

# Plum Tree Care Ltd Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 October 2024

**Service provided by:**  
Plum Tree Care Ltd

**Service provider number:**  
SP2023000054

**Service no:**  
CS2023000075

## About the service

Plum Tree Care Ltd is registered as a care at home service providing support to people in their home and in the community. The current office base is in Paisley but they are primarily operational in Fife.

At the time of inspection, approximately 35 people were being supported.

## About the inspection

This was an unannounced inspection which took place on 1, 2, 3 and 4 October 2024. It started at 13:30 on 1 October and finished at 15:30 on 4 October. Feedback was provided on 7 October. The inspection was carried out by two inspectors from the Care Inspectorate. This was the first inspection of the service.

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 registration.

In making our evaluations of the service we:

- spoke with six people using the service and three of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- People spoke positively about the care and support they received.
- Staff were compassionate, kind and sensitive to how to support people.
- The service was flexible in responding to people's changing needs.
- Recruitment checks needed to be more robust.
- Right to Work checks were not adhering to guidance.

**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?	2 - Weak
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 visited people in their own homes to talk to them about the support they received from Plum Tree Care Ltd. People overwhelmingly told us that they were really pleased with the service. Comments included "exceeded my expectations" and "I simply would not be able to live in my own home without them, it is wonderful".

We were reassured that people valued the support that staff offered and found them to be caring and supportive. We observed staff in practice and found them to be kind and compassionate during the interactions. People told us that staff were friendly and cheerful. This contributed to people feeling at ease around staff.

For some people, using care services was daunting but they felt that staff and management had done a lot to allay their fears. One person spoke of the warmth of human touch and when they got a hug from staff, it made their day. They reflected on the lack of closeness and touch through the pandemic and how much they missed it. They appreciated the support to get a shower but the chat and hug meant so much more to them. We were confident that for this person, and others, they were valued as individuals beyond the task that they needed support with. This increased people's level of comfort and safety around staff.

Only a few people needed support with medication and this was at the lower level of the scale such as prompting. During discussion with management, we discovered an element of confusion around how to support people under administration of medication. This partially arose due to initial information provided from social work. However, there was also a need for greater clarity around people's capacity to understand medication and treatment decisions. As the service expands, more people may need support with medication. Management must ensure they get it right for everyone (see area for improvement 1).

Referrals had been made to relevant healthcare professionals in a timely manner. Staff were proactive and were able to identify the need for specialist input when people's needs changed. This meant that people had access to the right treatment and support, which maximised opportunities to improve their health and wellbeing.

### Areas for improvement

1. To promote people's health and wellbeing, the provider should ensure that medication support levels are accurately assessed and the correct protocol for support is in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**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.

Feedback from people supported, relatives, staff and professionals was positive about the responsiveness from the leadership team. People and staff told us that they found management approachable and supportive. They said they were confident to discuss concerns or good work with management and they always got a timely, considered response. This meant that people could feel confident that their views were listened to and acted upon if needed.

The service had only been properly operational since April of this year, as such most work around audits was still at an early stage. However, audit systems were in place and were being used. As the service gathers more information over time, they may find more need of action planning arising from their auditing but at this stage, little was required.

Management had a service development plan which contained priorities relating to people, staff and the service as a whole. Timescales, actions and updates were clear and the plan was being reviewed regularly. This reassured us that management oversight on improvements was robust. We discussed with management how to support further involvement and sharing of the service improvement plan with people, families and staff.

It is important for staff to be given the opportunity to meet as a team to reflect on practice and share learning. We saw some good examples around lunch and learn sessions, team meetings and group supervision. Staff were supported by management to either further their learning in such sessions but there was a consistent theme of positive social care values and how important they were to supporting people. We were confident that staff were working within the principles of the Health and Social Care Standards. However, during their learning, stronger links should be made between the standards and their practice. This will help staff to reflect on the way that everyone should expect to be treated and have a deeper understanding of their work roles.

**How good is our staff team?****2 - Weak**

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses impacted upon the welfare and safety of people, we made a requirement for improvement.

Service providers must ensure that their recruitment processes are robust to ensure people are being supported by staff who have been recruited in a safe and robust manner. We found gaps in some of this work. Whilst references were sought, management were not consistently verifying references to be assured that they were genuine. This was a concern as it did not support good practice for safer recruitment (see requirement 1).

Some aspects of recruitment practice are governed by legislation designed to protect workers and in turn this protects people. Right to Work checks are critical to prevent illegal working and the associated exploitation of the workforce that often accompanies this.

In most cases staff were employed through the company's licensed sponsor role. We were concerned to find that some notifications to the appropriate authorities regarding staff who had left the service had not been completed. Some staff had been sponsored by other companies and there was not a check in place to ensure their original sponsorship conditions were being adhered to. Management had not been following the guidance issued by the Home Office. Management had not fully understood their role in some of these notifications but they took immediate action to deal with this when it was highlighted. This included seeking legal advice and practical support from a specialist immigration agency to get things in order. They also started their notifications to the Home Office. We were reassured by their prompt action that management were committed to sorting this out (see requirement 1).

All care staff must be registered with a relevant professional body such as the Scottish Social Services Council (SSSC). Unfortunately, not all key staff were registered within a timely manner. The SSSC is responsible for registering people who work in social services and regulating their education and training. This means that staff are required to adhere to a code of practice, which helps to raise standards of practice to strengthen and support the workforce and the protection of people who use services. The absence of staff being registered with an appropriate regulatory body has the potential to put people at risk (see requirement 1).

Staff worked on a rota system which they told us worked well for them. They covered a considerable area across Fife and did comment that access to pool cars would be helpful. This was already within the improvement plan which indicated that staff views were considered in terms of service development.

Rotas were planned in advance and whilst changes happened, due to sickness or such like, generally they were stable. People had confidence in their care team and commented that they knew who was coming and when. This ensured people were supported by staff they knew and provided continuity of care. A few people had very small support teams around them, however due to holidays/potential of sickness, it was important to ensure that other staff could join the team. One person told us of how management visited them to introduce a new worker and how helpful and supportive this was. It meant a lot to the person that management took time to do the introductory visit and elevated their confidence in accepting new staff.

Staff knew their roles and responsibilities and worked well as part of a team supporting each other. This meant people could feel confident in the organisation and management providing their care and support. Staff worked well to support each other and their teamwork and efforts were recognised by the provider.

## Requirements

1. By 3 January 2025, the provider must ensure that people are kept safe by implementing and completing safer recruitment processes and in compliance with their legal responsibilities.

To do this, the provider must ensure, at a minimum:

- a) Recruitment processes follow good practice guidance from the Scottish Social Services Council (SSSC) and the Care Inspectorate's Safer Recruitment Through Better Recruitment, September 2023.
- b) Right to Work checks are completed in line with Home Office guidelines (<https://www.gov.uk/uk-visa-sponsorship-employers>).

c) Staff who require to be registered with the SSSC or other professional bodies do this within the timescales required.

d) Staff professional registrations are monitored to prevent the use of unregistered staff.

This is to comply with Regulation 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 to ensure that care and support is consistent with the 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 3.14).

## 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.

Personal plans were in place and people were able to speak about the support they were offered. We were pleased to see that the support offered reflected the information in the personal plans. As the service is new, the management team were still developing personal plans to ascertain which style fitted best. We were impressed with some of their newer work. It was written in a way which captured people's words about their lives and what they wanted from the care service. This meant that people were being listened to and plans were individualised.

Risk assessments were in place. We discussed the need to be mindful of thinking about risks when being out and about in the community with some younger adults. The Herbert Protocol is used by police to help locate people who have dementia if they go missing. We suggested the management team use this in negotiation with people and their families.

People had copies of their plans and staff could access them using a digital application on their phones. This meant staff could get up-to-date information very quickly in the event of a change.

Although a few reviews had been held, due to the newness of the service, many people were not yet in need of a formal review of a care plan. We will look at reviews in more detail at the next inspection.

Daily notes were in place. One person told us they read them and they "detailed exactly what had happened when they were in". However, some of the notes were task-based. As such, they did not contain information about the person and how their day was going. We asked management to consider it in terms of how staff would feel if this was a diary of their lives. Would they wish to reflect on their lives as being a series of notes around personal care being offered and delivered? We were pleased to find that staff started working on this prior to feedback. This evidenced a desire to improve the service offered to people.

Work had not started on future care planning. Management agreed that it was an issue to be considered. Sometimes, when a person is unwell they are not able to explain what is important to them and families may find it hard to make decisions on their behalf. Planning ahead can help people to have more control and choice over their care and support.

## Complaints

There have been no complaints upheld since the service registered. Details of any 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?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
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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