

# Care Partners Health Care Support Service

25 Trondheim Parkway West  
DUNFERMLINE  
KY11 4FD

Telephone: 07488419489

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
11 November 2024

**Service provided by:**  
Care Partners Healthcare Ltd

**Service provider number:**  
SP2021000177

**Service no:**  
CS2021000280

## About the service

Care Partners Health Care is a care at home service operating in the Dunfermline and west areas of Fife. The service is owned and ran by Care Partners Health Care Ltd.

At the time of this inspection, the service had four carers providing care to 10 people.

## About the inspection

This was an short notice announced inspection which took place on 7 November 2024 and concluded on 11 November 2024. The inspection was carried out by one inspector from the Care Inspectorate. This inspection followed up on requirements and areas for improvement made at our last inspection, dated June 2024.

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 one representative of a person receiving care
- spoke with four staff and management
- reviewed documents.

**Key messages**

- The service had worked to implement quality assurance systems.
- Information gathered from quality assurance and feedback from people had been used to improve practice.
- Systems to support staff and monitor practice were being utilised.
- The service would benefit from developing its use of self evaluation to drive 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 good is our leadership?	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 good is our leadership?

### 3 - Adequate

There were two outstanding requirements relating to this key question. We were satisfied that these requirements were met. The evidence gathered demonstrated the services' use of quality assurance to drive improvement and over all monitoring of staff practice had improved. See section 'What the service has done to meet requirements we made at or since the last inspection' section of this report.

We found improvement was required to the service's reporting of notifiable incidents to the relevant professional bodies i.e. Care Inspectorate and or Health and Social Care Partnership. We discussed with the service their responsibilities around making sure all parties are informed of any notifiable events. The appropriate guidance was shared with the service to support improvement in this area. Area for improvement 1 applies and replaces the relevant section of requirement 2. See 'What the service has done to meet requirements we made at or since the last inspection' for details.

An evaluation of 'adequate' remains in place for this key question. This means the strengths identified only just out weighted the weaknesses.

#### Areas for improvement

1. The provider should ensure robust and transparent systems are in place for making the required notifications to relevant professional bodies.

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).

## How well is our care and support planned?

### 4 - Good

There was one outstanding area for improvement relating to this key question. We were satisfied that this improvement had been made. Details can be found in the 'What the service has done to meet areas for improvement we made at or since the last inspection' section of this report.

To reflect the level of improvements made we are re-evaluating this key question as 'good'. This means we identified several strengths which impacted positively on outcomes for people receiving support.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 30 September 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

1. Provide regular staff supervision to ensure their learning and development needs are assessed, reviewed, and addressed;
2. Ensure that new staff are provided with sufficient induction and monitoring, to support safe and competent practice.

This i comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for Regulation 15(a) 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 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 requirement was made on 26 June 2024.**

#### Action taken on previous requirement

We saw that the service had developed its staff supervision policy to include regular 1:1 meetings, team meetings and spot checks. We found that this had been put into practice with evidence of four weekly 1:1s having taken place, plus three team meetings, since our last inspection. Spot checks had also been carried out on a regular basis. All of these formats showed good use of best practice guidance and reflective practice to direct learning needs. A staff member told us, "This helped me to build confidence".

We saw examples of how feedback from people receiving care had been used to inform discussions at supervision and themes during spot checks. This helped to support staff to be skilled and confident.

The service had developed an induction pack for new staff. This included a structured probationary period and mandatory face-to-face and E-learning training program. The service had not been able to successfully recruit any new staff since our last inspection but were able to evidence using this with already established staff.

We are satisfied with the progress that the service have made in developing structured systems to support staffing arrangements that keep people safe and meets their needs.

#### Met - outwith timescales

## Requirement 2

By 30 September 2024, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must:

1. Evidence that effective quality assurance systems are in place and being utilised.
2. Outcomes from audits and feedback from people informs development planning.
3. Ensure appropriate and timeously notifications are made to the relevant agencies.

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 27 June 2024.**

### Action taken on previous requirement

The service had carried out audits across care planning, infection prevention and control and medication management. These audits were evaluative and it was evident that some had led to improvements. For example, care plan audits identified the need for supported people and next of kin to be more involved in care planning. We were able to see systems that had been put in place to allow people easy access to their online care plan, with space to made amendments. This supported care plans that were person centred and people directing their care.

The service had a good system in place for seeking feedback from supported people and their next of kin. We saw examples of how feedback had led to a change in care delivery and directed training for staff. Although this was not reflected in the services formal development plan, it was evident that learning from this feedback had resulted in an improved service for the supported person. A relative commented, "It was dealt with the same day and didn't happen again".

The services development plan reflected current and future service needs. The service is encouraged to capture findings from quality assurance and feedback from people in its development plan as this will help them to measure improvement. We gave the service advice around use of the Care Inspectorate self-evaluation toolkit to support further improvement in this area.

The service had made the relevant staffing notification updates when these were required. We found an example of an incident that was not reported to the appropriate professional bodies, which included the Care Inspectorate. The service was reminded of their statutory requirements to make relevant notifications. This ensures that people are safe and are supported by a service that are open and transparent. Given the overall improvements that the service had made this element of the requirement will be de-escalated to an area for improvement. See section 'How good is our leadership?' section of this report.

**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

To support people's wellbeing, the provider should ensure clear and accurate information on the application of topical preparations is available. This should include the exact place on the body this is to be applied to.

This is in order 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).

**This area for improvement was made on 27 June 2024.**

#### Action taken since then

We reviewed care plans and found the service had introduced additional information to direct carers to the type of creams that are required to be applied and specific guidance on where these should be applied to on the body.

This area for improvement is met.

#### Previous area for improvement 2

To promote people having choice and control over who provides their care, people's preferences as to whether they are supported by male or female carers, should be respected and accommodate, where possible.

This promotes Health and Social Care Standards (HSCS), which state that: 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

**This area for improvement was made on 27 June 2024.**

#### Action taken since then

The service had not been able to recruit any additional staff. Currently the service has three male carers and one female. Although feedback from people receiving care was positive, previous feedback was that people would like to have a choice.

The service remains committed to recruitment.

Area for improvement is not met.

## Previous area for improvement 3

To promote responsive care and ensure that people have the right care at the right time, the service should ensure that people have person-centred care plans that detail their specific support needs, risks and how care staff mitigate these risks. These should be reviewed at least once in every six month period.

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).

**This area for improvement was made on 27 June 2024.**

### Action taken since then

We found detailed information about people's routines and preferences. Our review of risk assessments found them to be person centred and less generic. Assessments identified people's outcomes, wishes and gave good direction to care staff on how to support them to meet these.

Plans we reviewed had been recently audited. We found good evidence of people being involved in writing and reviewing their care plans.

The service had made significant progress in improving the standard of care planning and risk assessment. This improvement has been reflected in a re-grade from 'adequate' to 'good'. See section 'How well is our care and support planned?'

Area for improvement is met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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