

Assisted Services Fife Ltd Support Service

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Announced (short notice)

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Service provided by:
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Services

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CS2016346581

About the service

Assisted Services is a privately owned care at home provider working in central Fife. They provide care and support people with a range of needs in their own homes.

About the inspection

This was a short notice announced inspection which took place on 27, 28 and 29 August. The inspection was carried out by one inspector 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 five people using the service and five of their relatives
- spoke with seven staff and management
- observed practice
- reviewed documents

Key messages

People were supported by staff who knew them well

Oversight of key aspects of service delivery required improvement

Recruitment processes required urgent improvement

Care and support was well planned

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?	2 - Weak
How good is our staff team?	3 - Adequate
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 there were important strengths with some areas for improvement.

People should expect their health and wellbeing to benefit from their support. People told us they were happy with the support they were receiving from care staff. Comments from people included 'I couldn't be without them' and 'they are just a dream'.

We observed staff supporting people with warmth and respect. We observed staff who communicated clearly with people throughout care tasks. Staff offered people choices, whilst providing appropriate direction during personal care tasks. As a result people were confident staff were kind and worked in a professional manner.

Relatives told us they felt confident staff would identify any changes to their relative's physical or emotional wellbeing. Relatives told us they felt reassured the service would make them aware of any changes promptly and seek medical attention where necessary. Care staff were also able to provide examples where they had linked in with external agencies to provide a multidisciplinary approach to support. People could be confident the service would seek advice and work with other agencies to ensure best possible outcomes for people.

We observed staff adhering to infection prevention control measures during our visits. People and staff told us they had access to personal protective equipment (PPE) including gloves and aprons at all times. As a result people could be reassured the risk of infection was being minimised.

People and relatives told us the service were able to be flexible about the times of support. People gave us some examples where the service had made changes to support times on a planned and/or short notice one off basis to suit other aspects of people's lives. There was also an effective system in place for out of hours contact. Staff told us they were always able to get in touch with someone who could offer advice or support out with standard office hours. The service demonstrated an ability to work flexibly with people and staff. People were reassured they would be supported in a way that suited them, taking into account the nature of their changing support needs.

How good is our leadership?

2 - Weak

We evaluated this key question as 'weak' where there were some strengths but these were compromised by significant weaknesses.

People should expect quality assurance and improvement to be well led. Staff told us they felt well supported by the management team. Staff told us communication was good and they felt well informed about any changes to individual's care and support. Staff told us managers would discuss any concerns about people with them directly, making them feel included and valued. People could be confident managers recognised the importance of communicating with care staff to ensure support was right for people.

Relatives told us they had confidence in the management team. They told us managers were approachable and would act upon any concerns raised. Relatives could be confident they would be listened to and recognised as experts in their relative's support.

During our inspection, managers were able to discuss individuals who they supported. They were able to verbally demonstrate an oversight of the care and support needs of some people using the service. People knew managers and managers knew them, which supported individualised care and support.

The service were required to submit notifications to regulatory bodies, including the Care Inspectorate. Records demonstrated the service had submitted referrals to the local authority however had failed to submit required notifications to the Care Inspectorate. Services are asked to submit notifications to all relevant regulatory bodies within 48 hours of a notifiable event occurring. Due to a significant lack of reporting, we could not be confident the service had always acted appropriately to protect and safeguard people. We were concerned about managers lack of awareness of their legal responsibilities. As a result we made a requirement (**see requirement 1**).

The service had policies and procedures in place covering key aspects of the service, which impacted directly on the care and support people received. However managers did not have a clear understanding of these policies, nor were they being implemented in practice. We had significant concerns about their recruitment policy not being followed. Managers were unable to demonstrate a clear oversight of their recruitment policy, best practice or how they were actually operating. People were at risk of being supported by staff who had not been recruited safely, putting them at risk of harm. As a result we made a requirement and directed the service to take immediate action (**see requirement 2**).

Managers should routinely undertake observations of staff practice and ensure staff have the opportunity for supervision sessions. We sampled records of supervision and 'spot checks' and found these had been undertaken inconsistently. The service had some systems in place to support oversight however these were not being utilised and paperwork was generally incomplete. As a result people were at risk of falling standards. We made an area for improvement (**see area for improvement 1**).

Services should be striving for continuous improvement. People should expect managers to have an improvement plan which is dynamic and regularly reviewed. Improvement plans should be informed by stakeholders' views and information which has been informed by quality assurance systems. The service had not developed an improvement plan. Additionally quality assurance systems were weak and not being utilised to address areas for improvement. There was an outstanding area for improvement associated with

improvement planning (see outstanding areas for improvement section of this report). We have also made an additional area for improvement (**see area for improvement 2**).

Requirements

1. By 1 November 2024, the provider must ensure they understand their roles and responsibilities in making required notifications to relevant bodies. This must include but is not limited to:

a) ensuring appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, health and social care partnership, police, and Care Inspectorate

b) a clear system to ensure notifications are submitted within timescales, when the registered managed is not present and or during out of hours.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 1 November 2024 the provider must ensure that they have clear, legible policies and procedures in place which are informed by best practice guidance and relevant legislation. The provider must familiarise themselves with these policies and ensure they are consistently implemented in practice. The provider should pay particular attention to their recruitment policy and practices.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 9(1)(Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (SSI 2011/210).

This is in order 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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

Areas for improvement

1. Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should develop systems to support oversight of when supervision and appraisals have taken place and when they should be undertaken again.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. The provider should ensure that audit processes are effective and fully utilised to support the identification of areas for improvement. The provider should then take action to ensure improvements are made within a timely manner, to support positive outcomes for people.

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?

3 - Adequate

We evaluated this key question as 'adequate' where there were some strengths but these just outweighed weaknesses.

People should be supported by the right number of staff who have the right skills to support them. Staff should work well together to support people in a way that is right for them. Managers told us the service was fully staffed at the time of inspection. Staff demonstrated a good insight into people's care needs. We observed staff who worked well together as a team. People felt confident staff knew them and their support needs well.

Staff told us they felt appropriately trained and able to do their job well. Staff told us the induction process was robust and covered key aspects of care and support, as well as practical shadow shifts with other members of the team. Senior staff told us where staff required more support than the 'standard' shadow shifts this would be provided. Staff told us that when new clients began using the service, managers were always involved and ensured all staff knew what was expected. Staff felt confident they had the knowledge and skills to be able to support the people they were working with.

Staff we spoke with told us they felt they had appropriate training to do their job well. However, we found basic face to face training for a high number of staff was out of date. People should expect to be supported by staff who receive regular refresher training. This is necessary to keep staff knowledge and skill up to date. Without staff being appropriately trained people are at risk of poor standards of care. As a result we made a requirement (**see requirement 1**).

We sampled recruitment records at the service. We found examples of staff beginning work, including lone working in the community without necessary pre employment checks. We were concerned that management had a lack of oversight of these risks. We directed the service to safer recruitment guidance and asked them to immediately consider how risks were being mitigated where people had started lone working without safer recruitment checks. Without required pre employment checks people are at risk of harm. As a result we made a requirement (**see requirement 2**).

Requirements

1. By 1 November 2024 the provider must ensure that people receiving care experience a service with well trained staff. In particular, you must ensure that all relevant staff receive and record completion of training in relation to: moving and handling and other relevant training, including refreshers where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

2. By 1 November 2024 the provider must ensure staff are being recruited safely. The provider should ensure that have followed good practice guidance for safe recruitment at all times.

This is in order to comply with regulations 9(1)(Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good' where there were important strengths.

People told us they felt their care and support was well planned. Relatives also told us staff visit when they expect them to. Comments included that the service is 'reliable' and 'professional'. Relatives were confident that where staff were running late they would be made aware. People could be confident they would receive care visits when expected.

Paper care plans were held at the service's office base. The care plans we sampled contained a good level of detail about the care and support people required. Plans included key contact details, details for external professionals, personal preferences, life history, individual health conditions and associated risk assessments.

The service had introduced an electronic care planning system. This was accessed by care staff and office staff. The service was in the process of trialling this with relatives and planned to gather their feedback on the use of this system. This system allowed people to view their electronic care plan as well as have live information about which staff would be visiting them and when. It allowed staff to add notes about an individual's presentation as well as log completed care tasks. Relatives could then access this information quickly.

We sampled reviews which had taken place between people, relatives and staff. Although reviews were taking place, recording would have benefitted from improvement. Records did not demonstrate conversations and actions which had taken place as a result. Without clear records of communication people are at risk of actions not being implemented in practice.

We sampled risk assessments the service had implemented. Whilst we heard about some positive examples where risk had been addressed however recording would have benefitted from improvement. We discussed examples of this directly with the service and asked them to consider where known risks are recorded to inform future practice. Without clear recording of risks there is a likelihood of information being lost and the same situations recurring. This puts people and staff at unnecessary risk of repeated harm. As a result we made an area for improvement (**see area for improvement 1**).

Areas for improvement

1. In order to reduce the risk of harm to people and staff the service should ensure identified risks are consistently documented, assessed and plans put in place to minimise the risk of future harm.

This is in order 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' (1.19).

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

In order to support good outcomes for people experiencing care the service should ensure people are supported by staff they know. Where new staff are in place people should be informed and introduced to them prior to being supported.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states 'I am fully supported and cared for my people I know so that I experience consistency and continuity'. (HSCS 4.16)

This area for improvement was made on 16 May 2023.

Action taken since then

We spoke with people, relatives and staff who were all of the view the service provided support from a consistent staff team. People, relatives and staff told us that new staff are always introduced to them by a member of staff who they are familiar with. People we spoke with were confident they were being consistently supported by staff they knew well.

As a result this area for improvement was met.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, the service should ensure communication is improved. This includes ensuring that people are kept informed about their planned care arrangements. Rotas should be complete and accurate and any changes made should be communicated to people.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which states 'I am fully supported and cared for my people I know so that I experience consistency and continuity'. (HSCS 4.16)

This area for improvement was made on 16 May 2023.

Action taken since then

People and relatives spoke to us with confidence about good communication with the service. People we spoke with said managers and other staff were professional and reliable. Where arrangements to care rotas did change people were kept informed about these. The service was continuing to develop the use of their electronic care planning system to allow people and relatives 'live' access to their care rota.

As a result this area for improvement was met.

Previous area for improvement 3

The service provider should ensure that they develop an improvement plan which is informed by the views of people consulted. Identified improvements should follow SMART (specific, measurable, achievable, realistic, time-bound) principles by detailing which individuals have been tasked to take forward, reflect clear timescales for achievement and have a process of regular review and evaluation.

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)

This area for improvement was made on 16 May 2023.

Action taken since then

The service had not begun developing an improvement plan. We discussed the benefits of formal improvement planning with the provider and directed them to guidance and resources to support development of this.

As a result this area for improvement was not met.

Previous area for improvement 4

As an area for improvement the service could further develop the contingency plan. To maintain a record to ensure that people who use the service and or their relative/representative are being notified in advance of any changes to their care schedule. To maintain a record to ensure that up-to-date essential information is being shared with the provider who will be visiting.

This is in order to comply with:

Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 6 November 2023.

Action taken since then

We found some evidence of the service working towards developing systems of communication with people and their relatives. The provider had implemented an electronic care planning system which included care rotas. Access to this was currently limited. The service should continue to develop this system, which gathering feedback from people who do have access to this. This system could be used to support prompt communication and assist with contingency planning.

As a result this area for improvement was not met.

Previous area for improvement 5

To help keep people safe the provider should ensure that last employer references are received. If this is not possible the reason for this should be recorded on file and alternative references sought.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that states: 'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24)

This area for improvement was made on 16 May 2023.

Action taken since then

We reviewed staff recruitment files. We found examples where last employer references had not been received. We made an additional requirement associated with unsafe recruitment practices and directed the service to safer recruitment guidance. We asked the service to make immediate amendments to practice.

As a result this area for improvement was not 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?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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