

Eagles Recruitments Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
13 May 2024

Service provided by:
Eagles Recruitments Limited

Service provider number:
SP2023000062

Service no:
CS2023000190

About the service

Eagles Recruitments Ltd is a privately owned company that is registered to provide housing support and care at home services to adults and older people with personal care and support needs in their home and in the community.

At the time of the inspection, the company were providing support to two people in Midlothian.

The service was registered with the Care Inspectorate in June 2023. This was the first inspection of this service.

About the inspection

This was an announced, short-notice, inspection which took place on 7 and 8 May 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:

- registration information
- information submitted by the service
- intelligence gathered.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with two family members
- received feedback from six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced flexible, dignified and respectful support from staff they knew well.
- People and their families were happy with the quality of care and support provided.
- People's care plans were not reflective of their current needs, wishes and preferences.
- The provider did not have safe procedures in place to ensure people were adequately supported with medication and moving and handling procedures.
- The provider did not have an overview of incidents, accidents and complaints and needed to improve recording and reporting systems urgently.
- The provider did not have any quality assurance systems in place and needed to implement these urgently.
- Staff training and development opportunities needed to improve.

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?	2 - Weak
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

People experienced flexible, dignified and respectful care and support from staff they knew well. We observed warm, friendly interactions between people and their staff. People and their families commented positively on the quality of care and support they received. Comments included: "they feel like family", "they're really flexible" and "I can't fault them". This meant that people were able to build a trusting relationship with staff in a way they were comfortable with.

People received varying levels of support with their oral and topical medication however there were not clear guidelines or procedures for staff to follow to ensure people's safety. Care plans did not contain full details of the support people required and staff were not recording support consistently. We saw evidence of poor medication support practice contained within care plans and discussed this with the provider, with particular reference to risks and best practice. This meant that people could not be confident that all treatments and interventions were safe and effective (see requirement one).

People received varying levels of support with their mobility, however there were not clear guidelines or procedures for staff to follow to ensure people's safety. People's care plans did not contain accurate, relevant information regarding people's mobility or personal care support needs, preferences or wishes. Staff had received online moving and handling training but had not received valuable face-to-face training to ensure staff were competent and understood how to use equipment safely. This meant that people could not rely on consistent, safe support with their mobility (see requirement two).

People experienced responsive care and support with their health and wellbeing, however recording and reporting needed to improve. People and their families told us they were "impressed" and "reassured" when staff raised concerns regarding any potential decline with their health or wellbeing. People's families told us that staff "go above and beyond" and had stayed with their loved one until professional/family support arrived. We were unable to sample records of incidents, accident or complaints. The provider was unsure if these were consistently recorded and were unable to access systems to check. We discussed this with the provider and communicated the need to maintain accurate records to promote the safety of people. This meant that whilst people experienced sensitive care and support from staff who were responsive to changes in their health or wellbeing, formal reporting and recording systems needed to improve to ensure safe, consistent protection of people (see requirement three).

The provider had not carried out an assessment of people's needs, wishes and preferences when their package of care began. People were unclear of their planned care and support and did not know what they could ask of their staff. People's care plans did not reflect their current needs, wishes and preferences. This meant that people were not fully involved in all decisions about their care and support. We asked the provider to meet with people and their families, where relevant, to complete assessments and effectively plan care and support in the spirit of genuine partnership.

Requirements

1. By 24 June 2024, the provider must ensure people are supported safely with their medication, health and wellbeing.

To do this the provider, must at a minimum:

- a) Ensure medication administration systems, supporting policy, procedures and record keeping are safe, up-to-date, accurate and follow best practice.
- b) Ensure that each person has been appropriately assessed by a competent person to determine the support they require with their medication. The level of support must be clearly recorded in people's care plans with associated risk assessments.
- c) Ensure health monitoring charts, for example, but not limited to, skin integrity and food/fluid, are implemented where required.
- d) Ensure care plans and risk assessments contain clear actions for staff to follow should they have concerns about someone's health or wellbeing.
- e) Regularly observe staff practice when working with medication. Provide feedback to staff to support their development and maintain detailed records.

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:

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

2. By 24 June 2024, the provider must ensure people experience safe and effective care and support with their mobility.

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

- a) Ensure care plans contain detailed information regarding the moving and handling aids a person uses and how staff utilise these effectively and safely.
- b) Ensure detailed risk assessments are conducted, recorded and reviewed regularly.
- c) Ensure staff receive practical face-to-face training relating to safe moving and handling techniques, legislation and best practice.
- d) Ensure staff receive regular practice observations while supporting people with moving and handling, which are recorded and used to support staff development.

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:

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

3.

By 24 June 2024, the provider must ensure appropriate procedures, actions and monitoring of incidents, accidents and complaints.

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

- a) Ensure incident, accident and complaint systems, including supporting policies, procedures and recording documents are safe, up-to-date, accurate and follow best practice.
- b) Ensure staff have sufficient and appropriate training and development to effectively follow policies, procedures and recording/reporting responsibilities.
- c) Ensure incidents, accidents and complaints are effectively reported, recorded and followed up. Records must include actions taken and lessons learned.
- d) Ensure regular quality audits of all incidents, accidents and complaints to inform areas for improvement.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 18 (Complaints) 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).

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. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

The provider was not conducting any quality assurance activity. The provider was transparent about the lack of quality assurance and recognised the importance of implementing a robust process to ensure that care and support is provided in line with the Health and Social Care Standards. We discussed a minimum expectation of audits the provider should conduct, including care plans, daily notes, incidents, accidents, complaints, medication, moving and handling and staff records. This meant that people did not benefit from a culture of continuous improvement as the provider did not have robust and transparent quality assurance processes (see requirement one).

The provider had experienced challenges accessing policies, procedures and documents. This meant that we were unable to sample, in a timely manner, many records, policies or procedures. We asked the provider to resolve the situation urgently and consider where records are stored/accessed. This meant that people could not be confident that the provider operated within best practice and General Data Protection Regulation (GDPR) expectations.

The provider was unaware of areas that the service needed to improve. The provider had not completed a self-evaluation of their performance based on the Quality Framework for Support Services and therefore did not have an improvement plan in place. The provider acknowledged that the inspection had highlighted areas that needed to be addressed and made a commitment to improve. This meant that people could not be confident that they experienced high quality care and support based on relevant evidence, guidance and best practice (see requirement one).

Requirements

1. By 24 June 2024, the provider must ensure that quality assurance policies and procedures are implemented to support people's health, wellbeing and safety.

To do this, the provider must:

- a) Develop and implement regular, robust quality assurance audits.
- b) Analyse the results of audits to establish areas for improvement.
- c) Using a range of evidence sources, conduct a full self-evaluation and implement an improvement plan in consultation with people receiving a service, their representatives (where appropriate) and staff.
- d) Keep detailed records of all quality assurance activity.

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 processes' (HSCS 4.19).

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. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

Staff had not received adequate training opportunities. Staff completed a range of online training courses but did not complete face-to-face training for topics such as moving and handling and medication. Staff told us they felt they'd received a good induction and ongoing training, however we sampled training records that suggested staff were not receiving appropriate training aligned to people's individual needs and Scottish legislation. This meant that people could not be confident that staff were trained, competent and skilled (see requirement one).

Staff had not been supported through an effective development programme. The provider told us that staff did receive regular supervision, team meetings and practice observations, however there were no records to evidence this. The provider noted that records had not been kept. In the absence of records, it was difficult to ascertain if any actions had been agreed or what development opportunities staff were receiving. The provider was unclear on which staff were in employment or relevant dates for right to work permits or qualification deadlines. We asked the provider to schedule regular supervisions, team meetings and practice observations, with detailed records, including actions and timescales, to ensure development and safe working practices are promoted and evidenced (see requirement one).

People experienced adaptable care and support from a staff team they knew well. People and their families appreciated staff's flexibility and responsiveness when concerns arose, which provided reassurance and comfort to people and their families. People told us that staff were very accommodating when they asked for additional support. This meant that staff had time to care, support and speak with people and could be responsive to people's changing needs.

Requirements

1. By 24 June 2024, the provider must ensure people's safety, health and wellbeing is protected through effective staff training and development.

To do this, the provider must:

- a) Conduct a training needs analysis to identify training required for staff.
- b) Ensure staff have training specific to individuals they support.
- c) Ensure staff receive in-depth, practical training for higher risk support for example, but not limited to, medication and moving & handling.
- d) Ensure regular staff supervision, team meetings and practice observations. Encouraging staff to be reflective practitioners alongside their professional codes and the Health and Social Care Standards.
- f) Develop and maintain detailed records of all of the above.

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) and Sections (7) and (8) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses. Without improvement as a matter of priority, the welfare, needs or safety of people may be compromised.

People had care plans in place but they did not reflect their current needs, wishes or preferences. There was conflicting information between people's risk assessments and care plans, which in some cases, detailed support that was not required, safe or relevant. People did not have a copy of their care plan and were uncertain what support they should have or could ask for. We discussed this with the provider and discussed the risks associated with poor care planning. We asked the provider to meet with people and/or their family members (where relevant) to assess people's current needs, wishes and preferences and produce a clear, detailed care plan based on these discussions. We discussed the need for the provider to involve other professionals within the Health and Social Care Partnership when assessments showed that people's needs had changed. This meant that people could not be confident that their care plans were right for them as they did not set out how their needs, wishes and choices would be met (see requirement one).

People were unaware of how to request a review of their care package and care plan. People and their families were unaware that care plans must be reviewed and updated at least every six months, or more frequently when changes occur. The provider did not have a schedule of regular reviews in place or a system to assure the quality of care plans. We asked the provider to ensure they have a scheduled plan of care plan reviews, with documented information regarding who should be involved in a review and who should receive a copy of the meeting summary and updated care plan. This meant that people could not be certain that their care plans were current and had been written in the spirit of genuine partnership with those important to them (see requirement one).

Staff knew people well and had built positive relationships with people. We saw evidence of staff supporting people with their dignity and self-esteem, for example offering a selection of jewellery to wear. Whilst it was positive that staff supported people with things that were important to them, there was no guidance contained within the care plan to ensure a consistent response from all staff. We expressed

concern to the provider that newer staff would fail to support people effectively due to the lack of guidance in the care plan. This meant that people could not rely on receiving consistent support from a wider staff team (see requirement one).

Staff recorded daily notes on an online system after each visit. Staff noted what tasks had been completed for the individual however there was little information about the person's experience of the care and support provided. We sampled daily notes where there was incomplete information about concerns relating to a person's health or wellbeing. We were unable to ascertain if appropriate action had been taken, including reporting to others. The provider did not have adequate quality assurance procedures in place and were therefore unaware of the inadequate record keeping. We asked the provider to address this in conjunction with staff training and development as discussed under "How good is our staff team" (see requirement one).

Requirements

1. By 24 June 2024, the provider must ensure care planning, risk assessments and review processes are robust and detail people's care and support needs.

To do this, the provider must:

- a) Ensure care plans detail the support to be provided and how it should be delivered.
- c) Record clear contact details and communication preferences for people and others important to them.
- d) Conduct and record risk assessments according to policy and best practice, including medication & moving & handling.
- e) Ensure care plan reviews occur at least every six months, or sooner when changes occur and involve the person and/or their representatives.
- f) Ensure staff records of support provided are detailed, reflective and highlight the person's experience of care and support as well as tasks completed.
- f) Store and appropriately share detailed records of meetings and updated care plans.

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).

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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	3 - Adequate
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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