

SRS Care Solutions Limited Housing Support Service

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Type of inspection:
Unannounced

Completed on:
7 June 2024

Service provided by:
SRS Care Solutions Limited

Service provider number:
SP2016012703

Service no:
CS2017362472

About the service

SRS Care Solutions Ltd is a combined care at home and housing support service which is provided to adults and older people with a range of support needs living in their own homes. The office is based in Renfrew and the service provides support to people in Renfrewshire, East Renfrewshire and Glasgow. At the time of the inspection the service supported 40 people.

About the inspection

This was an unannounced follow up inspection which took place on 5 June 2024, between the hours of 09:30 and 17:30 and virtually on 6 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 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 four people using the service
- spoke with ten staff and management
- reviewed documents.

Key messages

We followed up on one requirement which was met.

The service required more time to address and embed the areas for improvement.

The service had put an action plan in place to address the outstanding issues.

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

Requirements

Requirement 1

By 6 May 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 and verified prior to new employees starting work; and
- 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).

This requirement was made on 21 February 2024.

Action taken on previous requirement

- a) In the recruitment samples we looked at; the pre-employment recruitment practice followed the guidance as set out by the Care Inspectorate and The Scottish Social Services Council (SSSC). The SRS Care Solutions recruitment policy set out the basic steps to take to employ individuals safely. The policy was introduced in November 2015 and we could not see where it had been reviewed. We signposted to guidance on developing your recruitment policy in the 'safer recruitment through better recruitment' guidance 2023. For example, the policy did not make specific reference to the employment of overseas staff and the checks that require

to be made though we did see a pre-screen telephone note discussing a share code/online right to work and referring to SSSC registration. The policy did not include reference to staff who must be registered with a professional body/SSSC to carry out their role. We advised that the recruitment policy be reviewed and updated and takes account of these points. The policy should be implemented into practice when employing staff. This is to ensure people who use the service can be confident they are being supported by staff who are appropriately and safely recruited.

b) We saw the requisite references for the records we sampled. All references were verified at the pre recruitment stage. Best practice would be anyone checking recruitment records can clearly see who verified the reference and when. The service took this on board and will include the manager being able to see how each reference was verified. We noted that proformas were used for character references and found this to be good practice. We also saw a risk assessment for one record where there were employment gaps, again good practice. We spoke with members of staff some new and some who had been with the company for a while. They fed back post recruitment they had an induction, training, were given opportunities for shadow shifts and were a member of PVG scheme. They said they were given good support from staff based in the office. All were aware of a probation period. This meant that staff were subject to pre-employment checks and post recruitment support.

c) SSSC registrations were maintained, regularly audited, and appropriate notifications made to the SSSC when employees are no longer employed by the service. The service had a SSSC list which they can filter to list staff in different areas of the service. The registered manager was auditing this weekly as part of her quality assurance activities. We saw that SSSC registration is being discussed with staff as part of their supervision. It was difficult during the inspection to match the staff in this particular service with the information held on the SSSC database as the staff were not aligned to the correct services on the SSSC. We took advice from the SSSC who have confirmed that they would not look to enforce this as long as the staff member is registered with the organisation. We advised to improve governance; to look at aligning the staff to the correct service.

Met - within timescales

Requirement 2

By 30 June 2024, the provider must ensure that quality assurance for the service is carried out effectively, using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound). This should include, but not be limited to:

- a) routine and regular management 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; and
- 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).

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).

This requirement was made on 21 February 2024.

Action taken on previous requirement

This requirement was not due as yet and will be followed up on at the next inspection

Not assessed at this inspection

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

In order to improve understanding of Adult Support and Protection processes, the provider should review and update ASP training to ensure staff are clear about their responsibilities to report changing needs, risks and issues which might impact on people's wellbeing.

This is to ensure 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).

This area for improvement was made on 21 February 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

In order to ensure health issues are appropriately addressed, the provider should ensure staff have sufficient knowledge of their responsibilities to report changing health needs. Communications with health professionals and care managers should be clearly recorded alongside any follow up actions.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This area for improvement was made on 21 February 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 3

To ensure people are fully involved in decisions about their care, the service should ensure all required legal information is clearly recorded in personal plans. This should include appropriate medical advice and clarity about responsibility for decision making when a person is assessed as lacking capacity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 21 February 2024.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 4

To ensure people are fully involved in decisions about their care, the service should ensure all people using the service, or their representatives, have access to the most recent version of their personal plan. Personal plans should:

- a) contain input from the person using the service, people important to them, and where appropriate, input from professionals;
- b) be reviewed and updated at a minimum of six monthly intervals with review target dates clearly recorded;
- c) include risk assessments which contain accurate and current information; and
- d) be updated as soon as possible when changes occur.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13)

and

'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 area for improvement was made on 21 February 2024.

Action taken since then

This area for improvement has not been assessed and remains 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.

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