

Invercare Services - North Lanarkshire & Glasgow Branch Housing Support Service

1 Graham Street
Airdrie
ML6 6AB

Telephone: 03302320223

Type of inspection:
Unannounced

Completed on:
25 November 2024

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2024000203

About the service

Invercare Services - North Lanarkshire & Glasgow Branch provides care at home and housing support services to people living within North and South Lanarkshire. This service is also providing support temporarily to people living within Perth and Kinross. This is a new branch which is in the process of being registered.

The branch office is in Airdrie and at the time of inspection were supporting 196 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: support to access community resources, personal care and support and support with domestic tasks.

About the inspection

This was an unannounced inspection which took place on 18 to 22 November 2024 between 09:30 and 17:00. The inspection was carried out by two inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered.

In making our evaluations of the service we:

- gathered feedback from pre-inspection questionnaires (two responses were received from people using the service, 15 responses received from staff and one response received from visiting professionals)
- spoke with four people using the service and nine of their relatives by telephone
- visited eight people using the service and two of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- received email feedback from one visiting professional.

Key messages

This was the services first inspection since they were registered in June 2024.

There were mixed views from people about the care experienced. The service needed to make improvements to ensure that all people had a positive experience receiving care and support.

The management of medication was not effective and required priority action to ensure that people received the right support with their health and wellbeing needs.

Quality assurance across the service required priority action as the service were not picking up on areas that needed to be improved upon.

Learning and development for the staff team required priority action as there were limited opportunities to ensure that knowledge from training events had been embedded into practice.

Communication needed to improve across all aspects of the service especially where there had been changes to visiting schedules and staff rotas.

There were a number of care plans that were not reflective of people's needs and wishes and required priority action to ensure they were up-to-date.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There were mixed views about the care and support experienced by people based on where they lived. Some people's care experience had been positive and they told us; 'can't fault them at all', 'overall, I'm happy' and 'carers are great'. Whereas some people's care experience had been negative as they felt communication was poor and the care they received was not in line with their wishes and preferences. Examples people gave us were that food was not being cooked properly, staff not adhering to good hand hygiene and visits were either too early or too late.

People's wellbeing may be compromised because rigorous processes were not in place to support effective communication about changes that needed to happen to improve people's experience of care. Some people told us that they had raised concerns about their care and support which had not yet been resolved. It was concerning that people felt they were not being listened to. We discussed this with the senior management team who now had an action plan in place in efforts to address people's concerns (see requirement in section 'How good is our leadership').

People may not always receive the right medication or treatment at the right time, with the potential to affect their physical and emotional wellbeing. We found some people did not have medication records or risk assessments in place. There were also discrepancies with some directions of prescribed medication, for instance, there were visit tasks that said people needed assistance with topical medications which was incorrect as staff were fully administering. Where support with medication was an aspect of the support package, the use of 'as required' medication may not be clearly laid out or in line with good practice guidance. The quality assurance of medication was not effective as the service had not picked up on areas within their medication processes that needed priority action to improve upon (**see requirement 1**).

Requirements

1. By 18 February 2025, the provider must ensure that people's wellbeing is supported by the safe administration of medication.

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

- a) managers and staff are knowledgeable of medication policy and procedures
- b) staff who provide medication support have the right skills, knowledge and experience
- c) people's medication records are accurate and reflective of the care and support required with prescribed medication and detailed protocols provide instructions for administering 'as required' medication
- d) medication records are quality assured on a regular basis.

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, which state that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Management oversight of the service was ineffective. The service had an improvement plan in place. However, it was not specific to the North Lanarkshire and Glasgow branch therefore it was not clear to see what improvements the service were working towards. There was also insufficient capacity and skill to support improvement activities across the service. New managers had been appointed and were not fully trained. Their focus was on delivering services and there was limited information regarding quality assurance. The service had completed audits however, these had not picked up on aspects of care delivery that required priority attention such as medication management. Action plans that had been created by managers were brief and incomplete. No analysis had taken place regarding significant events which meant there had been no learning from accidents or incidents that had happened. Therefore, there was a potential risk that people were not receiving the care and support they should as all aspects of care and support were not being monitored effectively (**see requirement 1**).

Although training statistics within the service were good it appeared that training was regarded as an event rather than ongoing learning. There did not appear to be opportunities for staff to engage in further discussions to ensure their knowledge had been consolidated and embedded into practice. We were not assured that people were being supported by a staff team who understood and were sensitive to their needs and wishes because a range of learning and support measures was not in place (**see requirement in section 'How good is our staff team'**).

Requirements

1. By 18 February 2025, the provider must ensure the service is well led and managed and that people are safe receiving care and support that meets their needs through robust quality assurance.

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

- a) managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) implement quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported
- c) oversight is in place of significant events and notifications to statutory partners are made in lines with guidance including adult support and protection
- e) clear action plans are devised with timescales where deficits and/or areas for improvement have been identified.

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, 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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People told us when asked about staff; 'Not really the same staff who support me as they're short of staff', 'the same people support me except on their days off' and 'my relative's two main supports are great'. People's experiences of care staff differed depending on the area where they lived.

Many scheduled visits did not occur at agreed times. Many people were not informed about changes to their visit times which impacted on their health and wellbeing. There was no feedback or measures used to ensure that people's visit times were in alignment with their care and support needs (**see to requirement 1**).

There was mixed views from staff about their support. Most staff felt supported and felt people received good care. However, there was a number of staff who felt they were not listened to or supported within their role. They felt the management of the service was poor. We discussed this with the senior management team who have made the decision to redeploy an experienced regional manager full-time to this branch. This was to support the current management team in efforts to complete priority improvements that were needed.

The majority of staff felt that communication needed to improve. Staff were not informed when changes happened particularly with their rotas. Some staff felt they needed more on-the-job training. Some staff said they didn't know or had met any members of their team except when visiting people who required two staff. Team meetings happened twice yearly and many staff had not yet attended. This meant that staff were not meeting regularly to be briefed on the latest updates of the service. There was also a risk that staff were not up-to-date with best practice guidance. Communication and team building needed to improve as important information was not always being shared or passed on accurately, leading to a negative impact on people (**see requirement 1**).

Requirements

1. By 18 February 2024, the provider must ensure that people receive care and support that is right for them, at agreed times from staff with the right knowledge, skills and experience.

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

- a) staffing schedules are planned in advance and follow people's agreed plans of care
- b) managers and staff have received the necessary training including but not limited to food preparation, infection prevention and control and moving and assistance
- c) managers communicate with staff regularly to ensure that staffing schedule management and agreed plans of care continue to meet people's health, welfare and safety needs.

This is in order to comply with section 7 (1) (a) and 8 (1) (a) of The Health and Care (Staffing) (Scotland) Act 2019 and 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' (HSCS 4.11).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Care plans were in digital format. People and their relatives had access to their digital care plan if they wished. The standard of care and support planning was inconsistent across the service and was not supported by strong leadership, staff competence and quality assurance processes. Many care plans did not reflect up-to-date good practice guidance (**see requirement 1**).

Reviews were happening six-monthly. However, some review records were brief and action plans did not appear to be fully completed. There was a risk that people were not experiencing care and support in line with their wishes and preferences. We discussed this with the management team who informed us they had a plan in place to complete an internal audit so that they can create an immediate plan of action to make the necessary improvements to people's care plans (**see requirement 1**).

Requirements

1. By 18 February 2024, the provider must ensure that people's personal plans are up-to-date and reflective of their current health, safety and welfare care and support needs.

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

- a) personal plans, health assessments and any associated risk assessments are detailed, up-to-date and reviewed at least every six months or if there is a change
- b) action plans from personal plan reviews are detailed giving clear timescales for completion
- c) personal plans are quality assured regularly and any areas for improvement are completed timeously.

This is to comply with Regulation 5 (1) and (2) (b) (ii) (Personal Plans) 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 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).

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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