

Care1 Professional Services Ltd Support Service

91 Bothwell Road
Hamilton
Glasgow
ML3 0DW

Telephone: 01698 515000

Type of inspection:
Unannounced

Completed on:
3 June 2024

Service provided by:
Care1 Professional Services Ltd

Service provider number:
SP2016012749

Service no:
CS2018370582

About the service

Care1 Professional Services Ltd is registered with the Care Inspectorate to provide a care at home service to children and adults living in their own homes. The service has office bases in Hamilton and Livingston and provides care and support to people living in North and South Lanarkshire, West Lothian, Fife and Inverclyde.

At the time of the inspection, the service was providing care and support to approximately 215 people. The service had not been providing care to children.

The majority of people receiving a service were living in Lanarkshire and West Lothian.

About the inspection

This was an unannounced inspection which took place on 27-31 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:

- gathered feedback from pre-inspection questionnaires (37 responses were received from people using the service, 27 responses received from staff and eight responses received from visiting professionals)
- spoke with 18 people using the service and two of their relatives by telephone
- visited 12 people within their homes
- spoke with 8 staff and management
- observed practice and daily life
- reviewed documents
- gained feedback via email from four visiting professionals.

Key messages

The majority of people were happy with their care and support.

Personal plans were now in place for each person to guide staff. However, improvement was required to ensure that they reflected people's current care needs.

Quality assurance and scrutiny activities had improved since last inspection however action plans still needed to be improved upon.

The service had restructured their branch office team and had appointed key staff in leadership, finance and human resource roles.

Staff now felt better supported by senior staff and management and were keen for these improvements to continue.

The service needed more time to embed and sustain the improvements that they had made around support for staff.

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?	3 - Adequate
How good is our staff team?	4 - Good
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?

3 - Adequate

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

Overall, people were happy with their care and support. A few felt that there were aspects where improvements could be made. Continuity of staff had improved recently along with better staff deployment which had led to staff having more time to support people. People told us; "a marvellous service", " they are really considerate" "They are not bad" and "very polite".

People told us that staff were kind and caring and we observed this to be the case when we accompanied staff whilst delivering care. The service had recruited more staff recently, with some being new to living and working in Scotland. There were a few aspects that needed more focus during induction, which the service was working to address. This included concerns raised by people around any language barrier, the preparation and storage of food, communication with families and catheter care.

People could be confident that for most of the time they were supported by staff who knew their needs. There were occasions when support could be from someone who was not known to them or had not supported them for several months. Where able, people were fully involved in making decisions about their physical and emotional wellbeing.

Where support with medication was an aspect of the support package, the use of 'as required' medication was not clearly laid out or in line with good practice guidance. Medication was recorded as a list, with no detail to guide staff on why this was prescribed or any side effects to monitor (see area for improvement 1).

Improvement was required around ensuring that personal plans and associated risk assessments reflected peoples' current health and wellbeing needs. Most people had been supported to access appropriate healthcare in their community. However, there were a minority of people who felt that changes to their health needs had not been immediately picked up on. The service must ensure that all staff were clear about the support to be provided at each visit (links to KQ 5 requirement).

Areas for improvement

1. The provider should ensure that they keep people safe and healthy by ensuring that medication is administered in line with best practice guidelines. To do this, the provider should:

- a) ensure that people's medication needs and the reason why this is important, is documented within care plans
- b) Include 'as required' guidance for people who can make decisions and 'as required' protocols for people who lack capacity (these protocols should be agreed by health prescriber)
- c) detail support strategies within care plans to ensure that people receive the right medication at the right time.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

How good is our leadership?**3 - Adequate**

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

Since the last inspection, the service had restructured their branch office team and had appointed key staff in leadership, finance and human resource roles. This had enabled the directors to focus on the strategic aims of the business.

Management had recently been gathering feedback from people and their families via a questionnaire. They were now starting to use this feedback to evaluate people's experiences to ensure that, as far as possible, people were being provided with the right care and support in the right place to meet their outcomes.

There were systems in place to monitor aspects of service delivery. However, areas for improvement identified from quality assurance and scrutiny activities, were not carried forward to action plans. This meant it was difficult to track if improvements needed had been followed up and actioned (see area for improvement 1).

To ensure that people were kept safe from harm, the service had improved their reporting system to log, monitor and review any significant events. This included accidents, incidents, adult support and protection concerns and complaints. The service had not yet published their duty of candour report. We signposted them to guidance around this.

Staff now benefitted from increased support systems. Team meetings were now happening regularly within different departments. Discussions were detailed and logged. However, it was not always clear to see how this had been used to drive improvement.

People felt safe and staff demonstrated a clear understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. Measures were in place to prevent this happening and people were confident that if they identified concerns these would be addressed. The service were monitoring and reviewing all significant events (hospitalisation, accidents, incidents, complaints, concerns and health and safety). There were clear timelines in place for each event which were also flagged up to managers who would continue to monitor until the event was closed. This included ensuring that all reportable significant events, had been responded to appropriately.

Areas for improvement

1. To ensure that continual improvement is sustained, the provider should ensure all audits have associated action plans which are SMART (specific, measurable, achievable, relevant and time-bound) focussed. They should also ensure that action plans are reviewed including an evaluation of progress made and updated until completion with clear links to 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 systems' (HSCS 4.19).

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.

People could be assured that the service were working hard to recruit and retain staff to improve continuity for people, despite the current challenges within the social care sector.

The service used a digital rota system and staff had access to this at all times. Visits were scheduled as agreed by care supervisors who knew the areas, people and their regular staff. Visit schedules appeared to be working well for people.

Communication and team building was an area that the service had focused on and improved. Staff spoke positively about the service and had commented on recent improvements and their wish for these to continue. Staff also told us that since the last inspection, they would be informed of any changes that had to happen to meet people's needs.

Managers had adapted their leadership style to help motivate staff to deliver quality care and support since the previous inspection. There were now opportunities for staff to reflect on skills, knowledge and learning with supervisions and team meetings . However, the service needed time to follow up and action staff learning needs as they had only conducted quarter one supervisions.

Arrangements for assessing ongoing competence of staff were now in place. Some assessment records were sparse and did not contain detail about competencies observed. The service needed more time to embed competency assessments to ensure it was effective. They also needed time to reflect on what their staff teams learning needs were and how they can improve practice and outcomes for people (links to key question 2).

How well is our care and support planned?

3 - Adequate

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

Care plans mainly focused on tasks to be carried out during visits and it was not clear if these were in alignment with people's preferences and wishes. Care plans also did not reflect up-to-date essential practice guidance which means that some people were at risk of not being supported in the right way (see requirement 1).

The management team had worked hard since the last inspection to meet and review people's care to ensure it continued to meet their needs. Feedback was mixed form people about how aware and involved they were in devising and reviewing their care plan. This was discussed with the management team who recognised that due to the high volume of reviews completed, some people may not have understood that they had participated within their six monthly review.

Requirements

1. By 23 September 2024, the provider must ensure that each person's care plan contains details about how their health, welfare and safety needs will be met in line with their needs.

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

1. they accurately reflect the assessed current health and wellbeing needs of the person in care plans, which includes people's preferences and wishes about how their care should be supported;
2. where there has been any significant changes in the person's health, this has been documented with updated support guidance. This includes but is not limited to continence care and skin integrity.

This is to comply with Regulation 5(1) and (2) (a) and (b) (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).

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

Requirements

Requirement 1

By 29 March 2024, the provider must ensure that visit scheduling supports best outcomes for people. To do this, the provider must, at a minimum:

- a) ensure that people receive the support they require by providing sufficient time for staff to stay for the full time assessed as necessary, taking account of people's assessed needs and scheduling travel time between visits for staff;
- b) schedule visits which promotes consistency of care worker and minimise the number of different care workers attending visits where possible; and
- c) monitor visit times and take action to rectify any issues identified.

This is in order to comply with Regulation 15 (a) (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:

'My care and support meets my needs and is right for me' (HSCS 1.19).

'I am supported and cared for by people I know so that I experience consistency and continuity'. (HSCS 4.16)

This requirement was made on 15 January 2024.

Action taken on previous requirement

Please see information under key question 1.

Met - within timescales

Requirement 2

By 29 March 2024, the provider must ensure people are safe and receive care and support that meets their needs. To do this, the provider must, as a minimum:

- a) make sure that quality assurance checks and audits are consistently completed across the whole service;
- b) encourage an open and supportive culture where staff feel confident sharing feedback;
- c) where areas for improvement are identified, develop an action plan detailing timescales and the person responsible; and
- d) subsequent action plans are reviewed including an evaluation of progress made and updated to completion.

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 systems' (HSCS 4.19).

This requirement was made on 15 January 2024.

Action taken on previous requirement

Please see information under key question 2.

Met - within timescales

Requirement 3

By 29 March 2024, the provider must ensure that each person has a written personal plan which sets out how their health, welfare and safety needs will be met. To do this, the provider must, as a minimum:

- a) accurately reflect the assessed current health and care needs of the person in personal plans, including information outlining people's preferences and wishes about their care;
- b) review personal plans at least every six months, or when a person's needs have changed;
- c) involve people, and where appropriate their representatives, in their personal plan and make this available to them;
- d) ensure that staff have time and read personal plans before providing care and support; and
- e) ensure that quality assurance systems are effective at identifying and monitoring the standard of personal plans.

This is to comply with Regulation 5(1) and (2) (a) and (b) (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).

This requirement was made on 15 January 2024.

Action taken on previous requirement

Please see information under key question 5.

Met - within timescales

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

The provider should ensure that they keep people safe and healthy by ensuring that medication is administered in line with best practice guidelines. To do this, the provider should:

- a) ensure that medication is administered from the original packaging or from pharmacy supplied medication administration systems only;
- b) update the policy and procedure to reflect best practice guidelines; and
- c) incorporate this into staff training and ensure staff understand their role in safe administration of medication.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This area for improvement was made on 15 January 2024.

Action taken since then

Care plans contained information about people's medication however, vital information was missing about why people needed this medication. Visit task lists about medication needs also appeared confusing and needed to be reflective of the support people needed to ensure that the right medication was administered at the right time.

This area for improvement will not be met and will be reworded to reflect our findings.

Previous area for improvement 2

The provider should ensure that they keep people safe by ensuring incidents are appropriately managed. To do this, the provider should:

- a) ensure that staff understand procedures about recording and reporting accidents, incidents and potential adult protection concerns and understand their duty to report these;
- b) ensure there is a process in place to regularly monitor, review and learn from incidents;
- c) undertake quality assurance of the quality of incident recording; and
- d) ensure that notifications are made to the Care Inspectorate in accordance with Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to ensure 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 area for improvement was made on 15 January 2024.

Action taken since then

Please see information under key question 2.

This area for improvement has now been met.

Previous area for improvement 3

The provider should ensure that staff are appropriately supported. To do this, the provider should:

- a) ensure that staff are provided with regular formal supervision, through which their practice is discussed and opportunities to discuss areas of support or concerns;
- b) ensure that staff observations and competency assessments are undertaken. This should include feedback from people; and
- c) undertake follow up action to address areas for improvement.

This is to ensure 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 15 January 2024.

Action taken since then

Please see information under key question 3.

This area for improvement has not been met and will remain in place.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	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.