

We Care (Highland) Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
14 May 2024

Service provided by:
We Care (Highland) Ltd

Service provider number:
SP2022000261

Service no:
CS2022000395

About the service

We Care (Highland) Ltd is a care at home service provided to people with support needs in their homes. The service provides care and support primarily to people in the city of Inverness. We Care (Highland) Ltd was supporting more than 12 people at the time of the inspection. The provider is We Care (Highland) Ltd, a private limited company.

The aims of the service include:

- To deliver an empathetic service of the highest quality that will improve and sustain the client's overall quality of life.
- To ensure that the service is delivered flexibly, attentively and in a non-discriminatory fashion, respecting client's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices.
- To ensure that client's needs and values are respected in matters of religion, culture, race or ethnic origin, gender, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.
- To prevent harm and reduce the risk of abuse or neglect to vulnerable adults.

About the inspection

This was an unannounced inspection which took place on 8 and 9 May 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:

- Spoke with three people using the service and three of their family members
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- The management team made significant improvements since the last inspection
- People were involved in planning their care and support
- Staff were good at developing meaningful relationships with people
- The provider needed to further improve quality assurance to bring about a culture of continuous improvement
- The provider needed to improve the recording of staff supervisions.

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? | 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 people and clearly outweighed areas for improvement.

Staff were good at developing meaningful relationships with people. We observed people respond warmly to staff during their support. People we spoke with told us staff knew them well and that they knew staff well which meant people could be confident staff were informed about their support needs. One person said:

"They are on the ball; I would tell you if they weren't. I get what I need. They are good." and "I've grown fond of them all."

Staff were reassuring while encouraging people to be as independent as possible. Staff used prompting and supervision to support one person to take their medicine independently. This promoted dignity and respect and played an important part in maintaining the person's mobility.

People would benefit from enhanced infection prevention and control measures. Staff's hand hygiene was good and gloves were worn when attending to personal care, but aprons were not always worn which increased the risk of blood or body fluids contaminating their uniform. We spoke with the provider about this and they identified a need for further staff training.

Care reviews were carried out regularly and those involved made joint decisions that worked for everyone. Reviews considered any actions from the previous review, discussed any current issues, noted comments from all involved and made a note of any new actions. We saw new actions were evaluated in the support plan so people could be confident their care and support was responsive to their needs and wishes. An external professional told us:

"I find them very responsive at point of referral." and "My patients are within three months of end of life care so responsiveness is important for their care and support."

How good is our leadership?

3 - Adequate

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

The provider had made improvements in quality assurance since the last inspection. Documents were in place that gave an overview of staff recruitment, training, observed practice, supervision, PVG and right to work checks. A service development plan and learning and development plan was in place and being regularly reviewed at review meetings. Other digital systems gave information on when something was due to be renewed or reviewed so people could be assured staff were recruited and managed in a planned way.

The quality assurance processes needed to be further developed. Although the overview documents gave relevant and useful information, there were no action and outcome plans attached to them. This increased the possibility of confusion over what was to be done, by whom, the timeframe in which it needed to be completed and what effect it had, meaning there could be missed opportunities for improvement (**see area for improvement 1**).

Some audits lacked relevant and full information so people could not be confident the organisation was being led well. The calls audit only looked at the quantity of information and not the quality. We discussed this with the provider who said they would reconsider how they conduct this audit. The medication audit considered well the administration of medicines but not other aspects of assisting people with medicines. We discussed with the provider what this might include and they agreed to review this audit (**see area for improvement 1**).

The observed practice and supervision overviews had not been fully completed. We saw observed practice and supervisions in staff files that had not been recorded in the overview. We discussed this with the provider who recognised this was a work in progress and said they had organised for it to be completed. This meant people could not be sure all staff were supported to reflect on their practice and learning and development.

Areas for improvement

1. So that people's health and wellbeing benefits from a culture of continuous improvement, it would be useful for the service to further develop quality assurance processes including, but not limited to:

- Action plans attached to audits and overviews in all areas of service delivery detailing the actions, person responsible, timeframe and outcomes.
- The medication audit should consider all aspects of medication the service is involved with, including the thoughts and feelings of the person experiencing care.
- The outcomes of these audits should contribute to self-assessment to help inform the service improvement plan.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as average. While the strengths had a positive impact key areas needed to improve.

Staff worked well as a team which benefitted people experiencing care. We accompanied staff on care and support visits to people's homes and they worked well together, communicating with each other frequently and made sure all staff had completed the relevant documentation on a secure digital app. Staff we spoke with all knew to use a secure digital platform to read or write about any new developments. Staff said:

"The teamwork is very good, very helpful."

"(The manager) is always approachable day or night if we have a problem or are not sure of something. We can count on them."

Staff were responsive to people's care and support needs. One person required flexibility in the times staff visited and they accommodated this. One family member told us they made a new request for staff to strip their relative's bed and was happy that this was being done regularly. One external professional said the

provider was "flexible when dealing with emergencies." This meant people could be reassured staff respect their individual needs, choices and wishes.

People and family members we spoke with said staff mostly arrived at the expected time, had enough time to support them and have a meaningful chat. When we accompanied staff on support visits they waited outside when they were slightly too early to support a person to take medication which meant people could be confident staff were responding to their individual needs. One person said:

"Sometimes they stay longer, it depends if they are busy."

There were areas of training that needed to improve. Some staff had not completed their practical moving and assisting training, so people could not be sure they were being supported by competent and skilled staff. The provider had made arrangements for this to take place and staff were booked on the course. We discussed with the provider some training we would expect staff to complete prior to supporting people experiencing care and they agreed to reconsider the best way to support new staff with their induction.

We made a previous requirement about staffing that we reviewed on this inspection.

The provider had focused on new recruits to ensure all relevant documentation and training was in place. Staff who had been employed for some time did not have all relevant documentation in their personal files. We discussed with the provider the importance of gaining references for all staff and they said this work was being organised. The overview sheet for staff recruitment showed only one staff member having signed their induction meeting and no staff signed their induction shifts record.

The training overview referenced training that all staff must complete, but it was not clear what training was involved or if staff had completed it. Twenty six percent of staff had not completed all the required training within the allocated time.

Despite staff having completed infection prevention and control training, some staff were not using aprons when assisting a person to the commode. We Care's policy stated gloves and aprons should be used if blood and body fluids are anticipated. Staff we spoke with told us they did not regularly use aprons when assisting people to the toilet.

The previous requirement was not met and is reinstated with an extended timescale (**see requirement 1**).

Requirements

1. By 15 March 2024, the provider must ensure that people working in the service are suitable for the job as advertised, appropriately and safely recruited and inducted.

In order to achieve this, the provider must but is not limited to:

- a) Ensure recruitment practices follow safe recruitment guidance
- b) Provide training appropriate to the work they will undertake
- c) Ensure there are completed records of induction for all staff members
- d) Ensure there are records of the outcomes of staff competency assessments
- e) Ensure gaps in skills or knowledge are identified and additional training and support is available to help staff meet them.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 9 - Fitness of employees; and Regulation 15 – Staffing

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) and;

'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)

This requirement had not been met and we have agreed an extension until 31 July 2024.

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.

People benefitted from personal plans that were regularly reviewed, evaluated and updated. Staff were instructed to evaluate plans a minimum of monthly but evaluations took place more regularly which meant people could be confident staff were responsive to their needs.

People benefitted from dynamic care and support planning. The personal plans reflected people's needs. There was detailed information about health conditions. Information was personalised and it was clear there was input from the person experiencing care and/or their nominated representative. Staff described having easy access to the information on the secure digital system so people could be confident they were supported by staff who were aware of and could plan for any known vulnerability or frailty.

Personal risk assessments needed to be more consistent and have fuller detail. Some individual risk assessments had very good information whereas others lacked information that informed the reader how the risk calculation was obtained. We spoke with the provider and they said some risk assessments had been printed from the digital system and not all information had pulled through. Care and support planning, therefore was not supported by a robust quality assurance process. We made an area for improvement about improving quality assurance processes under key question two, 'How good is our staff team?'

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

People's health and wellbeing must be promoted and protected. The provider must ensure that where staff are responsible for managing and administering people's medicines, this is done safely and in accordance with legislation and good practice guidance.

In order to achieve this the provider must ensure:

- a) Care staff who help people with their medicines receive appropriate training in administering medication and their competency is regularly assessed
- b) Staff know which medicines each person has
- c) There are clear, robust records of administration for each person's medication managed by the service, and these are audited regularly
- d) Medicines are stored safely
- e) Unwanted medicines are disposed of safely and there are records to support this.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) regulation 15 – Staffing; and regulation 4(1)(a) - Welfare of users

This is to ensure that care and support is consistent with 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).

This requirement was made on 29 November 2023.

Action taken on previous requirement

Staff were trained in levels one and two of the medication learning. Records of observed practice showed medication administration was discussed and there were no issues with staff competency. Records were available detailing the safe disposal of unwanted medicines. Audits of medication administration could be further developed; As this one element of the requirement was not fully achieved we decided to consider the requirement as met and made an area for improvement under key question two, 'How good is our leadership?' that incorporates the unmet element.

Met - within timescales

Requirement 2

By 31 March 2024, the provider must ensure that people benefit from a culture of continuous improvement and maintain a focus on improvement which protects and promotes the health, welfare and safety of people supported by the service.

In order to achieve this, the provider must ensure:

- a) They set up and implement robust quality assurance systems including regular auditing processes to check service performance in all areas of service delivery
- b) Develop an improvement plan which identifies priorities; action points and timescales for completion
- c) Share improvement plans with all stakeholders; and
- d) Set a date for when progress in meeting the improvement plan would be reviewed.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 3 Principles and Regulation 4(1) – 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).

This requirement was made on 29 November 2023.

Action taken on previous requirement

The provider set up quality assurance systems, including regular auditing. The service improvement plan was being regularly reviewed and was shared with relevant stakeholders. As the quality assurance processes and audits would benefit from further development, we made an area for improvement under key question two, 'How good is our leadership?'

Met - within timescales

Requirement 3

By 31 December 2023, the provider must ensure that people's wellbeing is promoted and they are protected from avoidable harm.

In order to achieve this the provider must:

- a) Ensure there is a system in place to record adverse events including accidents and incidents and any formal or informal complaints received about the service
- b) Keep a record of the investigation into any complaints received, the outcome of the investigation and any measures put in place to address complaints
- c) Conduct a full analysis of any significant incidents or accidents to include factors which contributed to these, mitigating factors and what will be put in place to prevent recurrence; and regularly monitor and review the measures in place to ensure they remain effective.

This will enable an overview of themes which have the potential to present risks for people and to take prompt action to intervene so that risks to people are reduced.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 4(1) – 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 am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This requirement was made on 29 November 2023.

Action taken on previous requirement

A complaints folder had been set up. There had been no complaints received, which was noted in each monthly record.

There was an accidents and incidents folder which was being analysed using the Safety Cross, a visual tool used in health and safety management. There had been four accidents in total and these were also documented in people's personal plans.

Met - within timescales

Requirement 4

By 15 March 2024, the provider must ensure that people working in the service are suitable for the job as advertised, appropriately and safely recruited and inducted.

In order to achieve this, the provider must but is not limited to:

- a) Ensure recruitment practices follow safe recruitment guidance
- b) Provide training appropriate to the work they will undertake
- c) Ensure there are completed records of induction for all staff members
- d) Ensure there are records of the outcomes of staff competency assessments
- e) Ensure gaps in skills or knowledge are identified and additional training and support is available to help staff meet them.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 9 - Fitness of employees; and Regulation 15 – Staffing

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); and

'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).

This requirement was made on 29 November 2023.

Action taken on previous requirement

Please refer to key question three, How good is our staff team.

Not met

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

It would be helpful to develop support plans to manage people's pain and distress and ensure their wellbeing is monitored. In order to achieve this, the service should develop stress and distress plans for people who experience pain or emotional distress; and ensure there are appropriate strategies in place to manage these sensitively.

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 assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This area for improvement was made on 29 November 2023.

Action taken since then

Support plans were in place that covered pain and stress and/or stress and distress for relevant individuals therefore we will remove this area for improvement.

Previous area for improvement 2

The provider should ensure that staff are supported to develop their practice, knowledge, and skills.

In order to achieve this, they must ensure that:

- a) Staff can access regular protected time with their line manager for discussion about their work practice and employment
- b) That supervision meetings are recorded and the records evidence:
 - How training has impacted and improved individual's professional practice
 - That staff were encouraged to reflect on their practice
 - Where concerns had been identified in relation to practice, that this had been followed up to address these and improve practice
- c) How the discussions with staff supervisions inform the annual staff training plan.

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).

This area for improvement was made on 29 November 2023.

Action taken since then

Supervision records were in place in the staff files we reviewed and caring language was used to describe staff's experiences. Staff were encouraged to reflect on their practice. One supervision record identified an issue but no actions were recorded.

Not all supervisions were recorded on the overview. Although the provider had made progress towards this area we evaluated more improvement could be made so this area for improvement will remain.

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 |
| 3.3 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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