

Invercare Services Ltd - Inverclyde Branch Housing Support Service

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Unannounced

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Service provided by:
Invercare Services Ltd

Service provider number:
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Service no:
CS2014333299

About the service

The Invercare service is registered to provide both housing support and care at home. Care and support is delivered to people living in the local authority area of Inverclyde. The service operates from an office base in Greenock.

Staff support people with a range of needs, including those living with dementia, adults with physical disabilities, and adults with palliative care needs living in their own home.

The service was supporting 59 people at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 August between the hours of 10:00 and 18:00. 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 14 people using the service and 10 of their family
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three external professionals.

Key messages

- The service has newly registered to cover only the Inverclyde area. This ensured focus on people who need support in Inverclyde.
- Retention of support staff had improved, meaning that people knew most workers well.
- Staff demonstrated a good understanding of how positive relationships were important to people.
- Managers and staff have worked well to improve people's care experience.
- New quality assurance processes were in development which would improve people's outcomes and experiences.
- As part of this inspection, we assessed the service's self-evaluations 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.

We observed staff working in supporting people, the care given was of a good standard. Staff were confident in their tasks and knew how to use mobility equipment safely. Staff were respectful and well presented and we saw that they followed the care plan for each person. We heard several examples from people who told us that they felt that the care and support given by staff contributed to their everyday wellbeing. Some people commented that they had really good fun with the staff and good relationships, which meant that they looked forward to seeing them which improved their mental wellbeing.

Overall the feedback about the staff and service was positive. One person told us that staff were "great, fantastic and they couldn't ask for anything more", while another said that their mum "has good relationships with carers and it's a comfort to me to see how they bring a smile to my mum's face".

We saw that care plans were well written, and that most staff clearly recorded the different tasks and personal interactions carried out at each visit. This meant that when other staff attended support they could read the latest updates and were aware of the health and wellbeing of the person.

We were able to read responses to Care Inspectorate surveys that had been issued to people using the service, their families and external health professionals. As well as the many positive comments some people had made comments that the staff "never looked at their care plan and spent too much time on their phone". This was frustrating for some people. However, we saw that staff access care plans on their phones, and they are used to record daily notes of care and support. We have suggested to the service that it may be worthwhile making everyone aware that this is how staff read and record information, and the completion of notes are achieved.

Policies and procedures that we saw within the Quality Compliance System (QCS) were very clearly written and easy to follow. For example, the medication policy gives clear guidelines for both managers and care staff. It discusses levels of medication and also links to competencies and staff training and supervision. We were able to see that staff followed the correct procedure regarding medications by either prompting, assisting or administering medications. This was well recorded and easily seen on each care plan. This meant that people could be confident there was less risk of medication mistakes.

We saw that there were risk assessments in place for people. An example of these were people who were at risk of falls or people who were susceptible to pressure wounds. The assessments covered the required areas to protect the safety of individuals, however we discussed that more detail in recordings would be beneficial for staff understanding. Before we had finished the inspection a new and updated format of the risk assessment was produced and met our standard. This helped ensure that all the correct actions were taken by staff to keep people safe while supporting them and that any risks were mitigated.

Feedback from external professionals was positive with one person telling us that they "we are really keen on working together with the service, and I feel that the service has made a lot of improvements. They provide a good service". This means that the service is well regarded in the social care community in Inverclyde.

Health professionals had input and appropriate referrals were made when people had developed other conditions; such as issues with swallowing, pressure wounds or decreased mobility. Some said they would like care staff to be more confident in contacting them directly as opposed to going through the manager first. They were confident that care staff followed through any instructions or guidance given by them. This led to positive working relationships with health professionals and that people had better access to meet their health needs.

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.

We saw there was a system of tracking in place on PASS. PASS is a digital care management platform for social care services. It encompasses care planning and medical records. This allows a service to capture quality assurance on all areas of care and support, as well as staffing.

Quality assurance systems should improve outcomes for people. They will show areas where service provision has gone well, and allow the service to see where improvement is required. We saw that the manager completes a monthly audit in all areas of care and support such as complaints, medication errors, missed visits, incidents and supervision of staff. These were effective in identifying concerns. Where concerns show up in audits there should be actions planned to improve them. The outcome of the actions should then be evaluated. This would lead to better learning for staff and management, as well as outcomes for people.

A new quality assurance system has recently been developed by the organisations Head of Care and Operations. This was a whole systems approach that will give more accurate information to the service. Quality assurance guidance has been produced outlining the responsibilities for managers and senior managers. This system was not yet in use however it outlined the frequency and expectations from the quality assurance processes. This was a well prepared audit tool, that should detail full information and actions plans for improvements. This means that people will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

The manager had recognised several areas where she would like the service to improve, and she communicated this well to the staff team. Staff were encouraged at team meetings and supervision sessions to access the Scottish Social Services Council (SSSC) website and look out for training and that will interest them. This incentivises staff to learn, increasing their knowledge, and encourages discussion.

It is important to the manager that staff display the right values to work in the service and she discussed the importance of this with staff regularly. They want to ensure that staff have good opportunities for professional growth and development. The service is moving in the right direction with regards to quality assurance and learning and development, and this is something that should be achievable.

We saw that the manager has visited people in their own homes to get to know them, and to let people get to know her. This means that people felt more comfortable and confident in approaching her if they want to discuss areas of care or staffing issues.

There was information that satisfied us that checks are carried out by the manager to ensure that each member of staff is registered with their regulatory body Scottish Social Services Council (SSSC).

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.

People want to be fully confident that staff have been recruited well. There was ongoing recruitment within the service, and we were able to examine recent recruitment files. In the main the manager completes these well and follows safer recruitment guidance. All staff had interviews, criminal checks carried out and references received before being offered a post.

We shadowed staff as they were attending supports. The staff that we saw worked well together and were part of a cohesive team. Staff we spoke with, and staff and families who responded to questionnaires all said that they felt the service provided good quality care to people, and that staff were responsive and caring. Staff themselves all told us that they enjoyed their work. They said their manager was very approachable and they felt listened to.

There was a reasonable induction process in place for new staff. We heard from people being supported that they saw staff carrying out shadow shifts during the induction period. There was some feedback that told us new staff may benefit from more shadow shifts with colleagues before being responsible for providing support. Different sources told us that when new staff started to go out on their own, they were less confident with care provision and knowledge of the person. This included knowing the persons home and where things were stored, for example drinks and medications. This caused an element of anxiety for some people and we have made an area for improvement. (See area for improvement 1)

The service did well in the induction process and they shared information about the organisation, as well as information about the Scottish Social Services Council (SSSC) and how they must be registered workers. (Staff working as support workers/carers in services must be registered with the SSSC.) The induction process also covered mandatory training that must be completed by staff before they start to support people, for example Adult Support and Protection, Medication and Moving and Assisting people. We saw that there was a training plan in place for all staff that covered many areas, such as Infection Prevention and Control. We viewed a training matrix that was in place and it showed when any member of staff required refresher training in different areas. This ensured that staff were kept up to date with knowledge and any changes in practice that may have occurred.

To inform people supported, and their families, about international staff the provider plans to hold open days, provide news letters and have one to one conversations with people around "cultural awareness". This will make a positive difference to people who are being supported and ensures they will be well informed.

We saw that supervision had taken place with staff, as well as observations of practice. This was positive; however, we discussed the need to record this with more information and conversation. For example, what practice did the manager observe and what did the member of staff learn from this. These recordings will be part of the new quality assurance documents and staff will benefit from being able to reflect on practice and consider how they will deliver future care. People can then be confident that staff are trained, competent and skilled, and follow their professional and organisational codes of practice.

Staff fed back to us that they felt valued as employees. This will make a positive difference with staff retention.

Areas for improvement

1. People should receive a robust induction to ensure they are confident and competent to safely meet peoples identified needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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.

We had access to the services PASS system, and we saw from this that everyone had a care plan in place. It was clear from this plan that everyone who was able was consulted on their plan, and for those who could not communicate then family relatives were involved in the consultation.

Care plans should be outcome focused, showing the outcome that the person wants to achieve, then how they, and the service, hope to achieve it. This should then be followed by the strengths of the individual. This means that people's personal choices and wishes are known first to those reading the plan. Other important information was included in plans, however again this would be better placed elsewhere in the layout. (See area for improvement 1)

We saw that each care plan was reviewed on a minimum of a six-monthly basis. This ensured that the person and everyone involved in the care plan was consulted on the way forward for the individual, and that any changes in need or care were recognised and recorded.

Most staff recorded good notes for each visit for people and this made it clear what care and support had been carried out. It also showed what wasn't achieved on a particular visit and the reason why. Staff we spoke with were clear that in circumstances of concern they would contact the office to speak to a senior member of the team for advice.

Each care plan had a history of medical conditions as well as medications prescribed, or as required home remedies. We saw that the person with Power of Attorney (POA) was noted in the plans as well as those with Guardianship. For people assessed as not having capacity this was clearly recorded in the plan. The manager told us that where a person is deemed not to have capacity then they liaise with the GP for clarification of areas of incapacity. This information was then added to the care plan.

Relatives had good electronic access to their loved ones care plan. From this they could see daily whether there had been any issues with their loved ones, ensure that staff had attended all the visits agreed and generally see if their day had gone well.

Feedback from health professionals was positive and they said that appropriate referrals were made from the service, and they were able to share information that would inform the care plan.

Areas for improvement

1. Care plans should always be outcome focused, recording what the person wants to achieve, and how. As such the provider should review the structure of the care plans ensuring that critical information is easily accessed at the beginning of the care plan.

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).

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

The service should ensure that risk assessments are in place if people receive any support regarding medication, this should be part of regular quality audits of care plans. It should be clear what staff do if concerned someone's level of support has changed and where on their system this should be recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 19 December 2023.

Action taken since then

The service has made good progress in completing risk assessments for each person using the service. They can be clearly seen on the PASS system. There are some small improvements needed to further enhance the risk assessment, and we have discussed this with management. The service had already started to achieve this before we finished our inspection.

This area for improvement has been met.

Previous area for improvement 2

If planned support tasks are not carried out clear, reasons why should be recorded, scrutinised and responded to by management on a regular basis. To support this, the service should ensure staff are given guidance over what to record, and where to record responses, so this is consistent throughout the service.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS1.19).

This area for improvement was made on 19 December 2023.

Action taken since then

We viewed a random sample of people's care and support plans on the PASS system. All staff now record supports given and tasks achieved in the same area under each person's daily notes. Where we saw that some tasks were not achieved, we could see the reasons why. If required then we saw that this was addressed by management. There were also some false recordings of missed visits on the system, but this was due to a problem with an app update and the service is currently dealing with this.

This area for improvement has been met.

Previous area for improvement 3

a) To ensure people are supported by a consistent group of staff the provider should consult its employees to understand how they can better attract and retain staff. An action plan should be created from this consultation.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

b) The provider should ensure that each office has someone who is able to monitor and respond to system alerts timeously, including contacting people who use the service to let them know if staff are running late. This is to ensure people are kept up to date with their service provision.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

c) Information regarding the delivery of care needs should be recorded in a consistent manner to support staff to pass on important information and identify any concerns. To support consistency the service should create clear guidance on what type of information must be recorded and where on the system it should be recorded.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This area for improvement was made on 19 December 2023.

Action taken since then

a) To ensure people are supported by a consistent group of staff the provider should consult its employees to understand how they can better attract and retain staff. An action plan should be created from this consultation.

The service was previously registered to provide support in three different areas of Greater Glasgow, Renfrewshire and Inverclyde. Since the AFI was made the service has become registered to cover the Inverclyde area only. This has ensured that staffing and recruitment is now more manageable. There is now a much-increased retention of staff in the Inverclyde service, and future recruitment and retention is part of the service's bigger action plan.

b) The provider should ensure that each office has someone who is able to monitor and respond to system alerts timeously, including contacting people who use the service to let them know if staff are running late. This is to ensure people are kept up to date with their service provision.

There was now a branch manager available on site and she was contactable via phone or email. Staff were quick to contact her when there are any concerns, or possible late visits. Support staff contact people to let them know if they are running late for any reason, and people confirmed this with us. Families that we spoke with also told us that it was easy to contact the service and speak to the manager if there was anything they were unsure of or unhappy with.

c) Information regarding the delivery of care needs should be recorded in a consistent manner to support staff to pass on important information and identify any concerns. To support consistency the service should create clear guidance on what type of information must be recorded and where on the system it should be recorded.

We reviewed the recordings written in people's daily support and we saw that there was consistent reporting from all staff. Work had taken place with the staff team by management to ensure that all staff knew how to highlight and record concerns.

This area for improvement has been met.

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?	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
3.1 Staff have been recruited well	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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