

Kippen Care Services Support Service

Tayview Industrial Estate
Friarton Road
Perth
PH2 8DG

Telephone: 01738 310 585

Type of inspection:
Announced (short notice)

Completed on:
15 May 2024

Service provided by:
Kippen House Ltd

Service provider number:
SP2003002495

Service no:
CS2004078862

About the service

Kippen Care Services is registered by the Care Inspectorate to provide a combined care at home and housing support service for adults and older people within Perth and Kinross. The company's office is based in Perth.

The service is registered to support people from the age of 18-years upwards, including those with disability or mental health issues. Most service users are older people. A 24 hour on-call service is provided.

The registered manager and depute are supported by a team of coordinators. They co-ordinate the overall running of the service and carers who provide direct care to people in their own homes.

The service shares the same management team, office premises, policies and procedures, and training programme as Rigifa Home Care Service.

About the inspection

This was a short announced inspection which took place on 14 and 15 May 2024. The inspection was carried out by three 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 eight people using the service and two of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People spoke highly of the staff who supported them.
- People were supported with kindness, compassion and respect.
- Recruitment practices needed to improve.
- Quality assurance systems and processes needed to improve.
- Staff worked well together.

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
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?

4 - Good

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

People told us they were happy with the support they received. One person being supported told us, "The carers are very good" and a relative commented, "They do things pretty well." The support people received enabled them to continue living in their own homes and supported their family members. One relative told us, "I would never manage without the carers."

People's health and wellbeing needs were well captured within care plans and staff delivered care in accordance with individual care plan tasks. Where required, the service responded well to people's changing health needs and sought appropriate advice and support which ensured that people received the right care at the right time. People's independence was promoted and if they were able to manage aspects of their own care, staff supported them to do so.

People and their families welcomed the good communication that the service had with them, and a visiting professional also remarked that the service communicated effectively. People got schedules ahead of their care visits and so knew who would be delivering their care and at what time. Care records sampled highlighted that some scheduled visits were significantly shorter in duration than planned. We discussed this with the manager who explained that there were occasions when scheduled visits were unable to be undertaken due to people declining their support. The manager has agreed to ensure that in the future, such incidents are clearly documented.

Staff supported people with medication administration and prompting. Medication records were being completed correctly, however, one file sampled contained no Medications Administration Record (MAR) which ought to have been in place. We discussed this with the manager who accepted that this document was missing and who agreed to rectify the matter immediately, which will ensure that people receive their medication safely and as prescribed. People were supported to take their medication independently if they could, and this allowed them to have as much control as possible in relation to their own medication.

How good is our leadership?

3 - Adequate

Quality and assurance should be led well. We evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

People we spoke with were confident giving feedback and raising any concerns because they knew leaders would act quickly and use the information to help improve the service. We saw that the service had responded appropriately when internal complaints had been logged.

The service had various quality assurance processes in place to support management oversight. These included meetings, audits, feedback questionnaires from people experiencing care and observations of staff practice. However, where the service had identified areas for improvement and development, we could not see how these informed an action plan. This meant that improvement within the service was not being driven as well as we'd expect. The service should further develop their quality assurance systems across all areas by analysing the data they receive, and action plan accordingly in order to developing and improve the

service provided. **(See Requirement 1)**

We saw that the service's improvement plan had identified areas for development. These included staff supervision and appraisal. The supervision tracker indicated that not all staff received the specified number of supervisions throughout the year. **(See Area for Improvement 1)**

Training, including medication administration and moving and handling, varied amongst staff. This needed to be looked at and the service needed to ensure all staff are adequately trained. See Key Question 3 for further details.

The service placed importance on recruiting and retaining the right staff. Team meetings were held regularly. This gave staff the opportunity to share their views and exchange information with their colleagues.

The manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement, taking feedback from the inspection forward, and ensuring that people receive a high standard of care.

Requirements

1. By 1 August 2024, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to:

a) ensure audits are being completed regularly to monitor and check the quality of service being provided, and ensure that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

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).

Areas for improvement

1. The service should ensure all staff receive regular, formal supervision. This is to make sure that each staff member has access to support and guidance and achieves the expected standards of practice. This also confirms that staff and managers have opportunities to discuss learning and development requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS 3.14).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. This meant we identified some strengths, but these just outweighed weaknesses. Whilst aspects of the care and support people received demonstrated good practice, improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Newly recruited staff described a good induction process that included a full week undertaking a mix of online and practical training. This was followed by five days shadowing colleagues as they supported people on a one-to-one basis. Staff told us this meant they felt confident in undertaking their duties in a lone working environment.

People should be confident that staff are recruited in a way that has been informed by all aspects of safer recruitment guidance, including a strong emphasis on values-based recruitment. We saw that some staff had commenced employment with the service prior to all necessary recruitment checks being completed and assessed as satisfactory. For example, some staff had commenced employment before a recent Protection of Vulnerable Groups (PVG) check had been seen or references, including one from their most recent employer, been obtained by the service. **(See Requirement 1)**

Staff spoken with said communication had improved and that there was a positive ethos of team working. People told us the staff team was a real positive in the service. Staff told us they felt valued. This team approach promoted good information sharing and a positive atmosphere which benefitted the care and support for people.

Observations of staff practice were not being carried out consistently by the senior or management team. This meant that any training needs were not being picked up quickly. The management team could not be confident that staff always had the necessary knowledge, skills or competence to care for and support people.

Examination of staff training records identified some staff had not received updated moving and handling and medication training. To promote the health and wellbeing of people, it is essential the service ensure that all staff receive up-to-date training on a regular basis. There was no clear overview of staff's training needs. This meant that we could not be assured that all staff had been provided with the appropriate training. To ensure that staff training and development promotes safe care practice and positive outcomes for people, a training needs analysis should be completed, and a robust training plan produced. **(See Requirement 2)**

Requirements

1. By 1 August 2024, you must ensure that all staff have been safely recruited following both best practice guidance and Balhousie policy and procedures.

In particular, you must:

a) ensure PVG checks are carried out on all new employees; and

b) access two satisfactory references, with one being the most recent employer.

This is in order 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 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).

2. By 1 August 2024, the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs.

To achieve this, the provider must:

- a) produce a training needs analysis and staff development plan that reflects training the staff group require;
- b) ensure staff have access to training to meet the needs of people being supported. This must include, but is not limited to, moving and handling and medication management; and
- c) ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

This is to comply with Regulation 15 (b)(i) (Staffing) 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 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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. This meant we identified some strengths, but these just outweighed weaknesses. Whilst aspects of the care and support people received demonstrated good practice, improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Care plans were detailed and contained information about how people's needs should be met in accordance with their wishes and outcomes. People and their families were fully involved in decisions about care arrangements, and felt able to make suggestions or raise concerns if they needed to do so. We saw that people's wishes were captured throughout the care plans and reviews which meant that people were able to direct their own life and care decisions. Where people were not able to fully express their wishes or preferences, individuals who were important to them or who had legal authority were consulted in relation to care decisions.

Where people's physical and mental health needs were being supported by external health services, care plans incorporated relevant information relating to their care and treatment and this ensured staff were familiar with people's needs and meant there was consistency of care for people being supported.

People have a right to be fully involved in developing and reviewing their personal plans to ensure they continue to reflect their personal choices and needs. The plans were monitored by the service and updated as required. However, they should also be reviewed with the person and/or those important to them at least once in every six-month period. Although there was evidence of involvement of people and those important to them within the plans, six-monthly reviews were not being consistently carried out, and there was no process in place to effectively oversee this. **(See Requirement 1)**

Requirements

1. By 1 August 2024, you must ensure there is a robust system in place to monitor the care plan reviews.

In particular, the provider must:

a) ensure and record that people and/or their representatives are involved in their care reviews.

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

and

'I am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.