

Care Me Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
24 April 2024

Service provided by:
Care Me Ltd

Service provider number:
SP2023000108

Service no:
CS2023000165

About the service

Care Me Ltd, is a care at home, support service based in Edinburgh. The provider, Care Me Ltd, has been registered to deliver the service to adults in their own homes in the community since 6 June 2023.

At the time of inspection the service had 3 people using the service.

About the inspection

This was an Announced (short notice) inspection which took place on 10, 11 and 12 April 2024. The inspection was carried out by an 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 2 people using the service and 2 of their family
- Spoke with 7 staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- People using the service appreciated their support
- Staff had not been adequately inducted into their role
- People did not have a personal plan
- Multilingual staff were able to support people in their first language
- The service had not provided formal training for staff
- Policies and procedures required completion and implementation

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?	2 - Weak
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?

3 - Adequate

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

We observed warm and compassionate interactions between staff and people using the service. People described their care and support positively, one person commented "There's such a big difference", while another told us "I'm quite comfortable with them". This meant that people felt at ease with their care and support.

Staff were able to communicate well with people in their first language, which had clearly supported people to engage with their care and support. Staff described how the companionship offered by the staff had helped to improve people's communication and wellbeing. This meant that the care and support had had a positive impact on people's mental and physical health.

Information about people's care needs and choices was limited. Staff did not have access to detailed information about people's health conditions, medication, care needs, or personal preferences, as the service had not developed personal plans for people. This lack of information had meant that staff were unaware of how to best support people. This had the potential to impact on the health and wellbeing of people (see requirement 1).

Staff supported people with their personal care needs where required, however, as there was no personal plan developed and no formal information on people's care needs available, staff were required to develop their knowledge and understanding of the person's needs over time. Staff were supporting people with moving and handling, this included the use of equipment. However, staff had not had any training on moving and handling so we could not be assured this type of support was being delivered safely (see requirement 2).

The service had a medication policy and procedure, which identified how medication would be recorded, administered, and stored, however staff had not been given access to this and were not trained in any aspect of medication. This meant that staff were not skilled in the management of medication, or the parameters of their role in prompting medication. This had the potential to impact negatively on the health and wellbeing of people using the service (see requirement 3).

People were being supported to eat and drink well, which was based on people's wishes and cultural preferences. Staff were supporting people by cooking simple hot and cold meals, however a lack of training for the staff in food hygiene, meant that there was potential for a negative impact on the health of people using the service (see requirement 2).

Requirements

1. By 31st July 2024, the provider must ensure that people have a detailed personal plan, to ensure that people's health, welfare and safety needs are met,

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

- a) consult with people on developing their personal plan
- b) ensure this includes how people's needs, choices and wishes are to be met
- c) ensure this is accessible for people in language they understand
- d) ensure staff have access to the personal plan
- e) ensure information is updated when people's care needs and wishes change
- f) implement a system to regularly audit personal plans

This is to comply with Regulation 5(1) and (2)(a)(b) 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) and, "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

2. By 31 July 2024, the provider must ensure that staff receive essential training and development opportunities to enable staff to be safe and competent in their roles. To ensure the health, welfare and safety of people using the service.

To do this the provider must as a minimum:

- a) undertake a training needs analysis to identify the training and development required for each role
- b) ensure staff complete all relevant training for their role
- c) maintain an accurate record of all staff training, including refresher training and induction
- d) ensure staff are fully inducted into their role
- e) provide shadowing opportunities for staff within their induction period
- f) implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

3. By 31st July 2024, the provider must ensure that medication policies, procedures, and practices, support the health, welfare and safety of people using the service.

To do this the provider, must at a minimum:

- a) ensure the medication administration systems and supporting policy , procedure and recording documents are safe, up-to-date and accurate and follows best practice.
- b) ensure that each person has been appropriately assessed by a competent person to determine the support they require with their medication and the level of support is clearly recorded in care plans and associated risk assessments.
- c) ensure staff receive medication training and ongoing refresher training in line with their roles and responsibilities and that is a system in place to assess staff competency on a regular basis.
- d) ensure there is a competent person to follow up any concerns related to medication.

This is to comply with Regulation 4(1)(a)(b) 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 good is our leadership?

2 - Weak

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

Quality assurance and improvement plans were limited within the service. There were no formal quality assurance processes for any aspect of the service. This meant that the provider was not able to assess staff practice and competency, or gain insight into whether outcomes for people were positive or not. This had the potential to impact negatively on people and staff (see requirement 1).

An improvement plan had been compiled to identify some areas of development for the registered manager, however this was not a dynamic document and required updating with progress and outcomes.

Policies and procedures developed by the provider were incomplete and required to be updated. This included relevant information on the agencies to be contacted in the event of an incident or adult support and protection concern (see area requirement 1).

Consultation with people was limited, with no formal method of gaining feedback from people using the service, their relatives, their representatives, external professionals, or staff. The manager described informal feedback being gained, however there was no evidence that this was used to support improvements. Some people using the service explained that they knew they could make a complaint by calling the manager, however they did not have access to any information on how to make a formal complaint. This meant people using the service did not have the opportunity to formally give feedback on their experiences or influence improvement in the service (see requirement 2).

Some people had been given a service agreement when they started using the service. This meant that people could clearly identify the standards the service agreed to work within, and what people could expect of the service. We discussed with the manager how they may use this document to support the evaluation of the service with people. The manager agreed to consider this. We'll follow this up at our next inspection.

Requirements

1. By 31st July 2024, the provider must ensure that quality assurance processes are implemented to support people's health, wellbeing and safety.

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

- a) develop and implement regular quality assurance audits and processes
- b) use best practice guidance and standards to inform quality assurance processes implemented
- c) analyse the results of audits to establish areas for improvement
- d) prioritise and action improvements identified
- e) ensure policies and procedures are up to date and used by staff appropriately
- e) keep records to evidence actions taken

This is to comply with Regulation 4(1)(a)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standard (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).

2. By 31st July 2024, to ensure the health, welfare and safety of people using the service, the provider must ensure that people, their relatives, representatives and staff can feedback their experiences of the service, to enable improvement.

To do this the provider must, at a minimum:

- a) implement a process of gaining feedback from people, their relatives or representatives and staff
- b) ensure people are aware of, and can access the complaints procedure
- c) evaluate feedback and incorporate this information into an accessible improvement plan
- d) communicate with people the results of their feedback and any action taken
- e) make changes and implement improvements based on feedback

This is to comply with Regulation 4(1)(a)(b) 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 states, "I know how, and can be helped, to make a complaint or raise a concern about my care and Support" (HSCS 4.20).

How good is our staff team?

2 - Weak

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

We observed and discussed practice with some staff. Staff appeared to have some knowledge of social care and described their passion for delivering a high-quality service for people. Some staff were clearly not confident in some aspects of their roles and what their responsibilities were.

The service had a robust staff induction policy and procedure, however this had not been followed.

Staff described being supported to gain an understanding of the care needs of people on their first day meeting them. For some staff this was the only input they had received from the manager. Staff were not aware of, or confident in their roles and responsibilities. They had not been given access to policies, procedures, or guidance on the implementation of processes. This meant that staff were not equipped to deliver care and support based on the service's policies, procedures, or the standards expected to ensure the positive outcomes for people (see requirement 2 of How good is our leadership section of this report).

Staff had not been given the opportunity to meet with the manager to discuss their practice individually, as part of support and supervision or, collectively within a team meeting. This meant that staff did not have the opportunity to gain feedback on their practice and competency, or to give formal feedback to the provider to evaluate the service. This lack of opportunity for open discussion, led to leaders having limited insight into what was working well and what required improvement (see requirement 1).

Staffing arrangements appear to be positive for people using the service, with people experiencing continuity and flexibility within their staff team, which they appreciated. Staff rotas were developed with this in mind, however for some staff, this meant working every day, with no non-working days. This had the potential to have a negative impact on staff wellbeing and health (see requirement 1).

Staff had time to engage with people with compassion, having meaningful conversations and interactions.

There was no evidence that staff had developed positive working relationships, as staff appeared to work in isolation. There was also no evidence of effective communication between staff, with no opportunities for discussion about their work and how best to improve outcomes for people. This meant that staff were not learning from each other or developing a sense of team morale.

There were a number of roles within the service which were undefined, staff described a number of people but were unclear what their roles were or their responsibilities. We discussed this with the manager who agreed that more clarity was required for line management and supervisory roles within the service (see area for improvement 1)

Requirements

1. By 31st July 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

- a) ensure staff have adequate time away from work to ensure they are rested and fit for work to ensure people's health and wellbeing.
- b) provide ongoing support and regular supervision opportunities for staff, to reflect on their practice and wellbeing with record kept to detail.
- c) Provide opportunities for staff to meet and reflect on practice

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

Areas for improvement

1. To support people to be confident that staff are working well together, the provider should ensure that a staffing structure and roles are defined within the service.

This should include, but not be limited to, ensuring that the service staffing structure clearly defines roles and responsibilities for staff and supervisors, and who staff directly report to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states, "My care and support is consistent and stable because people work together well" (HSCS 3.19).

How well is our care and support planned?

2 - Weak

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

Personal plans had not been developed or used within the service. People had not been given the opportunity to share their backgrounds or identify how they would like their care and support to be delivered, their preferences, or describe the outcomes they would like to achieve. The lack of personal plans meant that people were not involved in directing and leading their own care and support. This also impacted negatively on staff being able to ensure consistent approaches and support people well (see requirement 1, under Key Question 1).

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?	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?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
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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