

# Visiting Angels Renfrewshire and Inverclyde Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
23 May 2024

**Service provided by:**  
Mosshall Home Care Ltd

**Service provider number:**  
SP2022000085

**Service no:**  
CS2022000123

## About the service

Visiting Angels Renfrewshire and Inverclyde provides care at home services to older people and adults with a variety of needs living in their own homes and in the community. The provider is Mosshall Home Care Ltd.

The service can be provided by two staff teams operating within Renfrewshire and Inverclyde. Most visits were from 30 minutes and some visits were longer and included social support. At the time of this inspection there were 31 people receiving care from the service.

A new manager had just taken up post.

## About the inspection

This was an unannounced inspection which took place on 20, 21, 22, 23 May 2024. We visited people in their homes and observed staff practice between the hours of 9:30 am and 5 pm. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and four of their family/friends
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were compassionate and understanding and had developed warm relationships with the people they support.
- The service was flexible with support times to fit in with people.
- Medication procedures did not always follow best practice.
- Quality assurance systems should be improved to drive service improvements and developments.
- Recruitment processes need to be carried out safely and in line with safer recruitment through better recruitment.
- Not all staff were registered with the Scottish Social Services Council (SSSC).
- Personal planning needed to improve to ensure people received consistent, safe and effective care and support that met their needs, wishes and choices.

## 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?	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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences. Most people told us they were happy or very happy with the service.

There were caring and compassionate interactions between people and staff. Staff clearly knew people well. All staff we spoke with told us they had enough time to spend with people and no-one reported feeling rushed. We saw an example of good staff matching where people and staff shared a range of similar interests and people told us this was important to them. People told us that 'staff are magic' and 'this (support) has made such a difference to me'. Relatives told us that they could see a difference particularly in their loved ones mental health during support from the service. We concluded that when support was delivered there was a positive impact on peoples' health and wellbeing.

People were empowered to have as much control over their support as possible, we observed one person directing their care and support throughout the whole visit. The service aimed to fit in with peoples daily lives by altering visits to suit where possible. This demonstrated flexibility and person centred care.

People knew who was coming to provide their care and support, and when to expect them as a rota was issued the week before. Good communication was a key factor in ensuring people felt valued and respected. Peoples health and wellbeing benefitted from staff in the service who understood their role in supporting people's access to healthcare. Staff recognised when peoples' needs changed and shared this information with the right people including relatives. People told us the staff worked well to support them in conjunction with professionals. The advice and information given by professionals should be recorded clearly to guide staff and continue to ensure positive outcomes for people.

People had a copy of their personal plan in their home and some people told us this was important to them. The service was in transition as a new care planning system was being implemented to work better for people. We will look at care planning under how well is our care and support planned?

People should be confident that medication policy and practices are well managed to ensure their health and wellbeing benefits. There was a clear medication policy and procedure in place and staff practice we observed was safe. Robust competency assessments would support staff practice. See how good is our leadership?. Not all staff had a clear understanding of different levels of medication assistance and would benefit from additional training.  
See area for improvement 1.

### Areas for improvement

1. To support people's health and wellbeing, the provider should regularly assess staff knowledge and understanding of medication policy. Competency assessments should be regular and robust.

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).

## How good is our leadership?

## 3 - Adequate

We evaluated this as adequate where strengths only just outweighed weaknesses. These weaknesses needed to be addressed to ensure leaders could lead improvement to ensure better outcomes for people.

Most staff told us they felt valued and supported in their role and that the management team was approachable.

It is important that care services have effective systems in place to assess, monitor and evaluate the quality of services provided. This is done by gathering evidence using audit tools, feedback from people using the service and their relatives, and carrying out direct observations of staff practice. This information should help drive service development and improve outcomes for people using the service.

The new manager had been in post for four weeks and had recognised shortfalls with supervision, staff training and observations, and had developed a service improvement plan to address some of these issues. See How good is our staff team. Leaders needed to improve quality assurance. The service was not maintaining a robust or effective quality assurance system which may have impacted on the way people experience their care and support. See requirement 1.

People and their relatives who were using the service had received a recent questionnaire in order to gain their views. The service had not yet added these views to the service development plan.

Whilst we saw some evidence of staff conduct observations including presentation and interaction with people, we saw none of regular observations or audits of staff practice. These conduct audits were not detailed enough to support good staff practice, or to ensure that people's support was being carried out in line with their needs, wishes or preferences. The manager gave assurance this would be addressed.

The service was relatively new and was still building up a staff team and recruiting to their vacant posts. These vacant posts meant staff shortages on the rota sometimes. The service contingency was to use office based staff. People told us they still got their service as registered office based staff stepped in to support where there were gaps. However this had a knock on effect to office based tasks including quality assurance activity.

Staff were not recruited in line with safer recruitment guidelines. We sampled some records and found that not all references were checked nor gaps in employment history explored. This had been recognised by the new registered manager and was being dealt with retrospectively. However, this meant that people could not be assured that the staff who support them are safe or the right people to work with them. See requirement 2.

There was no quality assurance or management oversight in place to ensure that staff obtained and maintained their professional registration with the Scottish Social Services Council (SSSC). Employers have a legal duty to ensure that appropriate staff have registered with SSSC within required timeframes. Nine members of staff were registered appropriately, there were staff who should have been registered with SSSC and were not; failing in their legal duty to ensure registration with a professional body. This meant that people could not be confident that staff delivering their care were trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes. See requirement 2.

As audits had not been completed robustly, there was limited oversight of staff registration, training and

recruitment. We also saw that peoples reviews were not carried out in line with legislation. We looked at this under how well is our care and support planned.

There was no management oversight of concerns or complaints. We could not see that any complaints had been fully investigated and responded to in line with the provider's complaints policy and procedure. We asked that records are kept and relevant information including incidents and accidents is notified to relevant bodies including the Care Inspectorate timeously. We shared the guidance that would support best practice. See requirement 1.

Whilst we identified areas that required improvement to minimise risk for people, we were confident that people experienced good outcomes as a result of using the service. People and their relatives told us the service met their needs well. People told us they preferred this service to others they had used previously, they liked the staff and felt well cared for. However, if these identified improvements (safely recruited, registered staff and a reduction in vacant posts) are not addressed, this may impact negatively on peoples experiences. The provider engaged fully during our visit and recognised where the service needed to be developed to improve peoples experiences.

## Requirements

1. By 2 November 2024, the provider must ensure that people experiencing care have confidence the service received by them is well led and managed. You must support outcomes through a culture of continuous improvement underpinned by robust and transparent quality assurance processes. This must include but is not limited to:

- a) routine and regular management and monitoring of the quality of care and support
- b) internal quality assurance systems which effectively identify issues which may have a negative impact on the health and welfare of people supported
- c) clear recording and evidence of actions taken when an issue has had an impact on the health or wellbeing of people supported
- d) timely reporting of notifiable events to the regulator in line with the guidance records that all registered care services (except childminding) must keep and guidance on notification reporting (Care Inspectorate 2012)
- e) following its organisational policy and procedure when dealing with complaints. Complaints should be clearly recorded and include information about how these were resolved.

This is to comply with regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 2 August 2024, the provider must ensure people are kept safe by implementing and completing safe recruitment processes. To do this, the provider must ensure, at a minimum:

a) recruitment practice follows good practice guidance from the SSSC and Care Inspectorate (Safer Recruitment Through Better Recruitment, September 2023)

b) employer references are obtained prior to new employees starting work

c) SSSC registrations are maintained, regularly audited, and appropriate notifications made to the SSSC when employees are no longer employed by the service.

This is to comply with Regulation 9(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

### How good is our staff team?

### 4 - Good

We evaluated this as good where there were some weaknesses but these were outnumbered by strengths within the service. Staff we observed appeared to be clear within their role and what was expected of them during visits. All of the staff we spoke with us told us they loved their job working with people and demonstrated good values.

Staff delivered support with kindness. They interacted well with people, building trusting relationships and people told us that staff supporting them were compassionate and respectful. Staff were flexible and worked well together to benefit people using the service. We heard how staff covered additional shifts to allow other staff to have leave. Whilst the service had vacancies we did not see cancelled or shortened visits as the office staff or even the leadership team covered support. The service worked hard to minimise the impact of vacancies on people.

Communication was noted as a positive with people using the service and their relatives telling us that office based staff were 'on the ball' and responsive to telephone calls. They told us information was shared with the staff providing direct support.

Peoples needs should be met by the right number of staff. We did not see an effective process for assessing how many staff hours were needed. Introducing a formal process would help the leadership team ensure the right number of staff with the right skills are working to support peoples outcomes. The provider required to assess the staffing required and fill any vacant posts to achieve and/or maintain a full staff complement.

Whilst staff had completed core learning during induction, formal training plans were not in place to support staff to develop. Staff told us there was online training available. Most staff we spoke with were clear on the values expected from them and knowledgeable about the Health and Social Care Standards despite not all being registered with the Scottish Social Services Council. The leadership team recognised a shortfall in the training provided and were planning a more structured learning approach. Some staff also told us they were new to caring roles. The service recognised this and that training needed to improve to ensure people are supported by staff who are well trained, skilled and knowledgeable with appropriate care qualifications. See area for improvement 1.

Not all staff had received formal supervision in line with the service's supervision policy. The manager was

aware of gaps in frequency for some staff and had begun to address these. Whilst this had not impacted on people's care and support, we advised that all staff must have access to regular planned supervision. This would assist staff to reflect, learn and develop, and further enhance people's confidence in a knowledgeable and skilled staff team. Having formalised supervision would allow the management team to identify gaps in training and knowledge and plan accordingly for these.

See area for improvement 1.

## Areas for improvement

1. To ensure people are supported by trained and competent individuals, the provider should complete a training needs analysis for staff to address gaps in skills and knowledge and develop a training plan to ensure staff are given access to training relevant to their role.

This should be supplemented by a programme of robust observations of staff practice and formal supervision.

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

## How well is our care and support planned?

**3 - Adequate**

We evaluated this as adequate where there were some strengths which were compromised by several weaknesses.

People should expect consistent care and support. Whilst there were personal plans in people's homes they were not of a consistent quality and some (plans) did not make proper provision for people's care and support needs or detail clearly how these or outcomes would be met. Whilst staff knew people well, this made it difficult for staff to deliver care and support effectively.

Documentation and records must be accurate and sufficiently detailed, and those we viewed did not always reflect the care provided or provide pertinent information. This was partly because some personal plans were not updated when people's needs or circumstances changed. Personal plans should be reviewed on a regular planned basis and updated when there are any changes to a person's care or support needs. People could not be fully confident that staff were providing current and accurate support using the personal plans in place.

See requirement 1.

While people experiencing care together with their relatives, were consulted and involved in the development and review of the personal plan initially, this practice had not always continued. We saw that some people were fully involved and keen to direct their own care. Where people did not have capacity to consent, supporting legal documentation was not always in place to protect and uphold people's rights. There was limited understanding amongst staff if a person did not have capacity what this would mean in particular with regard to administration of medication.

See requirement 1.

The service recognised that personal plans needed to improve for people and were in the process of moving to a new online system which would include provision for future planning. This would mean people are



helped to live well right to the end of their life by having their preferences and future wishes clearly detailed in their personal plan. This was not in place for everyone during our visit.

There were risk assessments within the personal plans we sampled however, some were overly complicated due to the current electronic care planning system. Documents were unclear for staff to follow which could increase risk for people using the service. Some risk assessments would also benefit from being more personalised. The new system should address this. This would further assist the service to identify and address individual risks for each person and ensure staff were directed in delivering care safely.

Reviews had not been completed for each person. There was no oversight of this or a tracker which could help staff plan these meetings with people. Review minutes and actions should detail how the person was involved in the review process and reflect their input and feedback to update the personal plan ensuring people are supported with their current needs and wishes. See requirement 1.

## Requirements

1. By 2 August 2024, the provider must improve the quality of recording within care plans to ensure that people receive care and support that is right for them. To do this, the provider must, at a minimum ensure:
  - a) each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs
  - b) support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
  - c) future needs are anticipated, documented and reviewed
  - d) support plans are regularly reviewed and updated with involvement from people, relatives and advocates (if required)
  - e) detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(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).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	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

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