

# Carr Gomm Argyll & Bute Homecare Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
30 April 2024

**Service provided by:**  
Carr Gomm

**Service provider number:**  
SP2003002607

**Service no:**  
CS2021000228

## About the service

Carr Gomm Argyll & Bute Homecare is registered with the Care Inspectorate. The service supports adults who may have physical disabilities, mental health issues or learning disabilities, as well as older people, within their own homes.

The service has three staff teams permanently based in the following locations; Dunoon, Rothesay, and Lochgilphead, as well as mobile teams in Helensburgh, Oban and Campbeltown.. At the time of inspection there were 192 people being supported by the service.

## About the inspection

This was a short notice announced inspection which took place in Lochgilphead at 10:00 on 18 April and ended in Dunoon at 15:00 on 24 April 2024. 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 18 people using the service and 12 of their family.
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

**Key messages**

- People or their family members were fully involved in planning their support.
- Staff were very good at developing meaningful relationships with people.
- Leaders were approachable and accommodating which gave people who use the service confidence in them.
- Medication was being administered and recorded using the correct format.
- Leaders were willing to listen and act quickly on advice.

**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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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.

We saw that people's health and wellbeing did benefit from their care and support. Staff that we observed all presented in a professional manner to people being supported. They were respectful, friendly and showed warmth to people and we saw that people really enjoyed their visits.

Staff attending visits followed each person's individual care plan regarding personal care, household tasks and by correctly prompting or administering medications. We were pleased to see that they also made time to chat with people and saw that this was an important part of the visits. People being supported told us they were happy with the support, with one person telling us "They always cheer me up when they come, and they look after me well". When we spoke with relatives their feedback was in the main very positive, and one person told us "They (the carers) have brought him back to life".

Given the geographical spread of the service we saw that in some areas the support was easier to plan than in others. In Rothesay for example staff worked in support teams and people always knew that it would be at least one person from their support team who would be present. This helped people feel comfortable and confident. Due to the difficulty in recruitment in the Lochgilphead area this consistency was not always able to be achieved. A few family members did express concern that their loved one did not always know who was coming to support them. Although people continued to enjoy the support it did concern them that sometimes they were unaware of who was coming to support them. This caused some anxiety for some people. People should know in advance who will be providing their support and if any changes are made they should be kept informed. (See area for improvement 1).

There was good communication with external services, such as the district nurse, Speech and Language Therapy (SALT team), occupational therapist. Health needs were effectively monitored by staff, allowing additional support to be sought quickly if required. There was an electronic case recording system in use which highlighted areas that some people needed more help with. This was valuable as it allowed families, as well as staff and managers to log onto the system to seek further support if needed. We saw in care plans, and the people that we visited that skin integrity was an important part of care for people receiving support. Staff had received training in this area and supported people very well with it. This meant that the people we met with, and others being supported, did not suffer from untreated pressure sores or broken skin.

We saw evidence of various areas of activity for people. These included support with digital communication, online shopping and banking, support to the local shop and a home delivery service that was in place for those who had difficulties getting to the shop. There was also a project called "Move to Improve" in place. This was a guided step by step activity planned to ensure that people were supported in physical movement. Once one step was completed, at a future visit this movement would be changed or increased. This was an important achievement for people that helped improve mobility and independence for them.

We saw and heard, on our visits that there was a sense of community in each area we went to. People still felt involved in their communities as they would chat with staff about various things that were happening within. This helped prevent feelings of isolation for people and contributed to the wellbeing of those using the service.

## Areas for improvement

1. The provider should ensure people know in advance who will be providing their support, and if any changes are made to people's support, they are kept informed. This is to prevent unnecessary anxiety.

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

'I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

## How good is our leadership?

4 - Good

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

We saw that the registered manager, who was also the operations manager, had good and effective systems in place for auditing and monitoring all areas of care and support, and this gave a reasonable oversight to the services. The audits covered areas such staff training, health and safety, accidents and incidents, wounds, and falls.

Due to a vacancy for a second operations manager at the time of inspection, this meant that the registered manager had an increased workload and was monitoring all services in both East and West Argyll and Bute. There was a local manager for each team in each service area and we saw that part of their role was to oversee and collate information for their own teams. We had a conversation with the registered manager and felt it would be beneficial if each of the services sent their own completed audits to the registered manager to feed into the monitoring system that she had in use. As well as giving more oversight it would also give more accountability to locality managers. This would also assist the registered manager in future planning.

We saw that most staff received regular supervision, and this was an opportunity to discuss training and development needs, as well as an opportunity to reflect on practice. Overall, we heard from a minority of staff that they did not receive supervision as often as they should. We discussed this with the manager, and they had already started an improvement plan to rectify this.

There was a robust service improvement plan in place for the service. This demonstrated that the manager recognised the need for ongoing improvement and development in the service. We saw that the service regularly seeks feedback from staff, relatives and people using the service. This feedback had only just been received at the time of inspection, and therefore as yet it had not been included in their improvement plan. We discussed with the registered manager the need to include this feedback in the plan once all the information had been collated. We were assured by the manager that it would be.

People being supported told us that managers had come to their homes periodically to meet with them. They would review and discuss the care plan, as well as ensuring that people knew how to raise concerns or make formal complaints. They felt that this was respectful and enjoyed the fact that they made their presence known to them. Managers achieved this by either attending care visits, or arranging a visit out with the planned support. Locality managers and lead practitioners carried out regular observations of practice with staff and this ensured staff were using the correct procedures and following care plans. This contributed to the delivery of safe care.

There were regular team meetings held in each area of the service; some of these were in person and some were carried out on an online forum. These showed a variety of items on the agenda for discussion, from legislation, Scottish Social Services Council (SSSC) and organisational updates. This meant that staff were kept up to date with current practice and guidelines via their managers.

We had several conversations with staff where they told us that the registered manager and locality managers were very approachable. Staff felt that they were listened to and that this made them feel valued.

## How good is our staff team?

4 - Good

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

We saw that staff worked well together and were a cohesive team. Staff we spoke with and those who responded to questionnaires, all said that they felt part of a team, and now felt well supported. There was a robust induction process in place for new staff. This covers information about the organisation, information about the Scottish Social Services Council (SSSC) and how they must be registered workers. All staff are currently registered with a professional body such as the SSSC.

The induction process covers mandatory training that must be completed before starting to support people, training such as Person-Centred Care, using the electronic PASS system and Responsibilities of a Social Care Worker are included. We were told by staff that they had shadowing opportunities to ensure that they had already met those they were going to support and that both they and the person were comfortable with each other. Senior staff also carried out observations of practice of new staff and once all areas had been achieved and they were competent they were "signed off" to be placed on support teams.

There was an ongoing training plan in place for staff covering areas such as Adult Protection, Medication awareness, Moving and Handling and Infection Prevention and Control (IPC). There were also other areas of training that managers and staff felt was appropriate to the care and support they provided. Staff told us that they had completed Palliative Care and Dementia Interpretation training and they told us how useful they found this in their everyday work. Training had also been booked for staff, covering Alcohol and Drugs-knowledge and effects, this would further enhance their knowledge when supporting people.

Most staff we spoke to, from support practitioners to managers, had been offered Scottish Vocational Qualifications (SVQ) training at different levels, and they told us this helped improve their practice. Staff expressed to us that they felt valued as individuals when they were given those opportunities. Some staff told us that although they had an open door to management for discussion, they had not received formal supervision for some time and that they would appreciate the chance to do so. (See How Good is our Leadership).

Recruitment of staff can be an issue in some geographical areas covered by the organisation and at times this can lead to short notice changes to the rota. This was usually met by current staff willing to change or add shifts. Agency staff were sometimes used to cover vacancies in the rota, however they attend as a 2-1 support visit as this helped ensure that people did not have a stranger in their home alone.

Safe recruitment of staff was well managed by managers and the organisations HR department; there was evidence of this in interviews, references and background checks. These measures contributed to keeping people safe.

**How well is our care and support planned?****4 - Good**

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

We saw that people receiving support first had discussions with managers before their care plan was produced. The plans showed us that people's strengths were recorded in personal plans, along with information on "contacts" such as next of kin, GP and family members. Where people had the capacity to do so the service would discuss and add their care needs; where there was limited or no capacity this was then discussed with the persons family. Input on needs from external health professionals was also recorded. There was some personal information that told us a bit about the person and their life experience, although there could have been more. The service responded to this feedback by adding a new tab to the care plan called "About Me" and this, with family/friend input, is where they will now record more information on life stories. This is an important part of the care plan and can help give staff a picture of the person, as well as some knowledge on their likes and dislikes.

We saw that people had a copy of their care plan in their home, but noted that this was not always up to date. We raised this with the manager who was able to show us those that had been updated electronically, but had not been printed as yet to be replaced in the person's home. We advised that should be rectified, and it was. Having an up to date care plan in the person's' home means that in any emergency situation visiting professionals could see the physical needs of the person as well as required medications.

Families had access to the PASS system used by the service and this showed them all of the information recorded about their loved one, the care plan and the care they received each day. This aided communication and involvement of families.

We found that when looking in the PASS system it was hard to find some information, such as the review of the care plan and legal information on Power of Attorney and Adults with Incapacity (AWI). The availability of this documentation could impact on the support that can be delivered. We did discuss this with the provider and we understood that there was difficulty in some geographical areas in receiving this updated information from other professionals. It is important where a person is unable to make decisions that appropriate care and treatment plans are in place to keep people safe. This was particularly true for people who did not have capacity and who were administered medication or where capacity has changed. The Care Inspectorate have discussed these points of concern with the Health and Social Care Partnership (HSCP) who have given assurances that they will clarify the Standard Operating Procedure (SOP) for providers where AWI certification is not in place. The HSCP will also implement a Standard Operating Procedure where a persons needs are changing and interim arrangements are needed to safeguard those involved in providing support; in particular when medication administration is needed.

We saw that the service had a tracker for reviews in place, however it showed us that not all formal reviews were being carried out timeously. Care plan reviews must be carried out on a minimum of a six-monthly basis. There should also be a minute and for those with AWI a copy should be shared with the relevant nominated person. Updates and/or changes must be clearly recorded in the care plan, stating when a review had taken place and what, if any changes there were. (See area for improvement 1). Management oversight had not always picked these issues up in quality assurance and is one of the areas that locality managers should improve.

Feedback that we received from external professionals was very positive about the service. They felt that appropriate referrals were made and regular meetings were held with the service to discuss those being supported and any ongoing or new treatment plans. They told us that they were invited to attend and

contribute to peoples reviews. One health professional told us "I have every confidence with our local Carr Gomm service both in terms of the care at home and the responder service".

We were confident that care and support was efficiently planned, and took into account emergencies or unexpected events with contingency plans in place. Risk assessments in all of the plans we viewed were of a good quality. They highlighted risk areas for individuals, as well ways to negate these risks.

## Areas for improvement

1. To ensure that each person's support is delivered in a way that is right for them, the manager should ensure that reviews of people's care plans are carried out, reviews take place at least six monthly, or sooner if the person's circumstances change.

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

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

## 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 that people's health and wellbeing needs are met via the safe administration of medication there should be a complete record maintained of all medicines a person is taking. Staff should sign on clearly printed Medication Administration Recording charts for each medication administered. In order for staff to be clear which medicine they are administering, the medication should be given directly from original packaging.

This is to ensure that care and support is consistent with best practice guidance "Review of medicine management procedures; Guidance for care at home services," Care Inspectorate 2017.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This area for improvement was made on 18 August 2023.**

### Action taken since then

We saw that the service had paper copies of Medication Administration Records (MARS) available in each home where medication was administered.



We attended people's homes with staff and while we were there we observed staff remove each medication for individuals from the original packaging and that they then recorded on the MARS that it had been given.

Care staff counted medications to ensure that the right amount had been given and that they then signed the MARS sheet to show they had done so.

This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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