

Renfrewshire Council Home Care Service Housing Support Service

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Type of inspection:
Unannounced

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Service provided by:
Renfrewshire Council

Service provider number:
SP2003003388

Service no:
CS2004080299

About the service

Renfrewshire Council Home Care Service is registered to provide housing support and care at home to people living in the community. The provider is Renfrewshire Council. The service operates from an office base situated in Paisley.

Support is provided to people with a range of support needs in their own homes across the Renfrewshire area. This includes support with various health care needs, personal care and assistance, medication support and practical assistance to live independently.

The service also provides 24 hour support to people with their own tenancies in four sheltered housing complexes, known as extra care housing in the areas of Johnstone, Linwood and Erskine. All four complexes have communal areas that can be accessed by people who live there and are within close proximity to local amenities.

At the time of inspection the service was providing support to approximately 378 people.

About the inspection

This was an unannounced inspection which took place on 20, 21, 22, 23, 26 and 27 August 2024 between the hours of 09:00 and 19:00. The inspection was carried out by four inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection, reviewed documents and observed practice and daily life.

In making our evaluations of the service we spoke with:

- 33 people using the service
- 14 family members
- 68 staff and management.

We also took account of the feedback received from Care Inspectorate surveys completed by 53 people using the service, 100 staff and 24 visiting professionals.

Key messages

- People supported by the service had positive experiences and were treated with dignity and respect.
- Methods used to communicate people's changing needs should be developed to ensure support is provided safely and effectively.
- A multi-disciplinary approach to personal planning ensured people had good outcomes.
- Staff had a good understanding of how to support people to meet their needs.
- Leaders were responsive to feedback and aimed to use learning to help drive improvement.
- Care plans require development to achieve a consistent standard and contain accurate and up to date information to ensure people are supported safely and well.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	5 - Very 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 had a positive outcome for people and clearly outweighed areas for improvement.

People supported by the service had positive experiences and were treated with dignity and respect. People told us "Staff treat me kindly and with care to make sure I am comfortable". People's families told us that the service had been a "lifeline" for them and described feeling reassured that their loved one was well cared for. We heard from people who were concerned about the prospects of residential care due to their advancing age and poor health; "It took me time to regain my independence with the help of the service, I now only need one visit a day". This meant that the service had provided effective support that had led to positive outcomes for people.

Systems and processes were in place to demonstrate the service was responsive to identify and take action when people's needs changed. For example, where additional supports were required due to a decline in people's health, this had led to an increase in support visits. This meant the service had adapted support to meet people's changing needs.

Methods to communicate and share essential information with staff when people's needs had changed was not clearly set out; such as where people's mobility needs had been re-assessed, staff had not been made aware of risk assessments to guide them on how to provide essential support. This means that staff may not always have access to information to provide safe and effective support. **See Area for Improvement 1.**

Some people told us that they had a good relationship with the service who were flexible and had accommodated requests to change scheduled visit times. This indicates that the service was responsive to align care needs with people's lifestyles.

People received assessment of the support they needed with their medication. Medication support was detailed in each person's care plan to ensure that care staff were aware of how to provide this support safely. We observed support with medication, which promoted people's abilities. This meant that people were supported in a safe and personalised manner to retain their skills and independence. Observations of medication support provided in extra care accommodation was less enabling at times. Leaders should aim to have reflective discussion with staff around the support provided with medication. This is to ensure medication support is person centred and aimed to help people to retain their skills.

Some people did not have risk assessments in place where their health and wellbeing was at risk. For example, some people were supported in bed, which meant they were at a higher risk of developing pressure sores. Risk assessments were not always in place for people who required support with their mobility, including the use of moving and handling equipment. This meant that safety measures to reduce the known risks to people's health and wellbeing were not always clear for staff providing support. **See Area for Improvement 2.**

Daily recordings primarily focused on the task elements of people's support and did not give a good overview of the person's emotional and physical wellbeing. Good quality recordings are important as they help to identify any changes in people's health and wellbeing. Leaders recognised that improvement was needed and had plans to prioritise this as a development area.

Areas for improvement

1. The provider should develop and improve systems to communicate and share essential information with staff when people's needs change. This is to ensure staff have access to essential information to provide safe and effective support.

This is to ensure 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 4.7).

2. The provider should ensure control measures are in place to reduce the likelihood of harm where there are identified risks to people's health and wellbeing. This includes the development of robust risk assessments in line with the Health and Safety Executive (HSE) guidance. Risk assessments should be made available to staff providing support.

This is to ensure care and support is consistent with the 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) and My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices (HSCS 1.15).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Effective quality assurance systems were in place which enabled the service to have a clear vision for continuous improvement. The service completed regular audits that related to people's health and wellbeing, including infection control, medication and care planning. Where areas for improvement were identified, these had led to actions with timescales for completion. Links were made between the service improvement plan and the actions identified from audits. This demonstrated the service had a good overview of areas for development and were prioritising these in accordance with risk. We discussed how learning, in particular from care plan audits, could be shared better with the wider staff and management team. We were satisfied that the provider was responsive to our feedback and would use this to make further improvements.

During our visit we looked at how the service takes learning from any concerns raised to improve the service. Systems to record complaints were robust and the complaints process followed the organisation's complaints policy. Families told us that any concerns they had raised had led to a satisfactory outcome. This assured people and their families that their views and opinions mattered.

Leaders were responsive to feedback and aimed to use learning to help drive improvement. Staff we spoke with felt that they were able to approach leaders, be heard and that their views could effect change. Feedback had been gathered in various formats via staff team meetings, during one-to-one supervision and in a number of surveys completed over the year. We were able to see how feedback received linked to the service development plan, which indicated people's views and opinions were recognised. However, we suggested that this could be strengthened by ensuring leaders shared plans for improvement with stakeholders including staff. This would help people understand where improvement areas had led to actions to give recognition to a whole team approach to service development.

The leadership team worked collaboratively with other agencies and professionals to strengthen service delivery. Leaders were viewed positively as having a focus on people to improve the quality of service provided.

Leaders had a good overview of staff development needs to ensure that they had the essential skills and knowledge to provide safe and effective support. This included systems to monitor staff registration with the Scottish Social Services Council (SSSC) and training compliance. Effective systems were used to ensure staff had completed and refreshed mandatory and essential training. This meant that leaders promoted the safety of people using the service by ensuring staff were registered with the SSSC and were competent to meet people's needs.

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.

Staff had a good understanding of people they supported and developed positive relationships which extended to people's families. We observed genuine and familiar interactions between staff, people and their families. People told us "I get a right good blether with them when they're in. They know I like a chat.". This indicated that people felt comfortable with staff who were providing their care and support.

Staff completed online training as well as practical training in areas such as Moving and Assisting, Adult Support and Protection and Infection Prevention and Control. Observations of practice were carried out with new and existing staff to ensure they were competent to support people safely. The service supported staff with bespoke courses designed to supplement their learning such as dementia awareness and catheter care. This demonstrated positive approaches to continuous staff development. Staff we spoke with felt confident in their roles and were encouraged to reflect on new learning following the completion of training and during supervision. Staff told us their training provided them with the skills and knowledge to carry out their duties safely. Most people using the service and/or their families were satisfied that staff had the right skills to support them. This meant that staff had a good understanding of how to support people to meet their needs.

The service was seeking to improve how continuity of support was provided to people using the service. Some people told us that they didn't always know which staff would be providing their support on a day-to-day basis. The service uses an electronic scheduling system to assign care staff to people's support visits. During our visit we discussed in depth how improvements were continually being made to ensure deployment of staff aimed to provide people with support from staff familiar to them. Care staff had been encouraged to share their views on how the system could be improved. This demonstrated that the service recognised that they could do better and were proactively trying to make improvements.

Services should be responsive to recognise the importance of staff wellbeing, which contributes to positive experiences for people using the service. Staff shared with us that they felt the distribution of assigned visits to people using the service was at times unfair, leading to more demand on some staff and less on others. Staff who were non-drivers providing support in the community sometimes had lengthy gaps of time between support visits. This had contributed to some staff feeling a sense of low morale. We discussed the impact this may have for staff with the leadership team, in particular around the potential exposure of adverse weather conditions for non-drivers as well as access to facilities. The leadership team recognised improvement was needed to promote staff safety and wellbeing. **See Area for Improvement 1.**

Areas for improvement

1. To promote the safety and wellbeing of staff, the provider should ensure the deployment and workload of care staff is fair and balanced. Steps should be taken to reduce prolonged gaps between scheduled support visits.

This is to ensure 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 (4.23).

How well is our care and support planned?

4 - Good

We have evaluated this key question as good, as several strengths taken together outweighed any areas for improvement.

A multi-disciplinary approach was taken to personal planning. Care plans sampled included evidence of support from health professionals such as district nursing, GPs, speech and language and mental health teams. We sampled care plans that were completed by an occupational therapist when someone needed additional support with their mobility. This meant the service was seeking support from external professionals out with their expertise to meet people's needs.

The quality and content of information in care plans sampled during our visit was inconsistent. Some care plans were set out in a person-centred manner recognising people's preferences and choice, whilst others appeared more task focused, setting out what staff should do for people. Care plans sampled had all been reviewed at least six monthly. However, where some people's needs had changed outwith this timeframe, their care plans had not been updated to reflect their current support needs. Development is needed to ensure care plans achieve a consistent standard and contain accurate and up to date information to ensure people are supported safely and well. **See Area for Improvement 1.**

People's families told us that the service had been a great support to them to ensure their relative had support adapted to their individual needs. Families shared how well some staff knew their relative and were able to recognise when "something wasn't right" with them or "where they weren't their usual self". We heard positive stories of how staff had shared their concerns with leaders which led to increased visits to monitor people's health and wellbeing. This demonstrated how staff's compassion and care for people who were vulnerable ensured they were safe and protected.

People using the service should have an assessment of their care and support needs at a minimum six-monthly interval, this is known as a review. People and their families should be at the forefront of discussion around planning care. The format used to record six-monthly reviews didn't clearly set out how people's needs would be met as well as their future wishes and choices, or detail who had contributed to the review. A family member we spoke with told us "It's like survey questions, it feels like a checklist. There are no interim discussions or checking in with us about my relative's care". Some people using the service told us that someone from the service had spoken to them to check if things were ok but didn't have a record of what had been discussed or agreed with them. Development is needed to ensure six-monthly reviews are person centred, meaningful and inclusive. **See Area for Improvement 2.**

Areas for improvement

1. To ensure people are supported safely and well, the provider should develop and improve the quality of information within care plans. Care plans should be person centred, outcome focused and contain current and accurate information about people supported.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices (HSCS 1.15) and I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12).

2. The provider should develop and improve six-monthly service reviews to ensure these are person centred, meaningful and inclusive. Reviews should be carried out timeously and ensure the views of people supported, their families and/or representatives are clearly recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (HSCC 2.11) and If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account (HSCS 2.12).

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 continue to support people's health and wellbeing and improve the quality of their experiences, the provider should further develop, improve and implement the current risk assessments and personal plans for people using the service including their medication assessment and management.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I am assessed by a qualified person, who involves other people and professionals as required (HSCS 1.13); and I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 5 September 2022.

Action taken since then

Care plans were available to people supported by the service in paper format in their homes. Staff providing support were able to access care plans readily on mobile handheld devices using the Total Mobile Application. Care plans followed a standardised format, which also made staff aware of any risks in relation to people's health and wellbeing.

The service had carried out assessment of people's required support with their medication. Guidance had been developed where staff were required to prompt or assist people with their medication. At the time of this inspection, care staff were not providing any support with medication administration; the provider had taken the decision to commission this support to another care provider.

This area for improvement has been met.

Previous area for improvement 2

The provider should continue to support people's health and wellbeing through safe and robust Infection Prevention and Control (IPC) practices.

This is to ensure 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) and to ensure IPC practices are consistent with the National Infection Prevention and Control Manual (NIPCM) and the Healthcare Improvement Scotland Standards (HIS Standards).

This area for improvement was made on 5 September 2022.

Action taken since then

The service had a robust Infection Prevention and Control Policy (IPC) in place. All staff had completed IPC training and practice observations were routinely taking place to ensure staff competence in IPC practice. We observed staff wearing Personal Protective Equipment (PPE) such as gloves and aprons appropriately in line with IPC guidance for the support provided.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and wellbeing and improve the quality of their experiences, the provider should further develop, improve and implement the current quality assurance systems and processes.

This is to ensure 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); and I use a service and organisation that are well led and managed (HSCS 4.23).

This area for improvement was made on 5 September 2022.

Action taken since then

The provider had worked hard to develop and improve quality assurance systems. The improvement actions identified from the many audits undertaken in the service were carried forward onto the service improvement plan. This demonstrated there was a good level of oversight and monitoring to support improvement. Further information in this area can be found in the body of the report in section 'How good is our leadership'.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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