

# Keane Premier Support Services Housing Support Service

Keane Premier Group  
125 Cambuslang Road  
Glasgow  
G32 8NB

Telephone: 0141 535 3196

**Type of inspection:**  
Unannounced

**Completed on:**  
24 July 2024

**Service provided by:**  
Keane Premier Support Services Ltd

**Service provider number:**  
SP2013012187

**Service no:**  
CS2013319859

## About the service

Keane Premier Support Services is a combined housing support and care at home service which is provided to adults and older people living in their own homes. The service supports adults and older people with physical disabilities and/or learning disabilities and/or mental health problems living in their own homes. The provider is Keane Premier Support Services Ltd.

The service's office based in Cambuslang, South Lanarkshire. At the time of the inspection support was being provided to 157 people living across Cambuslang, Rutherglen, Cumbernauld, Hamilton, Blantyre, and the surrounding areas.

Support to people mostly ranged from a 30 minute daily visit up to four times per day. There are also larger support packages including social support and people supported 24 hours per day.

The registered manager co-ordinates the overall running of the service alongside a deputy and assistant manager. Team leaders locally manage the staff teams who provide direct support to people.

## About the inspection

This was an unannounced inspection which took place on 16, 17, 18, 19 and 22 July 2024 between 09:00 and 17:00 hours. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 35 people using the service and 15 relatives
- for people unable to express their views, as part of our home visits to people in their homes we observed interactions with staff and how they spent their time
- spoke with 38 staff management
- observed practice by shadowing staff and visiting people in their homes
- reviewed documents; and
- reviewed questionnaire feedback.

## Key messages

- People who were supported by a smaller core group of staff benefitted from this arrangement.
- Monitoring records and care plans relating to people's health and care needs must be improved.
- Quality assurance of systems and a culture of continuous improvement requires to be improved to support better outcomes for people.
- Personal plans must be improved to ensure they contain accurate information and capture personal outcomes for people.
- Staff require access to relevant training to ensure they have the necessary competencies and skills to meet the needs of the people supported.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.
- The service had met one of the five requirements and one of the nine areas for improvement identified at the previous inspection.
- We have made four further requirements.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
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

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

There was mixed feedback in relation to the relationships people had with their staff. People had positive relationships with the staff they knew well. Comments included "staff are very engaging, pleasant and willing to do anything." This ensures people are treated with compassion.

However, some people shared concerns over staff engagement. For example, "I think that the service could be better with training staff how to carry out personalised chat and be more person centred." This could make people feel they are not treated with dignity and respect.

There were larger support packages including social support and people supported 24 hours per day. We received positive feedback on this part of the service where people told us they were supported socially to take part in things they enjoyed. Comments included "they are creative in the care they provide." This meant that people were supported to live the lives they wanted to.

Reviews of a person's support and personal plans were not effective. Although these were shown to take place, recording was incomplete. People and relatives told us they had not been involved in the review process. Involving people and relative others in the review process ensures they feel heard and included. (See Requirement 1)

Strategies and actions within risk assessments to keep people safe, were not being applied consistently by staff in practice. For instance, where there were risk assessments in place the measures from these were not always within the strategies staff used to support a person. This puts people's health and wellbeing at potential risk. (See Requirement 1)

Recording of a person's support received was not effective to support people's wellbeing. Daily notes of support were seen to be incomplete and lacked person centred detail. This meant staff and management were not communicating the most up-to-date support that had taken place or needed for people. This places people at unnecessary risk of not getting the right support for them. (See Requirement 1)

We had concerns over staff's understanding of medication practices. Staff received training and an updated policy was in place. Staff were not aware of the new policy and were at times unclear on the different levels of medication support required. Gaps in recordings showed 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'). People had been assessed in relation to their medication needs, however some of these assessments were not accurate for that person. As a result, some people did not get the right medication support and treatment at the right time. This highlighted actual risk to people, and if practice is not improved has the potential for serious consequences for people being supported. (See Requirement 2)

## Requirements

1. By 27 October 2024, the provider must ensure each service user has an up-to-date personal plan. This must set out how the service user's health, welfare and safety needs are to be met.

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

- a) the personal plan sets out how the service user's needs will be met, as well as their choices, wishes, preferences and identified outcomes.
- b) relevant risk assessments are completed and used to inform the personal plan
- c) daily notes of support are completed at the end of each visit
- d) personal plans are reviewed at least once in every six-monthly period or where there is significant change in the service user's health, welfare or safety needs. This will be reviewed alongside the person and individuals who are important to them or who have legal authority.

This is to comply with Regulation 5(1) and (2) (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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

2. By 27 October 2024, you must improve procedures and practice for medication management to ensure that medication is managed and administered safely.

In order to achieve this, you must, at a minimum, ensure:

- (a) the medication policy is updated in line with current good practice to support staff in their responsibilities for medication management
- (b) staff practice and competency in supporting people experiencing care with medication is regularly assessed
- (c) all people experiencing care that receive medication support have a risk assessment that is completed by an appropriately skilled person to identify the level of support required
- (d) staff are able to distinguish the different levels of medication support people experiencing care require and know what steps to take if someone's needs change; and
- (e) ensure that when staff provide support to people with medication accurate records are kept.

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 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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

## How good is our leadership?

2 - Weak

### Quality Indicator: 2.2. Quality assurance and improvement is led well

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Feedback on the management team was mixed. Some people found the management team accessible and responsive while others raised concerns with lack of communication. Comments included, "we struggle to get a response from management at the office or on call service" and "communication and planning are the biggest concerns for us." The service had recently introduced a new contact system at the local office to try to address these concerns. Information on this needs to be shared with people. Good communication is important for people to feel listened to and supported.

A service improvement plan was in place. However, several areas for improvement identified at previous inspections had not yet been achieved. This slow pace of change has potential to put people at risk and negatively impact on outcomes for people.

It is important that services seek the views of people and their representative, and this informs any changes. Questionnaires had not been sent to people being supported and their relatives. Questionnaires had recently been sent to staff and the service was receiving ongoing feedback from this during the inspection. No other methods of gaining feedback had been used. Sharing actions and outcomes from feedback will reassure people they are being listened to and have confidence in the service being provided. (See Requirement 1)

There was a range of audits in place to provide oversight of the service, however these were not being used to their full potential. There was no structure or guidance in when these should take place. This had resulted in some improvements not being identified or actioned. This places people at risk, if necessary, improvements are not identified or actioned. (See Requirement 1)

Some staff were involved in quality assurance, for example completing weekly and monthly audits or checks. The standard of audits completed as part of quality assurance highlighted a deficit in some staff skills and there was a lack of clarity regarding roles and responsibilities. The service must ensure that all quality assurance processes are effective and robust, and staff have the required skills and competency to identify areas for improvement. There was a new quality assurance policy being implemented. This must clearly detail the governance arrangements in all areas of the quality assurance process, and responsibilities of involved staff. (See Requirement 1)

There had been a number of incidents which had not always been notified to the Care Inspectorate as required. For example, adult protection concerns, and allegations of abuse from people being supported. The submission of such notifications can provide us with assurance that incidents are being managed and reported correctly. The absence of required notifications gave us concerns over management oversight and awareness of what was happening within the service. (See Requirement 2)

The provider had a complaints policy in place, we could not see the guidance was consistently being followed. There were no records of concerns raised although we were made aware of concerns from people. Where complaints had been investigated it was not clear if these were upheld or not, the outcomes of actions taken and reviews of these taking place with people. The service must ensure there is a clear complaints procedure available that all staff, supported people and relatives are aware of. Any concerns raised must be addressed in line with service protocol. (See Requirement 3)

The concerns and associated themes identified in this report, highlight that quality assurance and governance is key to performance improvements that are required. Further delegation is required to allow the manager to concentrate on responsibilities related to their role such as increased oversight of the whole service. Whilst a service improvement plan was in place, consideration should be given to the use of self-evaluation tools to assess what is working well and what needs to improve (see Self-evaluation in adult care services (careinspectorate.com)).

## Requirements

1. By 27 October 2024, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this, you must at a minimum, ensure:

- (a) the policy which describes how quality assurance activities are undertaken, must be reviewed to clearly describe how audits are carried out and monitoring of associated action plans
- b) regular feedback is gained from people, relatives, and staff to inform improvement in the service
- c) the improvement plan for the service is regularly reviewed to demonstrate service development including the views of people, relatives, and staff.

This is 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 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).

2. By 27 October 2024, you must ensure 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 investigations when incidents occur and transparent communication with other relevant bodies.

This must include, but is not limited to:

- a) ensure all staff recognise and report incidents
- b) records are maintained in the event of any incidents and show actions taken
- c) liaise with all other relevant bodies, such as health and social care partnerships or Police Scotland as necessary; and
- d) submit timeous notifications to the Care Inspectorate as required by our notification guidance entitled: - "Records that all registered care services (except childminding) must keep and guidance on notification reporting."

This is in order to comply with section 53(6) of the Act and 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

3. By 27 October 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."

## How good is our staff team?

2 - Weak

### Quality Indicator: 3.3: Staffing arrangements are right, and staff work well together

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

We received some positive feedback about staff. Examples of comments included, "I can honestly say it's become like an extended family. There is trust and mutual respect." This helps people have confidence in the staff who provide their support.

Other feedback from people caused concern for meeting people's needs. This related to staff regularly being late and people not being informed of this, not knowing who would be providing support and inconsistent staff. Other comments included: "Staff appear stressed and rushed most of the time." There was no evidence of travel time on schedules in place, which resulted in staff being regularly late and not staying for the allocated support time for people. This meant staff felt rushed and people were not getting the right support at the right time. The service had started a review of support times to include travel if needed. This will ensure people are not put at risk by not receiving the appropriate care and support. (See Requirement 1)

The service did not receive regular feedback from people, relatives and staff to determine needs, staff numbers and skills that are required. There had been incidents where people were not supported by the correct number or preference of staff. This had negative impacts on people's health and wellbeing.



Mandatory organisational training was in place for all staff. Accidents or incidents had occurred through incorrect use of manual handling techniques. There was limited additional training offered related to the specific health needs of people. For example, Anaphylaxis, motor neurone disease (MND), or multiple sclerosis (MS). Therefore, people could be put at risk if they do not have necessary knowledge and skills to support healthcare needs safely. If staff are supporting people with a particular need the service must ensure staff have sufficient skills to keep people safe. (See Requirement 2).

Staff had some opportunity to attend supervision and team meetings. We did get some feedback that staff had not attended a supervision or team meeting in some time or had an annual appraisal. We sampled staff supervision records and could see some meaningful discussions had taken place. This was in relation to learning needs, focuses and any concerns. The service told us they were starting to arrange further supervisions and team meetings. By providing staff with the opportunity to receive regular supervision and team meetings ensures they are motivated and work well together.

## Requirements

1. By 27 October 2024, the provider must ensure people are kept informed of their scheduled support and staff have the required allocated time to meet people's health care needs safely and effectively. This must include but not limited to:

- a) people are informed and kept up-to-date on staff scheduled to support them
- b) planned visiting schedules must be reviewed and reflect the expected allocated times to allow staff to complete all planned tasks; and
- c) this must include sufficient time for staff to travel to each visit

This is in order to comply with section 4 (1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and 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)

2. By 27 October 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 to ensure they have knowledge and skills to support healthcare needs safely
- b) in particular, ensure that all staff receive training relevant to the work that they carry out in order to keep service users safe, such as Anaphylaxis, epilepsy rescue treatment, motor neurone disease (MND), or multiple sclerosis (MS)
- c) ensuring training plans are reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care; and
- d) all staff have regular competency and observations of practice relevant to the work they are undertaking including moving and assistance procedures, and these are clearly 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).

## How well is our care and support planned?

2 - Weak

### Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Most personal plans had clear strategies for supporting people. This is for staff to follow with some personalised detail when supporting a person. However, some people told us of needs, likes, and dislikes while getting support that had not been added to their personal plan. This had potential to put people at risk of not being supported in a personalised way that is right for them.

People were not aware or did not have access to their personal plans. This highlighted further comment about people's involvement in their personal plans, and any reviews or updates of them. Including people and relevant others to review their personal plan is a key requirement of registered care services. The absence of this demonstrates weaknesses by the service in demonstrating the principles of putting people at the centre of their care, and their human rights. Personal plans must be made accessible to each person who is supported by the service (see good practice guidance such as 'Guide for Providers Personal Planning: Adults (Care Inspectorate, 2021). (See Requirement 1)

Personal plans and reviews did not clearly document people's aspirations. Outcomes for all people were not identified and staff's understanding of outcomes was a concern. This could result in people not being supported with their wishes. The service told us of plans to introduce revised documentation which would clearly document outcomes for people. Focus on outcome led support ensures people's wishes and aspirations are central to their support. (See Requirement 1)

Personal plans did not include required detail regarding the agreed commissioned hours and assessment, legal documentation, or people to be involved. The agreed assessed needs, support days and times were not clearly detailed in people's personal plans. Where people were not able to fully express their wishes, individuals who are important to them or have legal authority had not been recorded. People and staff being aware of representatives in place ensures the relevant people are involved to keep a person safe. (See Requirement 1)

## Requirements

1. By 27 October 2024, the provider must ensure people have access to an up-to-date personal plan. This ensures people are involved and feel included in their personal planning.

This must include but not limited to:

- a) people have access to a copy of their personal plan
- b) personal plans include detail of assessed needs and agreed support days and times
- c) personal plans include detail of any legal representatives, agreements, or documentation in place; and
- d) outcomes for people are clearly documented.

This is to comply with Regulation 18(1) (2) and (3) (Complaints) 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 am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17).

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

### Requirements

#### Requirement 1

By 17 May 2024, the provider must ensure that systems are in place to ensure people get medication in a safe and effective manner.

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

- a) medication support levels are accurately assessed and recorded in care plans
- b) legal documentation, for example adults with incapacity certificates, is in place
- c) that where staff are supporting people by administering medications, this is accurately and consistently recorded in line with guidance and good practice
- d) medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.
- e) That where staff are supporting people by administering medications, they have received the appropriate training to do so, and their competency is monitored.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and 5(1) (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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**This requirement was made on 15 February 2024.**

#### Action taken on previous requirement

This requirement has not been met and reworded under Key Question 1.

**Not met**

## Requirement 2

By 17 May 2024, the provider must ensure each service user has a personal plan in place within one month of the date on which the service user first received the service. This must set out how the service user's health, welfare and safety needs are to be met.

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

- a) the personal plan sets out how the service user's needs will be met, as well as their choices, wishes, and preferences
- b) relevant risk assessments are completed and used to inform the personal plan
- c) support notes are completed at the end of each visit
- d) personal plans are reviewed at least once in every six-monthly period or where there are significant change in the service user's health, welfare or safety needs
- e) people have access to a copy of their personal plan if they so wish.

This is to comply with Regulation 5(1) and (2) (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."

**This requirement was made on 15 February 2024.**

### Action taken on previous requirement

This requirement has not been met and reworded under Key Question 1.

### Not met

## Requirement 3

By 17 May 2024, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provisions of the service.

To do this, the provider must ensure:

- a) routine and regular management audits are planned and completed
- b) clear action plans are developed and tracked to ensure issues which may negatively impact on the health and welfare of people are identified and addressed
- c) action plans are regularly reviewed and signed off by an appropriate person once achieved
- d) the improvement plan for the service is regularly reviewed to demonstrate service development

This is 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 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 requirement was made on 15 February 2024.**

**Action taken on previous requirement**

This requirement has not been met and reworded under Key Question 2.

**Not met****Requirement 4**

By 17 May 2024, the provider must ensure that systems are in place to ensure that people's health and welfare is monitored, and any concerns are appropriately followed up and recorded.

To do this the provider, must ensure:

- a) all incidents which are detrimental to the health and welfare of service users are thoroughly investigated and followed up with relevant people in a timely manner
- b) applicable notification reports are sent to the Care Inspectorate with reference to Records that all registered care services (except childminding) must keep and guidance on notification reporting.

This is 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23).

**This requirement was made on 15 February 2024.**

**Action taken on previous requirement**

This requirement has not been met and reworded under Key Question 2.

**Not met****Requirement 5**

By 17 May 2024, the provider must ensure that all people supported can be assured that all staff within the leadership team have been effectively inducted and supported into their role.

To do this the provider, must ensure:

- a) that all staff in a leadership role have taken part in required training, team meetings and supervision sessions to develop the skills and knowledge required for the role
- b) all leadership staff are given clear guidelines in terms of their responsibilities within their role
- c) delegation is used to allow the manager to concentrate on responsibilities related to their role such as increased oversight of the whole service.

This is 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS 4.23) and "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

**This requirement was made on 15 February 2024.**

## Action taken on previous requirement

There had been three new members of staff who joined the leadership team since the last inspection. We sampled ongoing supervisions throughout the induction period. These were held regularly and offered guidance and feedback with action required. Relevant training for managers had been arranged which included absence management, investigation and disciplinary.

The service had created a new workbook for leaders in the service which outlined their roles and responsibilities. Work on delegation was underway, however due to vacancies in the leadership team this hasn't progressed to fully allow the manager to have increased oversight of the whole service. This part of the requirement has been added under requirement 1 in Key Question 2.

**Met - within 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

To support people's financial security, the provider should strengthen the systems in place around supporting people with their money.

This should include, but is not limited to, a review of the policy and procedure regarding supporting people's finances. Staff should be updated on any changes and management should monitor practice in this area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" (HSCS 2.5).

**This area for improvement was made on 15 February 2024.**

#### Action taken since then

The provider had a finance policy in place which had been reviewed in February 2024. It was unclear of the review process and any updates that were made. There was no evidence that this reviewed policy had been shared with staff.

Where people were supported with their finances it was not clear the required contents required. For example, overview of support required, any legal requirements in place and details of banking needs for staff to follow.

This area for improvement has Not been Met

#### Previous area for improvement 2

To ensure people are protected, the manager should ensure that all references are recorded in recruitment files to ensure there is a clear rationale when the first choice of references are not available. This will ensure staff are recruited in line with the Scottish Social Services Council (SSSC) guidance, 'Safer Recruitment through Better Recruitment (2017)'.

**This area for improvement was made on 13 February 2023.**

#### Action taken since then

We sampled recent recruitment files. References were in line with safer recruitment where one had been received from the most recent employer and any other care related references required.

This area for improvement has been Met.

#### Previous area for improvement 3

To support people's rights, the manager should ensure that personal plans and reviews include the views of people experiencing care and individuals who are important to them or who have legal authority. This ensures people are involved in shaping and directing their care and support through a personal plan that reflects their choices and wishes.

**This area for improvement was made on 13 February 2023.**

#### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 1, How well do we support people's health and wellbeing, where a requirement has been made.

#### Previous area for improvement 4

The service should ensure that service user care packages are adhered to in accordance with the agreement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative" (HSCS 4.22).

**This area for improvement was made on 17 May 2023.**

#### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 2, How good is our leadership, where a requirement has been made

#### Previous area for improvement 5

People experiencing care should have confidence that all concerns and complaints will be appropriately logged and investigated in line with the service policy and procedure on complaint handling.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21).

**This area for improvement was made on 17 May 2023.**

#### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 2, How good is our leadership, where a requirement has been made

## Previous area for improvement 6

People experiencing care should have confidence that staff providing their support have been appropriately trained and that their practice is monitored to ensure competence in moving and handling procedures.

**This area for improvement was made on 17 May 2023.**

### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 3, How good is our staff team, where a requirement has been made

## Previous area for improvement 7

Management should regularly audit, and quality check the timing of visits to each individual who is experiencing care. This is to ensure that visits are timed in a manner that offers consistency and meets needs. If there is a change to someone's service, they should be notified in advance.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me."

**This area for improvement was made on 15 February 2024.**

### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 2 and Key Question 3 where requirements have been made

## Previous area for improvement 8

Staff must ensure that care plans are followed and that people who are experiencing care are fully and properly supported in all aspects of personal hygiene and continence support. Staff should keep accurate records of care tasks carried out and this should be audited and monitored by management.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 15 February 2024.**

### Action taken since then

This area for improvement has not been met and is reported on further under Key Question 1 where requirements have been made

## Previous area for improvement 9

Management must ensure that staff are fully trained and confident in supporting people in all areas of their care needs. This should be recorded and signed off when training is completed and passed.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: "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."

**This area for improvement was made on 15 February 2024.**



**Action taken since then**

This area for improvement has not been met and is reported on further under Key Question 3, How good is our staff team, where a requirement has been made.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.