

Easter Inch Limited t/a T&T Healthcare Solutions Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
6 March 2024

Service provided by:
Easter Inch Ltd

Service provider number:
SP2016012805

Service no:
CS2020379924

About the service

T&T Healthcare Solutions is registered with the Care Inspectorate to provide care at home and housing support services. These are delivered together and regulated as a combined service.

The service provides personal care and support to older people and adults in Edinburgh and West Lothian living in their own homes.

T&T Healthcare Solutions were supporting six people at the time of the inspection.

About the inspection

This was a short notice announced inspection which took place on 28 February to 1 March 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 and spent time with five people using the service
- spoke with three family members
- received feedback from nine staff and management
- observed practice and daily life
- reviewed documents
- received feedback from other professionals.

Key messages

- There were warm and positive relationships between staff and the people using the service.
- People were supported by a consistent core group of staff.
- Improvement was required to ensure robust management of accidents, incidents and reporting to relevant authorities.
- Improvement was required to ensure that quality assurance, including self evaluation and improvement plans drive change and improvement where necessary.
- Improvement was required around the safe recruitment of staff.
- Improvement was required in personal plans and risk assessments to ensure that people's rights were not compromised.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 3 - Adequate |
| How well is our care and support planned? | 2 - Weak |

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 the service as good at supporting people's health and wellbeing. There were a number of important strengths in the care provided which outweighed areas for improvement.

Staff demonstrated the principles of the Health and Social Care Standards in their day to day practice, which promoted a culture of respect. There were warm and friendly interactions between staff, people receiving a service and their family members. We heard from people that they were happy with staff and felt comfortable having them in their homes.

People were confident in their service because they were being supported by staff who were familiar to them. The service worked hard to ensure good consistency of care workers which led to knowledgeable and positive relationships. People told us that the service accommodated their choice of preferred care worker.

The provider should take steps to ensure that service agreements are in place for each person they provide support to. This agreement should set out what the person should expect from the service and their support, including how their outcomes will be met. People told us that they were unclear about the contracting arrangements for funding their support, which meant they were unsure about which aspects of the service was within their rights to change. [See Area for Improvement 1].

Where people received support to enhance their social and mental wellbeing, we observed inconsistent approaches from staff. Some activities had taken place which helped to keep the person active and healthy, however for others the support was very basic. Support relied on the individual staff member's skills and enthusiasm as there was a lack of information within personal plans to guide staff. We have reflected this under Key Question 5 - How well is our care and support planned?

Staff shopped on behalf of people. Whilst a financial support policy was in place, this was not being consistently followed and could place people, and staff, at risk of mismanagement. This support should be reviewed to protect people. [See Area for Improvement 2].

Staff knew people well and recognised changes in people's health and wellbeing quickly. They escalated these to the manager who offered advice and support. The service worked with other health and social care professionals to ensure that people's wellbeing was promoted and that their needs were being met in the right way.

Where people received support for meal preparation, the feedback was overall positive. We heard that people especially enjoyed when staff prepared home cooked meals, including new foods from different countries. Whilst this contributed to improving people's wellbeing, improvement was needed to ensure that food hygiene practices were safe and healthy eating was promoted.

Areas for improvement

1.

To promote good standards of practice, the provider should ensure that everyone has a service agreement. This should set out what they can expect from their service and support including how their identified outcomes will be met.

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state 'I receive and understand information and advice in a format or language that is right for me'. (HSCS 2.9).

2. To ensure that people are protected from financial harm, the manager should ensure that staff adhere to the provider's financial support policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'. (HSCS 2.5).

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.

Improvements were required in quality assurance, which was inconsistent and informal. There was a lack of oversight and audit of service delivery which meant that the management team were unable to identify actual or potential risks for people. This resulted in missed opportunities for people's needs and concerns around service provision to be acknowledged and discussed. Staff supervision and competency checks were limited, which reduced the opportunities for staff to discuss any ideas, concerns or training needs. The manager was unable to show how they were planning on identifying and making sustainable improvements. [See Requirement 1].

Although the manager was informally evaluating people's experiences through conversations, there were limited records which could evidence how people were supported to meet their outcomes. This meant that people's experiences of their care were not being systematically acknowledged or used to develop and improve the service.

The management team had not undertaken any self-evaluation to promote responsibility and accountability. This meant that they did not have an improvement plan in place to enable them to evaluate progress or improvements and drive the future direction of the service. We shared our self-evaluation guidance with the manager.

Improvements were required in the reporting and management of unplanned events. Staff and managers were unclear of their role in identifying and reporting concerns about the safety and wellbeing of people. Appropriate assessments, supports and referrals were not always being made. This meant that there was a risk that harm to people could be ignored or not identified. Events that should have been notified to the Care Inspectorate had not been. We shared guidance on records that care services must keep and guidance on notification reporting. [See Requirement 2].

Requirements

1. By 22 July 2024, the provider must ensure that people are safe and receive care and support that meets their needs.

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

- a) make sure that quality assurance checks and audits are consistently completed;
- b) detail actions taken to address any identified improvement; and
- c) include an evaluation of progress made.

This is to comply with Regulation 4(1)(a) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

2. By 24 May 2024, the provider must ensure that they keep people safe and healthy by ensuring all accidents and incidents are properly managed.

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

- a) implement a system to ensure that all unplanned events are recorded, investigated, analysed for trends and notified to other bodies, where they are legally obliged to do so; and
- b) ensure that they adhere to the Care Inspectorate notification guidance for reportable events.

This is to comply with Regulation 4(1)(a) (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) and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

How good is our staff team?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Improvement was required in order that people could be assured that staff had been safely recruited. The service had a recruitment policy and procedure in place which set out safer recruitment practices, however this needed to be updated to reflect current guidance. Whilst background checks were being carried out prior to staff starting with the company, they did not always obtain appropriate references. [See Requirement 1].

At the last inspection, we made an area for improvement to ensure that all staff were registered with an appropriate regulatory body such as the Scottish Social Services Council. During this inspection, we observed that staff were registered, however they were all incorrectly registered for another T&T Healthcare Solutions service and many were registered under an incorrect part of the register. This is an important safeguard and the provider has a legal responsibility to ensure that staff are registered correctly. [See Area for Improvement 1].

The service was providing training for staff to ensure they had the skills and knowledge to carry out their caring role. This was being delivered through e-Learning with some face to face training. Records showed that staff had satisfactorily completed induction training. Initial training records were kept, however, it was unclear when refresher training would be undertaken. This links with Key Question 2 - How good is our leadership?

People could be assured that new staff completed a probation period which was confirmed once they were deemed suitable to continue in their role. However, there was infrequent supervision and competency checks with staff thereafter. Management should take steps to provide assurance that staff continue to practice appropriately, whilst supporting staff to reflect on their skills, knowledge and learning.

Requirements

1. By 16 September 2024, the provider must ensure that people can be confident that staff have been recruited and employed safely.

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

- a) ensure that the recruitment of staff has been informed by all aspects of safer recruitment guidance as detailed in 'Safer Recruitment Through Better Recruitment';
- b) staff do not start work until all pre-employment checks, including appropriate references, have been completed; and
- c) staff are registered with the relevant professional body, as appropriate for their job role.

This is to comply with Regulation 9(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Areas for improvement

1. To promote good standards of practice, the provider should ensure that all staff in the service are registered with an appropriate regulatory body by:

- a) undertake an audit of all staff's current registration status;
- b) ensure that all staff are registered correctly with a relevant professional body, as appropriate for their job role; and
- c) implement processes to regularly check registration status.

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).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Improvement was needed to ensure that personal plans provided sufficient information to guide staff on how best to support people. Plans lacked information on what support people needed and how to provide this. There was very little personal information or details of people's lives which could be used to build relationships and understand people. Staff relied on a basic task list. Although staff generally knew people very well, there was a risk of new or unfamiliar staff not having enough information to provide good care. During the inspection, we became aware of an incident where a lack of information available to staff resulted in emergency medical intervention going against the person's wishes. [See Requirement 1].

We highlighted our concerns around this lack of information and some additional information was created during the inspection. Even taking these newly written plans into account, there remained a lack of sufficient detail and more concerningly, the plans contained incorrect information, and details which appeared to be copied from other people's personal plans. We raised our concerns during the inspection and this has contributed to our evaluation of weak in Key Question 2 - How good is our leadership?

People were not provided with a copy of their personal plan. However, we did conclude that there had been discussions when their support needs changed.

Improvement was required to ensure that associated risk assessments provided a comprehensive overview of all the risks that were present for people being supported. Where people's independence, choice and control were restricted, these were not linked to risk or clear legal arrangements. We concluded that people were being put at risk from insufficient information and a lack of any review process. [See Requirement 1].

Requirements

1.
By 24 May 2024, the provider must ensure each service user has a personal plan in place within one month of the date on which the service user first received the service. This must set out how the service user's health, welfare and safety needs are to be met.

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

- a) the personal plan sets out how the service users needs will be met, as well as their choices, wishes, and preferences;
- b) relevant risk assessments are completed and used to inform the personal plan;
- c) daily support notes are completed at the end of each visit;
- d) personal plans are reviewed at least once in every six monthly period or where there is significant change in the service user's health, welfare or safety needs; and
- e) people have access to a copy of their personal plan in a format of their choosing.

This is to comply with Regulation 5(1) and (2) (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).

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 promote people's safety and wellbeing the provider should ensure that all staff are registered with the appropriate professional body.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 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' and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.

This area for improvement was made on 11 February 2022.

Action taken since then

We reviewed this as part of Key Question 3 - How good is our staff team?

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

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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 |

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

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|------------------------------------|--------------|
| How good is our staff team? | 3 - Adequate |
| 3.1 Staff have been recruited well | 3 - Adequate |

| | |
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| How well is our care and support planned? | 2 - Weak |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 2 - Weak |

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