complaints policy.

There had been no new complaints to the service since the previous inspection so we were unable to evaluate how well the service had responded to complaints at this inspection. This area for improvement has been incorporated into Requirement 2 in Key Question 2.

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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