

# Continuity Care Scotland Ltd Support Service

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Unit 3 & 4  
Dalmeny  
South Queensferry  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
8 April 2024

**Service provided by:**  
Continuity Care Scotland Ltd

**Service provider number:**  
SP2019013350

**Service no:**  
CS2019376651

## About the service

Continuity Care provides care at home to adults in northwest Edinburgh and South Queensferry, with an office based at Dalmeny. The provider is Continuity Care Scotland Ltd. At the time of the inspection the service offered care and support to nine people.

## About the inspection

This was a short notice inspection of the service which took place on 3 and 4 April 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:

- met with five people supported by the service and four relatives. We also gave the opportunity for staff to give feedback via email
- we talked with members of staff and the manager
- observed staff practice when we met people in their homes
- reviewed a range of documents

## Key messages

- People experienced compassionate care and support because there was warm, encouraging, positive relationships between the regular carers and people supported.
- People told us their regular carers were flexible, knowledgeable and considerate about their preferences of support.
- Wellbeing, confidence and independence were promoted, and people's health needs were escalated to health professionals when needed.
- Further work was needed to ensure all relevant documentation was up to date and there was a formal quality assurance process in place. This would enhance the management overview and lead to better evidence of the quality of direct care provided.
- The monitoring and evaluating care had not been consistently achieved. This included updating personal plans. However, the new manager in post had already commenced on rectifying this. We were confident the changes identified would lead to a more consistent approach in the overall management of the service.

## 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?	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?

4 - Good

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

People told us the care workers were caring, considerate and supported them in a way that reflected their personal choices and health needs. It was clear carers had built up respectful and supportive relationships with people and their relatives. This led to better outcomes, because people supported, and their relatives, were confident in the care provided. One person told us their quality of life had been significantly improved since being supported by continuity care staff.

Carers understood their role in supporting people's access to healthcare. They recognised changing health needs and shared this information quickly with the right people. There was information on health conditions, where relevant, and training for staff on how to ensure these were considered during support. The manager had actively sought advice from external professionals such as occupational therapists, social workers and district nurses, to improve outcomes for the people supported.

All carers had been given training in the use of PPE (personal protective equipment) and infection prevention and control, (IPC) this meant people could be confident that staff were knowledgeable about minimising the risk of cross infection. People we met told us staff were always vigilant in their homes of IPC.

Overall, personal plans, which had been reviewed, were of good quality and contained relevant information to enable the person to be supported in the way they preferred. It was recognised that some of the plans still had to be updated. However, these provided a foundation to commence reviews with the person supported and any of their family members. Reviews of care and support had been identified and there were planned dates in place. Some of the plans we looked at would benefit from more information about the detail of people's specific support especially about moving and positioning/mobility.

Most people only required reminders or prompts with medication. However, personal plans should give more detail as to what specific help was needed and why.

In summary the direct care to people supported was of a very high quality, however this had been let down by lack of consistent documentation and overview of care. Whilst there was still further improvement needed, there was a strong foundation to build on. The manager, in post from January, had a full action plan in place and we would expect that at the next inspection we would see consistency in care planning, review and quality of documentation. We have not made any areas for improvement under this key question as the manager had started to put the actions identified in place.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

The manager had written an improvement plan which had actions reflective of our findings, but it was too soon to see if the actions would lead to sustained improvements. Whilst the manager had a strong overview of the service, there were several issues that they had inherited since starting post in January. This included a lack of consistent audits, monitoring of staff practice and up to date policies. The previous inspection also

highlighted issues about quality assurance processes and audits. We were confident this would be addressed by the manager; however, we have carried forward the previous area for improvement made. This was because at the point of inspection there was no overarching quality processes in place to ensure that there is a culture of continuous improvement for people experiencing care (see area for improvement one).

The staff team was well established and supported each other. There were clear channels of communication between them, and this ensured any changes to care was consistently achieved. Staff, families and people supported told us they felt they could speak to the manager or the provider about any issues and these would be actioned. However, there had been gaps in being able to evidence that staff practice was effectively evaluated. There was some evidence of one-to-one meetings and spot checks, but these had not been consistently achieved for everyone. An area for improvement was made at the last inspection about this and we have carried this forward. (see area for improvement two).

We discussed with provider their responsibility to report notifiable events as directed by the Care Inspectorate. (see area for improvement three)

### Areas for improvement

1. The provider must ensure people experience safe care and support where management have appropriate oversight and monitoring of the service's quality assurance systems.  
In order to achieve this, the service provider must ensure that:

- a) The quality assurance system enables areas for improvement to be promptly and accurately identified.
- b) That the outcomes of any audits are clearly recorded.
- c) Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- d) Quality assurance systems to monitor whether care and support records are accurate, detailed and up to date.
- e) Quality assurance arrangements are reviewed and developed to ensure that people benefit as much as possible from their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. The provider must ensure that staff are well led and managed. In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written recorded and actions.
- b) Management to undertake regular direct observations of staff regarding their practice including staff putting on and taking off personal protective equipment and hand washing. Direct observations to have a written record with any actions when issues arise.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

3. To ensure regulatory responsibilities are met the provider should ensure that all events notifiable to the Care Inspectorate are promptly submitted and reflective of the guidance "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

We looked at recruitment files for four staff, all of whom were well established in the team. There had been no new staff employed since the last inspection.

People were recruited with Protecting Vulnerable Groups (PVG) safety checks being taken prior to employment. We found this process to be consistent, which ensured risks to people are minimised.

All staff were registered with the Scottish Social Services Council (SSSC). However, it was noted that for some staff this was out with the expected timeframe.

The staff recruitment files were variable in content. Staff did have two references and there was a framework for interviews with two people completing this. However, we found references from friends or work colleagues, which did not meet the Scottish Governments safe recruitment guidance. Not all staff had probationary review or induction records on file and there were significant gaps between observed practice or one to one meetings. The provider said that all relevant induction and probationary reviews had been completed, however we could not find these in staff files. (See area for improvement 1)

The recruitment policy did not implement the most recent right to work guidance. The recruitment process would be strengthened by the provider having in place quality assurance to note and address any issues where the correct procedures or practices were not being followed.

The staff team were well established and worked well together. Care was planned around people's preferences and needs, which was not rushed or time limited. The minimum allocation of support was 30 minutes. The planning of the care visits was well-organised; staff had time to provide care and support with compassion and engaged in meaningful conversations with people.

People supported received care from consistent staff who they knew well and who had built up respectful and caring relationships with them. People supported and their families told us they could not fault their care.

## Areas for improvement

1. To ensure staff are recruited safely, the provider must follow the best practice guidance safer recruitment through better recruitment, published September 2023 by the SSSC and Care inspectorate. This includes references, probationary review, induction and registering with the SSSC.

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

states 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).

## 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 must ensure people experience safe care and support where management have appropriate oversight and monitoring of the service's quality assurance systems.

In order to achieve this, the service provider must ensure that:

- a) The quality assurance system enables areas for improvement to be promptly and accurately identified.
- b) That the outcomes of any audits are clearly recorded.
- c) Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- d) Quality assurance systems to monitor whether care and support records are accurate, detailed and up to date.
- e) Quality assurance arrangements are reviewed and developed to ensure that people benefit as much as possible from their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 14 November 2022.**

#### Action taken since then

An improvement plan was now in place along with a quality assurance procedure. However, whilst the manager had plans for audits and continued improvements these were mostly at the early stages of development. Feedback from people supported did reflect improvements and changes to their requested care, however further audits were needed to monitor the service as a whole. This area for improvement is carried forward under key question two in the body of this report.

#### Previous area for improvement 2

The provider must ensure that essential staff training has been completed by all staff.

In order to achieve this the service must undertake the following:

- a) A detailed staff training plan to be organised, this should include but not be limited to:
  - moving and handling people
  - medication administration
  - food hygiene
  - adult protection
  - fire awareness

- data protection and confidentiality

b) Care staff to complete the annual refresher training for moving and handling people as well as medication administration.

c) Training for moving and handling people must have a practical element included not just an e-learning module.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 14 November 2022.**

### Action taken since then

One staff member had yet to complete moving and handling training; however this had been booked in to complete. This meant all staff were up to date with mandatory training. This area for improvement was met.

### Previous area for improvement 3

The provider must ensure that staff are well led and managed.  
In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written recorded and actions.
- b) Management to undertake regular direct observations of staff regarding their practice including staff putting on and taking off personal protective equipment and hand washing. Direct observations to have a written record with any actions when issues arise.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

**This area for improvement was made on 14 November 2022.**

### Action taken since then

Whilst supervisions were evidenced for staff, these were not as yet consistently achieved to allow any link to appraisals or training. We could see spot checks of practice had been completed, but more time was needed to embed these into practice. This area for improvement is carried forward under key question three in the body of this report.

### Previous area for improvement 4

To ensure people's concerns are acted upon, the provider should ensure that there is a robust system in place to follow up concerns and keep people and their representatives updated appropriately. This should include, but is not limited to, ensuring staff have an understanding of the complaint handling procedure and there is a clear oversight of how complaints are managed and recorded.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 14 November 2022.**



**Action taken since then**

A full complaints policy and procedure was in place. All people supported and families received an easy to read guide on how to make a complaint, including directly to the Care inspectorate. This area for improvement is met.

**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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good

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