

We Care (Highland) Ltd Support Service

First Floor Offices 3 Young Street Inverness IV3 5BL

Telephone: 01463 563063

Type of inspection:

Unannounced

Completed on:

6 August 2024

Service provided by: We Care (Highland) Ltd

Service no: CS2022000395

Service provider number:

SP2022000261



Inspection report

About the service

We Care (Highland) Ltd is a care at home service provided to people with support needs in their homes. The service provides care and support primarily to people in the city of Inverness. We Care (Highland) Ltd was supporting 17 people at the time of the inspection. The provider is We Care (Highland) Ltd, a private limited company.

About the inspection

This was an unannounced inspection which took place on 1 August 2024. The inspection was carried out by one inspector from the Care Inspectorate. This follow-up inspection focused on the requirement and areas for improvement made during the previous inspection and evaluated how the service had addressed these to improve outcomes for people. 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 two people using the service and five of their family members
- Spoke with six staff and management
- · Observed practice and daily life
- · Reviewed documents
- Spoke with visiting professionals.

Key messages

- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively.
- Some further work was required to ensure staff were supported to develop their knowledge and skills.

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

Requirements

Requirement 1

By 15 March 2024, the provider must ensure that people working in the service are suitable for the job as advertised, appropriately and safely recruited and inducted.

In order to achieve this, the provider must but is not limited to:

- a) Ensure recruitment practices follow safe recruitment quidance
- b) Provide training appropriate to the work they will undertake
- c) Ensure there are completed records of induction for all staff members
- d) Ensure there are records of the outcomes of staff competency assessments
- e) Ensure gaps in skills or knowledge are identified and additional training and support is available to help staff meet them.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 9 — Fitness of employees; and Regulation 15 — Staffing.

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

'I am confident that people who support and care for me have been appropriately and safely recruited.' (HSCS 4.24) and;

'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 29 November 2023 and the deadline was extended at the previous inspection to 31 July 2024.

This requirement was made on 29 November 2023.

Action taken on previous requirement

The provider was following safer recruitment guidance for newly recruited staff. The service had sought references that had been missing for some staff at the previous inspection with some success. All other

Inspection report

checks and induction records were in place. This meant people could be confident that those providing their support had been appropriately and safely recruited.

Although most training was up to date, the provider needed to ensure staff had the opportunity to attend practical moving and handling training. Records showed a significant amount of staff had not yet attended this training. We spoke with the provider about this who told us some staff had completed this training in previous employment but acknowledged the need to organise this as soon as possible. So that people could be confident staff were competent and skilled in this area, the provider contacted organisations on the day of inspection requesting dates for the required training. We will follow this up with the provider.

Staff competency assessments were being carried out with good detail and any required actions identified in the record. Staff we spoke with confirmed these were being done but a minority of staff said they hadn't signed these. We discussed this with the management team and they advised us they were streamlining the process to make it easier for staff to sign and get a copy of the document. Staff told us these assessments were helpful and were positive about the support they received from their line manager. People then, could be confident learning and support measures were in place to support staff to deliver better outcomes.

Met - outwith 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

So that people's health and wellbeing benefits from a culture of continuous improvement, it would be useful for the service to further develop quality assurance processes including, but not limited to:

- Action plans attached to audits and overviews in all areas of service delivery detailing the actions, person responsible, timeframe and outcomes.
- The medication audit should consider all aspects of medication the service is involved with, including the thoughts and feelings of the person experiencing care.
- The outcomes of these audits should contribute to self-assessment to help inform 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 processes' (HSCS 4.19).

This area for improvement was made on 29 November 2023 and repeated on 14 May 2024.

This area for improvement was made on 29 November 2023.

Action taken since then

The service needed to further enhance their quality assurance process. The digital system in use identified areas that were either due to be updated or were overdue and took into consideration a wide array of areas. It was clear the service was referencing this system regularly and performing some highlighted actions. The service was in the process of transferring items from paper and the digital system, while useful, was not showing the full extent of items overdue so could not be fully relied upon. An action plan that addressed the overdue items would let the management team know what progress had been made, who was responsible, what the outcomes were and when it was expected to be actioned but there was no action plan attached.

The service had not updated the medication audit. We discussed this with the provider and they sourced a template which they shared with us. We agreed this would be appropriate and recommended some adaptations for the service to consider.

A service improvement plan was in place but had not been informed by a self-assessment. We signposted the provider to guidance to consider when carrying out a self-assessment. We asked that the service begins with a self-evaluation of the core assurances identified in our 'quality framework for support services (care at home, including supported living models of support)'. This would promote the development of a dynamic and responsive improvement plan that details the future direction of the service. This would also allow people to be assured the service had a quality assurance process that allowed them to benefit from a culture of continuous improvement.

This area for improvement has not been met and will be reinstated. We will follow this up at the next inspection.

Previous area for improvement 2

The provider should ensure that staff are supported to develop their practice, knowledge, and skills.

In order to achieve this, they must ensure that:

- a) Staff can access regular protected time with their line manager for discussion about their work practice and employment
- b) That supervision meetings are recorded and the records evidence:
- How training has impacted and improved individual's professional practice
- That staff were encouraged to reflect on their practice
- Where concerns had been identified in relation to practice, that this had been followed up to address these and improve practice
- c) How the discussions with staff supervisions inform the annual staff training plan.

This is to ensure that 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 29 November 2023 and repeated on 14 May 2024.

This area for improvement was made on 29 November 2023.

Action taken since then

Staff were positive about the approachability and responsiveness of management. They said they felt comfortable contacting the manager who they found to be very supportive. Supervisions were being carried out by staff's line manager and allowed space for staff to reflect on their training and practice.

Inspection report

During our inspection we noticed an area of staff practice we highlighted to the service at the last inspection had much improved, however a small amount of people experiencing care and relatives told us a minority of staff did not wear an apron when supporting someone with personal care. Although the management team were aware of this, records showed that some supervisions and some competency assessments were overdue which was a missed opportunity to support staff to develop their practice, knowledge and skills.

This area for improvement has not been met and will be reinstated. We will follow this up at the next inspection.

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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