

Roberts Care & Training Ltd

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
28 October 2024

Service provided by:
Roberts Care & Training Limited

Service provider number:
SP2009010207

Service no:
CS2009193465

About the service

Roberts Care and Training Ltd provides housing support and care at home to people with a range of needs living in the community. People who use the service are diverse including older people and adults with physical disabilities, learning disabilities and/or mental health issues. The service is currently available to people living within the Renfrewshire area.

Staff support people to achieve their individual goals and outcomes. For many people this involves activities of daily living such as taking medication, personal care, meal preparation and accessing the community.

About the inspection

This was an unannounced inspection type which took place on 21, 22, and 23 October 2024 between 10:00 and 16:00. Feedback was given to management on 28 October. The inspection was carried out by one inspector from the Care Inspectorate.

The service supported 21 people during the time of the inspection.

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 one of their family, five people responded to our questionnaire
- spoke with five staff and management and five responded to our questionnaire
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced very good outcomes and were supported by compassionate staff who knew them well.
- Personal plans included the information and guidance staff required to provide safe and consistent care.
- People were encouraged to do things which interested them and made their day go well.
- Training should be sought to ensure this meets people's individual and specific needs.
- Better checks were required in recruitment to ensure consistency.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided which supported positive outcomes for people.

Staff were skilled at developing good relationships with people. People told us they liked the staff and found them to be good company. Staff were considered to be friendly and chatty, and we saw kind and supportive interactions. This meant that people experienced staff speaking and listening to them in a courteous and respectful manner.

People were enabled to get the most out of their day. Staff were aware of how people wanted to live and this resulted in care being directed at what made the day go well for the person. One person told us how much they loved to sit out in their garden with staff for a blether in good weather. Another enjoyed their morning routine which staff supported. We read in a care review of how a family member was able to return to work due to the support offered to their parent. These were just a few of the examples which allowed us to see the positive impact that Roberts Care & Training Ltd had on people's lives.

People were well-known to staff which helped staff recognise any changes in their presentation. If people needed the support of external professionals, staff were either able to arrange it or ask family to follow-up. Where needed, people continued to receive support whilst in hospital. This ensured people retained consistency in their support and could rely on staff who knew them well.

People's medication was managed safely. There was a variety of checks carried out that helped monitor the quality of the medication service being provided. We found that more people with significant mental health problems were using the service. We were pleased to see that management were mindful of the safe use of antipsychotic medications. However, there was room for targeted training in this area to develop staff skills and confidence. This is to ensure people are supported by staff who are well-informed about mental health problems and use approaches linked to best practice guidance.

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant impact on people's experiences and outcomes.

People and staff spoke positively about the management team. They were noted to be approachable and responsive. One person told us, "Myself or my [relative] can contact the office and we always get a response."

Due to recent changes in ownership, the manager had taken on responsibilities that the previous owners had completed. This meant that the manager had an increased workload which was not sustainable. However, it had been recognised and staff were being promoted and trained to take on new tasks. This meant that the manager was getting support in tasks such as rota design and had time to complete other important tasks such as reviews.

Oversight on some aspects of recruitment needed to improve. The recruitment policy reflected the good practice guidance Safer Recruitment Through Better Recruitment (<https://hub.careinspectorate.com/resources/safer-recruitment-through-better-recruitment>). However, there was a need to be consistent in all checks made and for them to also reflect current Home Office guidance (see area for improvement 1).

It is a legal requirement that all staff are correctly registered with their relevant professional body such as the Scottish Social Services Council (SSSC). This was not fully in place and whilst it did not impact on people's outcomes, it needed greater oversight to improve it (see area for improvement 1).

Management used surveys to gather the views of people, their loved ones and staff. This allowed everyone a chance to share their experiences of support or employment. These views were used to ascertain where things were going well and where improvement was needed. It was clear that management responded to most of the findings.

Work had started on self-evaluation. This enables care services to reflect on what they are doing so they can get to know what they do well and identify what they need to do better. This was good to see and we look forward to seeing this developed further. This showed us the management desire to give people the best service possible. However, it is important that the findings are shared with all concerned and there is also room for a greater link to the service improvement plan. The service improvement plan would benefit from being more detailed but we were confident that the leadership team would be able to develop this. This would allow all involved to see what was working well and what needed to improve.

Management used supervision to support staff but they also used observations of staff practice. This reassured us that management had good oversight of staff skills in dealing with people. Staff demonstrated good values in their practice, these were related to the Health and Social Care Standards (HSCS). Staff should be able to link their work to the HSCS; management should support them to do this. This would help staff to gain a deeper understanding of what people should expect when using Roberts Care & Training Ltd.

Areas for improvement

1. To ensure people's care and support needs are met safely, the provider should ensure recruitment consistently follows good practice guidance.

This should include, but is not limited to, ensuring all required checks are carried out and that staff are correctly registered at all times with their professional body.

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 4.24).

How good is our staff team?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant impact on people's experiences and outcomes.

There was a strong focus on matching staff to people supported and people were supported by fairly consistent small teams. However, we suggested that management were clear with people and families from the outset that in all cases it would be a team of staff. This allows for support to be provided when the main staff are on leave and prevents a reliance on certain staff.

Staff were flexible and told us they felt supported in their roles. We saw evidence of supervision in place but team meetings were not held as frequently as we would have hoped. Management hoped to increase the availability of team meetings. Staff benefit from opportunities to share learning and good practice examples.

Rotas were available in advance to staff and they told us the rotas worked for them. Staff knew where they were meant to be, when and what to do. Most visits were for a lengthy period of time which allowed people to feel they were getting supported at a pace and time that suited them.

People were supported in a way that related to what they needed. For example, some people needed support to get washed and dressed and some people needed companionship. People also had different reasons for having workers. Staff needed to be able to respond to a wide range of health conditions to support people's physical, emotional and social needs. This meant that training had to be in place to make sure staff were skilled and confident in their jobs. There was room for improvement. Management should ensure that staff take part in training relevant to the people they support (see area for improvement 1).

We also found that some online training was not specific enough to Scottish legislation. An example was around adult support and protection. Staff did recognise abuse and management were aware of how to report it. However, attention to detail was needed to prevent staff following training that is actually relevant to England only. This was followed up on during our inspection and we were satisfied with the changes. The manager and new provider spoke of their enthusiasm for good, relevant training. We hope to see this in practice when we next inspect.

Areas for improvement

1. To ensure people get the right support, the provider should ensure all relevant training is in place and that it is linked to people's needs. Staff should take part in such training.

This is to ensure that the quality of staff 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).

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the care provided which supported positive outcomes for people.

Personal plans were in place with associated risk assessments. Personal plans sampled were detailed, up-to-date and they truly captured the essence of the person being supported. People's wishes were clear and it was evident staff had spent time reading the plans and following them. One person's plan noted how important their hair was to them. It was positive to visit them after a member of staff had finished styling their hair just as they wanted. Staff sought to support people exactly as they wished.

Personal plans and risk assessments informed staff as to how to deliver care and support and noted people's individual preferences. We were confident people's rights, wishes and preferences were being upheld.

Reviews were tracked to identify when they had been completed and when they were due. We suggested simple ways in which to make this information clearer to ensure all leaders could easily access the information. Reviews captured the involvement of people and relatives. This helped people to get involved in leading and directing their own care and support. Management oversight on the outcomes of reviews was particularly positive and allowed information to be found with ease and then acted upon.

Care services are legally bound to review care plans on a six monthly basis. It is important that people and families take part in this. There were a few times where it was difficult to get families to attend. Some people may need others to speak for them to ensure their rights and wishes are upheld. We suggested that management discuss any cases of concern with social work due to the potential for families/friends to not be acting in the best interest of their loved one. Advocacy services should also be considered in relation to being able to support a person.

Future care planning needed to be developed. 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.

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

Requirements

Requirement 1

By 15 March 2024, the provider must ensure that people's health, welfare and safety needs are effectively managed and met.

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

- a) people's personal plans contain risk assessments which are accurate, person- centred and sufficiently detailed to direct people's care and support
- b) risk assessments are updated in the event of changes in people's situation and needs
- c) risk assessments are regularly evaluated to ensure they remain effective
- d) a risk enablement approach is used to promote people's rights and to enable people to manage their own lives.

This is 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: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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 not met and was extended to 31 May 2024.

This requirement was made on 26 February 2024.

Action taken on previous requirement

Management had worked hard to update the risk assessments using a new template. Initial assessments were difficult to read as they contained too much irrelevant, generic information. However, management reflected on previous feedback from us and from training events to change the assessments. As such, we were pleased to find that assessments were about individuals and they were up-to-date, clear and to the point. This made it easier for people and staff to work out what risks were in place and what should be done to minimise risks. Staff can offer safer support if they know what could make people come to harm or to become unwell.

We saw some good examples of supporting people to have a good life but knowing where harm could occur. For a few people, socialising in the pub was important. Management had worked with people and families to find out how much alcohol could be safely taken by the person when out at the pub. This was really positive as it ensured people got to do what they enjoyed but that a sensible approach was taken to keep them as safe and well as could be. People's lives were enriched by being able to do what made them happy.

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

The provider should ensure that all notifications to the regulatory body are submitted in accordance with the Records that all registered care services (except childminding) must keep and guidance on notification reporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

This area for improvement was made on 26 February 2024.

Action taken since then

The service had kept records of incidents and accidents. There were very few of these overall. There was one notifiable event that the service had not forwarded to us. However, following discussion, we were confident that management would respond formally in the event of a similar situation.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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