

# Integrity Social Care Solutions Housing Support with Care at Home Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
30 August 2024

**Service provided by:**  
Integrity Social Care Solutions Ltd

**Service provider number:**  
SP2017013026

**Service no:**  
CS2017362476

## About the service

Integrity Social Care Solutions Housing Support with Care at Home provides services to adults with learning disabilities, autism, and older people in their own homes and in the community. The service provider is Integrity Social Care Solutions Limited.

The service has an office base in Dunfermline, Fife. There are five teams providing services to people living in Fife, Falkirk and Tayside. At the time of inspection, the service was providing support to 197 people, the vast majority of these being care at home visits to older people.

## About the inspection

This was a short notice announced inspection which took place between 15 - 30 August 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 26 people using the service
- spoke with 17 relatives
- spoke with 23 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents
- reviewed questionnaire responses.

**Key messages**

- Feedback from people using the service, and their relatives, was very positive. Carers treated them with dignity and respect.
- People using the service tended to see the same carers at the same times.
- Service leaders had good oversight of the service but could make this more comprehensive by initiating a wider range of audits.
- Staff were well trained in key areas and felt supported by service leaders to do their job well.
- Care plans provided clear guidance and direction to staff.
- 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.

**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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We observed interactions between people and their carers which were kind and friendly. It was clear that carers knew people well and had visited them often over a sustained period of time. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We could be confident that people's dignity was respected, and their day-to-day needs were met.

Feedback from people using the service was positive. One person told us "they can't do enough for me" and another person said "I give them full marks". Feedback from relatives was also positive. One relative told us the service had been "life changing" for their family and another said "we couldn't manage without them."

Carers had knowledge and skills which allowed them to respond to the specific needs of the people they were supporting. We saw carers communicate with, and care for people, with a range of different needs. We saw that when essential tasks were completed, carers then took the opportunity to start meaningful conversations with people or ask if there was anything else they would like to do for the rest of the visit time. There was a level of flexibility within visits. This allowed staff to complete tasks at the request of people and their families, if they could facilitate this. We also observed carers asking people how they would like things to be done, meaning they were recognised as experts in their own care.

The service was responsive to changing needs and requested permission to extend or increase visits when needed. The service was also proactive in making referrals to other professionals when a change had been noted. This included timely referrals to GPs and Occupational Therapists. As a result, we were confident that people were receiving the right care and support at the right time.

We found that people tended to see the same few carers and generally at the same time. This provided a level of consistency and continuity that people appreciated. However, people told us that they did not receive rotas and so never knew exactly who would attend or at exactly what time. We asked the service to consider how they can share this important information with people and their relatives which they agreed to do.

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

Quality assurance should be led well and be used to monitor and improve the quality of the service people receive. We saw a range of systems in place to check standards of care including spot checks, staff supervision and reviews. There were examples where these checks had resulted in positive changes being made in record keeping, care planning and daily notes.

People, their relatives and staff told us they felt comfortable in approaching team leaders to discuss any queries or concerns. One relative told us, "they have been very responsive." Staff told us that they felt the organisation provided a supportive environment and that both informal and formal supervision happened regularly. Supervisions were up to date and ensured that the performance and learning needs of staff were discussed on a regular basis. We were confident that the management team had good oversight of the service.

We found that the main means of audit was through random spot checks which included observations of practice, reviewing daily notes and gathering views from service users. We suggested the service should track and organise their spot checks in a similar way to their supervisions and reviews, to ensure that staff competency is assessed regularly. This would mean that both people who use the service and managers could have confidence that staff are well trained, competent and skilled. We also noted that one of the mandatory training topics was outdated and should be replaced with up to date guidance on infection prevention and control. The provider agreed to update their mandatory training requirements immediately.

Although some other audits were taking place, we found that this should be an area of development for the service. For example, although we found a good standard of care plans, there were some issues including typing errors and out of date information which would likely have been picked up through thorough audit. **See Area for Improvement 1.**

### Areas for improvement

1. To support people's wellbeing, the provider should ensure that audit processes are effective in identifying areas for improvement. To do this, the provider should, at a minimum, review and update audit tools and processes.

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

### How good is our staff team?

**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

It is important that staffing arrangements are right, and staff work well together. Staff deployment was well considered. During visits, staff had enough time to complete key tasks as well as have some meaningful conversations with people. Staff felt they had enough time to complete visits without feeling rushed and had time to travel between visits. This helped create a relaxed and caring atmosphere during visits.

We found that well organised rotas meant people were usually being supported by the same group of carers at consistent times. If carers were running very late or there had been a change, the service made efforts to contact people to tell them this. People told us, "we usually see the same people" and "they know his ways". This meant that people had the opportunity to get to know carers and build positive relationships with them.

Rotas were also planned to ensure a mix of staff skills for visits with two or more staff. New carers completed a number of shadow visits before starting work and were always paired with a more experienced staff member for double up visits. People could be confident that their needs would be met by the right number of people.

Induction training was thorough and included a range of mandatory topics which were completed both online and in person. Shadow shifts were undertaken before staff worked alone with people. The service also offered staff additional training relating to their role and the specific needs of the people they cared for. This included training from the Health and Social Care Partnership. Staff told us that training was helpful and supported them to do their jobs well. We could be confident that people were being supported by a knowledgeable and skilful staff group.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

Care plans should be up-to-date and reviewed regularly to ensure they reflect people's outcomes. Care plans gave clear guidance and instruction to staff and struck a balance between containing the necessary task based information required for care at home support, as well as details about the person which would support in initiating meaningful conversations.

Assessments informed care plans and we saw evidence of these being updated regularly as changes were noted. Staff had time to familiarise themselves with care plans and any updates ahead of visits and were informed of any changes by team leaders. Care plans and risk assessments were appropriately detailed according to the complexity of care required. We discussed with the service the need to undertake more comprehensive risk assessments should they decide to support people with more complex care needs. Daily notes were sufficiently detailed and showed that people were receiving care and support in line with their care plans. We could be confident that people were experiencing support which met their assessed needs.

Moving and handling assessments were detailed and provided clear guidance to carers. The service was proactive in making contact with other organisations if they felt reassessment or alternative equipment was required. This supported people to stay at home for as long as possible. Some moving and handling assessments, although they remained relevant, had not been reviewed for some time. We advised that best practice would be to review all assessments at regular intervals, even if they are working well.

It is important that people with wounds receive appropriate care and support. We found an instance where the service supported someone who had wound care needs, but there appeared to be a lack of clarity over who had responsibility for this aspect of care. Carers knew about the wound and were aware of associated prescribed medication, however there was no information about this in the care plan or a recent review. We later found that this aspect of care and support was the responsibility of another agency, however it would be beneficial for this to be made clear within care plans. **See Area for Improvement 1.**

It is important that care plans are easily accessible to people, staff and, where appropriate, relatives. The service used paper care plans and daily notes and these were kept within people's homes. This meant that they were accessible to people and their relatives if they wished. Some people told us they kept an eye on daily notes and others said they only did this at the point of review. Reviews were well organised and took place at regular intervals. People told us these were helpful and open discussions had led to changes being made in the best interests of people. People and their relatives felt they were receiving care and support they felt was right for them. People felt involved in these reviews and were appreciative of being involved in a regular basis. We could be confident that people were involved in leading and directing their care.

### Areas for improvement

1. To support people's wellbeing, the provider should ensure care plans are explicit in the roles and responsibilities of their carers. This includes, but is not limited to, wound care.

This is to ensure that care and support is consistent with 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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