

Careforth Ltd t/a Home Instead Support Service

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Type of inspection:
Unannounced

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19 July 2024

Service provided by:
Careforth Ltd

Service provider number:
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Service no:
CS2019377036

About the service

Careforth Ltd t/a Home Instead Senior Care was registered with the Care Inspectorate on the 1 April 2020.

They provide a Care at Home and Housing Support service to people living in the Stirling and Falkirk areas.

The service currently supports around 40 people and has a staff team of 28 care professionals, administration and management.

The aim of the service is: To become the UK's most admired care company through changing the face of ageing.

Home Instead aims to provide supportive care and companionship which both enables and encourages people using the service to remain independent, in their own homes, for as long as possible.

About the inspection

This was an unannounced inspection which took place between 15 and 19 July 2024. The inspection was carried out by one inspector 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 13 people and family representatives
- spoke with 19 staff and management
- observed practice and daily life and reviewed documents
- spoke with associated social work and health care professionals .

Key messages

People benefitted from warm interactions with staff and were treated with kindness and respect.

The provider needed to address how people were supported with aspects of their health and wellbeing including planning and recording care and support.

The provider needed to address quality assurance activity to support better outcomes for people.

Although the staff team were motivated, the provider needed to arrange formal training and supervision to ensure staff were equipped to deliver good outcomes for people.

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

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. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance need to improve.

Staff knew people well and people appeared to value their contact. People who use the service and their families told us that most staff were kind and respectful and some staff went beyond their expectations in supporting them. One person told us "The staff that come to us are polite and a pleasure to meet, always willing to do anything that will help us." and another said "The care I get makes such a difference in my life".

There were a few occasions where people and their relatives felt that staff were not as regular or supportive as they should be, however these were in the minority and when we spoke to the management team we were confident that this would be addressed.

People could be confident that their health needs were escalated appropriately. Where people had specific health concerns the service was quick to respond and take appropriate action in communicating to senior staff, family or health care professionals as required.

We had some concerns about support to people in relation to their skin integrity. We saw that care plans were clear about how to support (for example) pressure relief, however staff were not always following the care plan.

Care plans need to be specific and clear about people's needs and care and support and daily care notes should reflect the care plan and outcomes for people. We found that people's care plans did not provide enough information about supporting people with mobility, medication and how to support individuals who may experience distress.

This meant that care was not consistent and people were at risk of their needs and outcomes not being met. We made a requirement about this. (See Requirement 1)

Requirements

1. By 18 October 2024, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs.

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

- a) Care plans and recordings are sufficiently detailed and reflect the care assessed and provided.
- b) Care plans are evaluated routinely to ensure the care and support remains effective.
- c) Changes to care plans are clearly documented and shared with staff.
- d) Care plans and daily recordings are outcome focused, and written in a person-centred manner, taking account of all the needs of people.

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

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

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences.

Feedback about communication from people and their families was mixed.

One person told us "The office are great. (They) listen to and respond to any concerns" and another said "All office staff are helpful and arrange for things if I need them". However, others spoke about poor communication, lack of involvement in reviews and lack of spot checks on staff.

The service had undertaken satisfaction surveys and this could be very useful to the service in obtaining feedback and using this to improve outcomes for people. However we were not able to see how this feedback was followed through to make improvements.

Management arrangements of the service had not been consistent and although some part time interim arrangements were now in place, staff supervision and training had not been kept up to date and this meant that outcomes for people were compromised.

We could see clear processes were in place to address any accidents, incidents or adult protection concerns and these showed that the service had good links with health and social care professionals, however had not kept all required partners up to date with appropriate notifications, including management absences and provider changes, and we made an area for improvement about this. (See area for improvement 1)

The service had undertaken self evaluation as part of the overall quality assurance work but this did not always identify where improvements were needed and audits did not address the detail required to be sure that care was delivered safely. This included medication management, skin integrity and eating and drinking safely. There was no recent management overview of qualifications and registration of staff.

The provider had recently made some changes to address the audit activity however the service improvement plan did not always include audit actions and those identified were not clear about specific actions needed or timescales for improvement. Because this may have an impact on good outcomes for people, we made a requirement. (See requirement 1)

Requirements

1. By 18 October 2024 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to ensuring that:

- a) the systems of quality assurance and audits are consistently completed
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) information from quality assurance activity is communicated to the appropriate people when necessary.

This is in order to comply with regulations 3 and 4(1)(a) 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).

Areas for improvement

1. To ensure that people benefit from organisations working together, the provider should ensure that the Care Inspectorate is notified of accidents and incidents and other notifiable events, promptly, as per 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 Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate.' (HSCS 4.18)

How good is our staff team?

4 - Good

We evaluated this key question overall 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 experiences.

We saw and heard that there was respectful communication within the team and this created a warm atmosphere because there were good working relationships between staff.

People who used the service, and their families, were mostly positive about the care staff. People said that staff were conscientious, lovely and went above and beyond expectations.

Some people said they would prefer to be introduced to new staff before their support session and others said they had the same person regularly and this was important to them to continue.

The staff team told us that they were concerned about professional support and supervision, however, we heard that on a personal level staff felt well supported and the team appeared motivated.

Although there were a number of training opportunities, we found significant gaps in staff training and updates which meant that staff were not always up to date with current best practice and education. The service were aware of this but because they had not included training in their improvement plan, we made an area for improvement to address training and supervised practice. (see Area for improvement 1)

Areas for improvement

1. In order to ensure that people are supported by well trained staff whose skills and knowledge are kept up to date, the provider should;

- a) Make arrangements for staff to complete required training and refresher courses
- b) Provide effective, regular supervision to staff to support them to develop and improve through reflective practice
- c) Make arrangements to enhance staff development through effective workplace assessments and practice learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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)

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

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