

Real Care Agency Housing Support Service

Jacobean House
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Telephone: 01355 590 033

Type of inspection:
Unannounced

Completed on:
29 May 2024

Service provided by:
Real Care Agency Ltd

Service provider number:
SP2004005813

Service no:
CS2004080095

About the service

Real Care Agency is registered to provide a housing support and care at home service to people in their own homes. The service supports people who have a wide range of support needs. The provider is Real Care Agency Limited.

Most individual packages of support provided to people were visits that ranged from 30 minutes daily up to 4 times a day. Two people received larger support packages including social support, with one person supported for 24 hours a day. The service is provided to people predominately living in the East Kilbride area.

The registered manager co-ordinates the overall running of the service. The fieldwork manager and care co-ordinators hold some management responsibilities for staff who provide direct support to people.

At the time of this inspection, support was being provided to 166 people.

About the inspection

This was an unannounced inspection which took place on 20, 21, 22, 24 and 29 May 2024 between 07:15 and 18:00. The inspection was extended and concluded on 4 June 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 16 people using the service and nine relatives;
- spoke with 11 staff and management;
- visited people in their homes and observed staff practice;
- invited feedback from staff and external professionals through questionnaires; and
- reviewed documents.

Due to serious concerns identified at this inspection we issued an Improvement Notice on 5 June 2024. A copy of the Improvement Notice can be accessed via the Care Inspectorate website Find care ([careinspectorate.com](https://www.careinspectorate.com)). We have referenced the requirements of the Improvement Notice throughout the associated sections of this report.

Key messages

- people told us that staff were kind to them
- we saw some warm and caring staff interactions and supportive relationships had formed with people experiencing care
- the provider must ensure improvements to personal plans and assessments of people's needs in order to improve outcomes for people experiencing care
- the provider must implement an effective quality assurance system in order to achieve oversight in the service
- the provider must ensure that safe practices are adopted when managing medication, including making improvements to recording and oversight to ensure peoples' health and wellbeing
- the provider must make improvements to incident recording and investigations, including communication with other relevant bodies to promote a culture continuous improvement
- in order to promote good standards of care delivery, the provider must ensure that people are supported by staff who have sufficient skills and knowledge for the work they perform
- an Improvement Notice with 5 required improvements was issued to the provider on 5 June 2024. Five requirements and 1 area for improvement have also been made in this report that are not included in the Improvement Notice.

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

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|--|--------------------|
| How well do we support people's wellbeing? | 2 - Weak |
| How good is our leadership? | 1 - Unsatisfactory |
| 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 found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

Staff were kind, helpful, and people expressed they had positive relationships with staff members. People we spoke to told us they were generally well supported and liked the staff. Comments included, "the staff are a big help to me. It lets me do the things that I can do so I don't need to worry about the other things" and "the carer is good she does so much for my mum, I appreciate their care". This ensures people are treated with compassion.

Staff lacked understanding about supporting people's needs due to written information not being available or up to date. People had personal plans in place within the office, however we could not see copies of these in people's homes. Staff therefore were not always kept up to date when there were changes in people's wellbeing. Some relatives and people experiencing care shared concerns that staff were not aware of their healthcare needs. This puts people at significant risk of failing to have their identified needs met. We have commented on this further under Key Question 5 'how well is our care and support planned'.

People's wellbeing was compromised as there was no evidence of a formal assessment of individual needs. Where there were identified risks, we could not always see appropriate risk assessments had taken place to ensure people were kept safe from harm. Whilst we saw evidence of staff escalating concerns when these occurred, we could not see what action was taken. The absence of this information meant it was unclear if people were still at risk of harm, or if harm had been mitigated as a result of the service's actions. We shared with the management team the importance of improved recording and oversight to clearly monitor and respond to changes in people's health and wellbeing. This is now subject to an Improvement Notice which we issued on 5 June 2024.

We had significant concerns about medication practices within the service. This is based on the quality of medication records in people's homes and staff knowledge. Medication records had gaps in recordings. Medication and staff practice was not in line with best practice (see Care Inspectorate best practice guidance 'Review of medicine management procedures: Guidance for care at home services'). Due to the weaknesses found, people were at considerable risk as they may not always receive the right medication or treatment at the right time. This has the potential to affect their physical and emotional wellbeing with potential for serious consequences.

Although staff had received medication training, we did not see the knowledge transferring into practice. Staff were unclear on the levels of support people required. Although a medication policy was in place, it failed to provide clear guidance defining the levels of support being offered. By this we mean if a person has been assessed to require medication support that is either: prompting, assisting or administration. Medication records were not being checked or audited robustly as part of management checks. It is crucial that oversight of medication support is improved, including staff competency and how well documentation has been completed. The service was not managing medication safely and in line with best practice guidance which puts people at risk of significant harm. This is now subject to an Improvement Notice which we issued 5 June 2024.

Processes for identifying and responding to medication errors were not clear or effective. Staff were unclear of the procedure to follow in the event that a medication error occurred. We could not see evidence of recordings of medication errors including actions taken to mitigate future risks. This creates risk of missed opportunities for learning when an error occurs. The service should revise and implement their medication policy and ensure all staff follow the agreed procedure in the event of a medication error. This will ensure risks for people are minimised through improved oversight. (See requirement 1).

Requirements

1. By 30 September 2024, you must ensure people's medication needs are safely met by revising and implementing a suitable medication error procedure. This should include but not limited to:

- a) review the service medication policy including the medication error procedure;
- b) ensure all staff have an awareness of the medication policy and medication error procedure; and
- c) record evidence of the service complying with the medication error procedure, including when an error occurs and any action taken to mitigate risk of reoccurrence.

This is in order 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 care and support is consistent with the Health and Social Care Standards which state: "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 leadership?

1 - Unsatisfactory

We reviewed how well the service was being managed and led and found major weakness in critical aspects of performance. We were very concerned about aspects of how the service was being managed, therefore we evaluated this key question as unsatisfactory.

We received mixed feedback on the management and leadership within the service. Some people told us they felt supported while others were unclear of who to speak to for support. The service had gathered feedback from people experiencing care via questionnaires which highlighted some positive comments as well as some areas for improvement. We could not see how actions were taken forward to support service improvement. (See area for improvement 1).

There was a significant lack of management oversight in the service, with limited systems in place to effectively monitor aspects of service delivery and performance. We could not see any evidence of regular audits taken place. As such, the service was failing to identify and resolve any issues to ensure that people's health, wellbeing and safety needs were being met. This has potential to put people at serious risk. Due to the lack of governance and monitoring, there was no evidence available to inform progress or achievements. This is now subject to an Improvement Notice which we issued on 5 June 2024.

There had been serious incidents in the service since the last inspection. For example, one of these related to medication management and another relating to staff conduct. We were concerned there was a lack of clear recording and oversight of events that occurred. As such there was a lack of recorded investigations into the circumstances of the events and therefore a potential risk of missed learning and preventative actions. Due to the absence of a record of incidences, we could not be assured those concerns had been

identified, addressed effectively and other relevant bodies notified appropriately. This gave us serious concerns regarding the management and oversight of peoples health, safety and welfare. This is now subject to an Improvement Notice we issued on 5 June 2024.

There was no clear evidence regarding complaint activity despite a number of complaints being received by the Care Inspectorate. Some of these had been passed to the service for action. There was a complaints policy in place however complaints and concerns were not recorded or dealt with in line with the service policy. Some people told us that they had raised concerns with the service. However, they had not been kept up to date or had the issue resolved to their satisfaction. This reflects a lack of management governance and oversight. (See requirement 1).

There were some systems in place to provide oversight of staffing registration status with professional bodies. However, we found significant issues whereby the required actions to safeguard people experiencing care had not been taken. We identified staff members who were not appropriately registered with the relevant professional body. This places people at considerable risk of experiencing harm and poor standards of care. We asked the registered manager to take immediate action to address these concerns. This is now subject to an Improvement Notice issued on 5 June 2024.

People in the service should have confidence that the management quality assurance arrangements and governance is effective in maintaining standards and driving improvements that result in good outcomes. The previous inspection in 2019, and two recent complaint investigations carried out by the Care Inspectorate had resulted in seven areas for improvement. During this inspection one area for improvement about continuity of staff was met. We were concerned to see recurring themes from previous requirements. such as complaint handling, assessment of people's needs and personal planning. There was very little to no progress made with the remaining outstanding areas for improvement. Effective quality assurance and oversight is required within the service to support the necessary improvements and embed essential changes in practice. This is now subject to an Improvement Notice we issued on 5 June 2024.

Requirements

1. By 30 September 2024, you must support better outcomes for people through a culture of continuous improvement. The provider must review, implement and adhere to the service's complaints policy. This must include but not limited to:

- a) detailing a clear procedure on the handling of complaints and related staff responsibilities;
- b) maintain a clear record of all complaints and concerns raised within the service;
- c) respond to all complaints in line with the service policy; and
- d) fully investigate complaints under the service's complaints procedure recording any actions taken and the investigation outcome.

This is in order to comply with: Regulation 18(2) of The Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

Areas for improvement

1. To include people experiencing care and other stakeholders in developing the service, the provider should ensure that their views and opinions are reflected in the service's improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7).

How good is our staff team?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

We received some positive feedback about staff. Examples of comments included, "the carers I do know are very flexible and friendly. I enjoy them coming in" and "the staff help my dad and give him what he needs, the carers do a great job". This helps people to have confidence in staff who provide their support.

Mandatory organisational training was in place for all staff. Records showed good attendance of key areas such as infection, prevention and control, moving and assisting and catheter care. Although additional training was offered, we saw very low uptake for topics related to the specific health needs of people. For example, dementia awareness, diabetes, modified diets or falls prevention. Therefore, people could not be confident that staff had the necessary knowledge and skills to support their healthcare needs safely. If staff are supporting people with a particular need the service should ensure staff have sufficient skills to keep people safe. (See requirement 1).

Staff had the opportunity to attend supervision twice yearly. We selected some staff supervision records and found these had been completed well. Staff had been given opportunity to discuss any learning needs they had. It was positive to see staff being able to reflect on their practice and identify areas which were working well. During conversations with staff they told us that they had completed a supervision and most had felt this had been a positive experience.

Although some observations of staff practice were taking place, this was not planned in a robust way and we saw inconsistencies in how often this occurred. Due to the concerns highlighted in relation to medication management staff needed to have more opportunity to reflect on their learning and how this could improve their practice. Where we saw conduct issues had been identified, we could not see evidence of what actions had been taken to safeguard people. This puts people at risk of experiencing poor standards of care. (See requirement 2).

People experiencing care should feel confident those providing their care and support have the right skills and knowledge. We found examples where the management team had not taken appropriate measures to protect the safety of the people using the service, including staff who were not registered with the relevant professional body in line with legislation. This included a lack of records to evidence how the management team had dealt with a serious potential risk when recruiting staff. This is now subject to an improvement notice issued on 5 June 2024.

Visiting schedules were planned in advance and there was a process to match staff to people experiencing

care. However, due to staff absences, changes to visits had to be made at short notice. Some people told us, "I have a mix of staff. It's frustrating as I have to tell them how to care for me". This caused stress and anxiety for some people as staff weren't always familiar with their needs or have the necessary information available to direct how best to support people. This puts people at risk of not receiving the appropriate care and support.

Some staff felt pressured to get to their next visit due to time required to travel between visits. We sampled staff schedules and found no travel time for staff. Therefore, we can't be sure people were receiving their full allocated time. This meant staff felt rushed and had the potential for them to miss tasks or complete things quickly such as documentation. This has the potential for poorer experiences and outcomes for people. The service should instigate a review of people's needs to ensure rota's accurately reflect the time required to meet individual identified needs (See requirement 1).

Requirements

1. By 30 September 2024, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service. This must include, but is not limited to:

- a) Assessing the training needs of all staff;
- b) Delivering a comprehensive plan of training;
- c) In particular, you must ensure that all staff receive training relevant to the work that they carry out in order to keep service users safe, such as dementia, diabetes and modified diets; and
- d) Ensuring this plan is reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care.

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

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

2. By 30 September 2024, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform. This must include but not limited to:

- a) all staff have regular observations of practice relevant to the work they are undertaking;
- b) these are clearly recorded and stored in staff files; and
- c) where performance or conduct issues are identified, there is evidence of any actions taken including investigations and outcome recorded.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: '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 30 September 2024, you must ensure staff have the required allocated time to meet people's health care needs safely and effectively. Planned visiting schedules must be reviewed and reflect the expected allocated times to allow staff to complete all planned tasks. This must include sufficient time for staff to travel to each visit.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'People have time to support and care for me and to speak with me.'(3.16)

How well is our care and support planned?

2 - Weak

We found the performance of the service in relation to this quality indicator was weak. We found strengths could be identified, but these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

People experiencing care should expect to work in collaboration with the service to develop a person-centered personal plan that outlines how best to support them. Most people we spoke to were not aware of their personal plan, and we found plans were not accessible to staff or people experiencing care. We saw very limited involvement of people and their representatives in developing and updating personal plans.

People should be central to the process of personal planning, and any related paperwork is kept as close to the person as possible. We have signposted the service to our 'Guide for Providers on Personal Planning Adults' to support improvements that are needed.

Personal plans were available in the office which provided basic information on people's health and care needs. A large number of the personal plans we looked at were out of date and held inaccuracies. These were not being reviewed regularly in line with guidance and the overview of this was ineffective. Staff told us they would rely on information from colleagues or informal processes to know how best to support people. We were concerned that staff did not have the required information to deliver safe and effective care to meet people's needs. This puts people at serious risk of harm.

In addition, there was a lack of recording of any health or care professional intervention and we could not see records being updated when people's needs changed. Personal plans and associated risk assessments required to be improved to accurately reflect the health and care needs of people using the service. This has been a theme from requirements from previous inspections. This is now subject to an Improvement Notice which we issued on 5 June 2024.

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 service should ensure that people experience continuity in their care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am supported and cared for by people I know so that I experience consistency and continuity". (HSCS 4.16)

This area for improvement was made on 19 September 2019.

Action taken since then

People had copies of their weekly rota's within their homes, and were aware of who would be supporting them that week albeit people told us they did not always know all the staff on the rotas. There was a process in place to promote consistency of staff and where possible people were supported by set teams of care staff. Where people were identified as having more complex needs, smaller core teams of staff were in place who knew people well. Some people raised some concerns regarding inconsistency of staff however where unexpected absences occurred, we could see attempts made to promote consistency where possible.

This area for improvement has been met.

Previous area for improvement 2

The provider should further develop the care plans and associated assessments for individuals who receive a service in order that they clearly identify individual health care needs and have plans of care that respond appropriately to these.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.23 which states "I am fully involved in all decisions about my care and support" and the Health and Social Care Standard 4.11 "I have confidence in the organisation providing my care and support".

This area for improvement was made on 19 September 2019.

Action taken since then

People had personal plans which were located within the staff office, however we could not see any formal assessment of individual need within people's files. We identified issues with personal plans which we have commented on further under Key Question 5 - how well is our care and support planned?

This area for improvement has is no longer in place and is now subject to an Improvement Notice which we issued on 5 June 2024.

Previous area for improvement 3

The provider should ensure that there is a regular and effective auditing system, to ensure that any issues dealt with by the out of hours/on call staff have been appropriately handled, recorded and reported. There should be a clear tracking system to show that any further actions needed such as, reviews of care or adult protection actions are identified and carried out. There should be evidence that the registered manager is fully informed and aware of the issues dealt with by out of hours/on call.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

This area for improvement was made on 19 September 2019.

Action taken since then

The service had an on call system in place, and we could see evidence of staff escalating issues and concerns via this process. Actions taken were not always clearly recorded until a resolution achieved, and we highlighted concerns related to the lack of oversight of this process creating risk of failing to meet people's needs. We highlighted the importance of improved recording and oversight to clearly monitor and respond to changes in people's health and wellbeing.

This area for improvement is no longer in place and is now subject to an Improvement Notice which we issued on 5 June 2024.

Previous area for improvement 4

The service should ensure that medication for people receiving care is managed in a manner that protects their health and wellbeing. In line with best practice, the provider should demonstrate that staff always follow policy and best practice when supporting people with prescribed medications. Additionally, the provider should ensure that there are robust and effective risk assessments in place, to ensure the safety and wellbeing of people in relation to complex medication issues.

This is to ensure that care and support is responsive and consistent with the Health and Social Care Standards, 1.24 which state "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 19 September 2019.

Action taken since then

We raised significant concerns regarding the service's medication processes and oversight. We have commented on this further under Key Question 1 - how well do we support people's health and wellbeing? We saw no evidence of risk assessments taking place related to people's medication needs.

This area for improvement is no longer in place and is now subject to an Improvement Notice we issued on 5 June 2024.

Previous area for improvement 5

The service provider should ensure records contain accurate and detailed information about the support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 9 August 2022.

Action taken since then

Log books were in place in people's homes where staff recorded what care had been provided. We reviewed personal plans and found information contained within plans to be out of date and inaccurate, which did not correlate to people's needs. Personal plans lacked the required detail to guide staff on how best to deliver care and support placing people at risk of poor outcomes. We have commented on this further under Key Question 5 - how well is our care and support planned?

This area for improvement is no longer in place and is now subject to an Improvement Notice we issued on 5 June 2024.

Previous area for improvement 6

The service provider should ensure they communicate effectively with all relevant parties and ensure they adhere to their own procedures prior to making the decision to withdraw a package of support.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 9 August 2022.

Action taken since then

We saw evidence of a written procedure within the service however at the time of the inspection there was no evidence to review in regards to the withdrawal of a package of care.

We have repeated this area for improvement. This area for improvement has not been met.

Previous area for improvement 7

To support people's health and wellbeing the provider should ensure staff access training appropriate to their role and apply their training in practise. This should include but not limited to the assessment of people's medication, emotional, psychological, social and physical needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 5 May 2023.

Action taken since then

All staff had access to mandatory organisational training and records showed a good uptake of this. The service did offer additional training related to specific health care needs however very few staff had taken part in this. Feedback from some families raised concerns regarding staff's awareness and understanding of specific health related conditions such as dementia or diabetes.

This area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 3 - how good is our staff team?

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

| | |
|---|--------------------|
| How well do we support people's wellbeing? | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| How good is our leadership? | 1 - Unsatisfactory |
| 2.2 Quality assurance and improvement is led well | 1 - Unsatisfactory |
| 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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