

G & J Care Support Service

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Telephone: 01592 747 952

Type of inspection:

Announced (short notice)

Completed on:

28 October 2024

Service provided by:

G & J Care Ltd a company limited by
guarantee

Service provider number:

SP2014012275

Service no:

CS2014324721

About the service

G & J Care is a support service registered to provide care to people in the community and in their own homes. The service has been registered since April 2015.

At the time of the inspection, the service was providing care to adults in Glenrothes and Levenmouth areas. The service had employed 11 staff and was supporting 15 people within their own homes.

About the inspection

This was a short notice announced inspection which took place on 22 and 23 October 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 two people using the service and three of their relatives
- spoke with five staff and management
- observed practice
- reviewed documents

Key messages

People could rely on timely support

Managers were working on improvements

People were supported by a small staff team

Care plans were person centred

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?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	3 - Adequate

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 'wonderful' and 'no complaints'. Some people mentioned high staff turnover which they felt impacted on their ability to develop meaningful relationships with staff. However people told us they generally knew who was visiting them and when.

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.

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.

There were clear systems in place to support oversight of and changes to medication. The service held information about changes to medication, including short courses of medication. The service discussed benefits of this when supporting people to maintain their health and discuss this with medical professionals where appropriate.

How good is our leadership?

3 - Adequate

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

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. People could be confident staff and managers were regularly sharing information to ensure any identified changes to people's care and support needs were addressed.

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 personalised care and support.

The service had developed some quality assurance systems to monitor the quality of the service. Staff were receiving supervision regularly and 'spot checks' were also being undertaken. The service used these as opportunities to inform future learning and development. Whilst some systems were robust, including oversight of medication, others were less formal. The service was small at the time of inspection and systems were adequately supporting oversight and outcomes for people. However, we fed back to the service about the fragility of the current quality assurance processes. Managers told us these systems would be reviewed should they increase the number of people they support.

The service had policies and procedures in place covering key aspects of the service, which impacted directly on the care and support people received. Whilst the service had developed policies since the last inspection, we suggested these would benefit from further detail to direct consistent staff practice. Without clear guidance people are at risk of inconsistent standards of care. As a result we made an area for improvement (**see area for improvement 1**).

Whilst we recognised most stakeholders felt complaints would be well managed in practice, records we sampled were incomplete. We suggested the service improve the recording of complaints and actions taken as a result. Without clear records we could not be confident the service had recognised complaints and handled them promptly, in line with their policy. Clear recording would further support management oversight of themes and encourage reflection to reduce the risk of reoccurrence. As a result, we made an area for improvement (**see area for improvement 2**).

Areas for improvement

1. The provider should continue to develop its policies and procedures in order to support consistent practice, in line with best practice guidance.

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).

2. The provider and staff should recognise complaints and concerns when they are raised, record and address these inline with their complaints policy and procedure. This should be standard practice which is regularly reviewed by management to help them measure outcomes for people.

This is in order 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' and '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 there were important strengths with some areas for improvement.

Staff had been recruited well, in line with 'Safer Recruitment' guidance. As a result, people could feel confident staff had been recruited safely.

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. People benefited from a small staff team who 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. Additional face to face training was provided for staff on a regular basis. The content of this training was based upon feedback from the staff team and identified learning needs. As a result people could feel confident staff had access to training and support to enable them to do their job well.

How well is our care and support planned?

3 - Adequate

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

Information provided to guide care was clear. Where actions were task focused step by step guidance was in place. Staff told us they felt care plans provided sufficient detail to allow them to support people in a way that suited them. As a result, people could feel confident staff were aware of their care and support needs. The service had developed separate moving and handling plans which provided sufficient detail to staff about individuals' support needs in this area. Whilst care plans provided essential information we identified areas where more information would better guide care staff and support a consistent approach in line with people's wishes. The service have identified care planning as an ongoing area for improvement. People could be confident managers were continuing to review and develop personal plans.

The service had introduced an electronic care planning system. This was accessed by care staff, office staff and relatives. 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 a person's presentation as well as log completed care tasks. Relatives could then access this information quickly. Relatives commented that information recorded on this was basic and information relating to emotional wellbeing was not always readily available. The service should continue to use feedback from people and relatives to inform future care planning and areas for improvement. As a result we made an area for improvement (**see are for improvement 1**).

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 (**see are for improvement 1**).

Areas for improvement

1. People and their representatives should be included in care planning and reviews. The service should provide support where necessary to ensure people can contribute in a way that is meaningful to them.

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 15 April 2024 the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and wellbeing needs of service users are met and they experience positive outcomes. This must include, but is not limited to:

- a) Implementing accurate and up-to-date audits for monitoring and checking the quality of service and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.
- b) Ensuring observations of staff practice are undertaken and used to support supervision and staff development.
- c) Ensuring a continuous improvement plan which evidences that the care and support provided meets the assessed needs of service users and that they experience positive outcomes on an ongoing basis.

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: '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 22 January 2024.

This requirement was made on 22 January 2024.

Action taken on previous requirement

The service has systems in place to monitor the quality of the service. Systems include clear records of staff 'spot checks', audits of medication, care plan reviews and feedback from people that use the service and their relatives. Observations of staff practice and supervision were being undertaken. These were being used alongside feedback from staff to inform ad hoc training sessions, as deemed useful by the service and their staff. The service had developed a service improvement plan. This included areas of service provision managers have recognized could be developed. Improvements related to improving outcomes for people using the service.

As a result, this area for improvement is met.

Met - outwith timescales

Requirement 2

By 15 April 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. This is to ensure that the health, safety and wellbeing of service users are met consistently. This must include but is not limited to:

- a) Covert medication
- b) Safeguarding people
- c) Safeguarding finances

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: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This requirement was made on 22 January 2024.

This requirement was made on 22 January 2024.

Action taken on previous requirement

The service had reviewed its policies and procedures since our last inspection. Policies we sampled were clear and legible. The provided basic guidance for people and staff about the role and remit the service was operating within. Some made reference to legislation and additional resources people and staff could refer to.

We have assessed this requirement as being met.

Met - outwith timescales

Requirement 3

By 15 April 2024 the provider must promote the safety of people by ensuring moving and handling plans accurately reflect the needs of the individual and provide clear guidance for staff.

This is in order to comply with Regulation 5(1) and 5(2)(b) 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 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).

This requirement was made on 22 January 2024.

This requirement was made on 22 January 2024.

Action taken on previous requirement

We sampled moving and handling plans and were satisfied they reflected the needs of individuals at the time of inspection. The service had included activities of daily living to personal plans which provided staff with clear information about peoples support needs.

As a result, this requirement was met.

Met - outwith timescales

Requirement 4

By 15 April 2024 the provider must promote the health, welfare and safety of those who use the service by ensuring that reviews are undertaken promptly after any significant changes to an individuals needs. Appropriate amendments to care and support should be recorded in the review and individual care plans updated accordingly.

This is in order to comply with Regulation 5(1) and 5(2)(b) 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 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).

This requirement was made on 22 January 2024.

This requirement was made on 22 January 2024.

Action taken on previous requirement

We sampled care plans which were up to date. The service was undertaking reviews to ensure individuals care and support plans were up to date. Systems in place at the time of inspection were working, however were fragile. We suggested the service review these systems should they increase the number of people they support to ensure systems are robust.

As a result, this requirement was met.

Met - outwith 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

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed.

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)

This area for improvement was made on 22 January 2024.

This area for improvement was made on 22 January 2024.

Action taken since then

We found staff had been receiving regular supervision and appraisals. Staff feedback about managers being approachable and being to access regular support and guidance. Managers discussed ad hoc training sessions which were arranged based upon feedback from staff in order to address identified learning needs.

As a result, this area for improvement was met.

Previous area for improvement 2

The service should strive to promote individuals emotional and social wellbeing. Care planning should incorporate how these needs can be met, in consultation with the individual and/or their representatives.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "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)

This area for improvement was made on 22 January 2024.

This area for improvement was made on 22 January 2024.

Action taken since then

The service was now undertaking reviews and had sought feedback via questionnaire from relatives. However, information included in these was basic. Some people and relatives feedback that their emotional well being could be better supported by the service and staff team. The service should continue to gather feedback from stakeholders, in a way that is meaningful to them and using this to inform personal planning.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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