

Visiting Angels Renfrewshire and Inverclyde Support Service

Mosshall Home Care Ltd
Unit 4 Lomond House
4 South Street, Inchinnan
Renfrew
PA4 9RJ

Telephone: 07867252550

Type of inspection:
Unannounced

Completed on:
20 November 2024

Service provided by:
Mosshall Home Care Ltd

Service provider number:
SP2022000085

Service no:
CS2022000123

About the service

Visiting Angels Renfrewshire and Inverclyde provides care at home services to older people and adults with a variety of needs living in their own homes and in the community. The provider is Mosshall Home Care Ltd. The service can be provided by two staff teams operating within Renfrewshire and Inverclyde. Most visits were from 30 minutes and some visits were longer and included social support.

At the time of this inspection there were 39 people receiving care from the service.

About the inspection

This was an unannounced inspection which took place on 19, 20 November 2024 between 9:00 and 17:00. The inspection was carried out by one inspector 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 four people using the service and two of their family members;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- People using the service told us they were happy with their care.
- Staff had developed good working relationships with people.
- Staff compliance with training had increased.
- Staff were registered with an appropriate body.
- Quality assurance had developed and improved.
- Care plans were developing but more time was needed to complete the improvements.
- Two previous requirements were met and one previous requirement was not met.
- Two previous areas for improvement were met.

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

Requirements

Requirement 1

By 2 November 2024, the provider must ensure that people experiencing care have confidence the service received by them is well led and managed. You must support outcomes through a culture of continuous improvement underpinned by robust and transparent quality assurance processes. This must include but is not limited to:

- a) routine and regular management and monitoring of the quality of care and support
- b) internal quality assurance systems which effectively identify issues which may have a negative impact on the health and welfare of people supported
- c) clear recording and evidence of actions taken when an issue has had an impact on the health or wellbeing of people supported
- d) timely reporting of notifiable events to the regulator in line with the guidance records that all registered care services (except childminding) must keep and guidance on notification reporting (Care Inspectorate 2012)
- e) following its organisational policy and procedure when dealing with complaints. Complaints should be

clearly recorded and include information about how these were resolved.

This is to comply with regulation 3 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 23 May 2024.

Action taken on previous requirement

A range of audits were regularly completed. There was evidence of routine audits to monitor the quality of care including daily notes audit, medication administration records (MARS) audit, infection, prevention and control (IPC) audit and work on an overarching audit of all areas of service delivery.

We could see that quality assurance (QA) was identifying issues. Significant events were checked on a monthly basis. QA included complaints, late or missed calls, accidents/incidents, medication errors, and adult protection. The management team had improved oversight by developing their electronic care planning system including dashboard warnings when care had not been completed.

Clear recording was evident and actions were noted when any issue that may have impacted on the wellbeing of people supported was identified. We saw examples of where staff members repeated training so that people could be assured they had a complete understanding of the topic and were knowledgeable.

Notifications were being made in line with guidance. Evidence of appropriate management around incidents/accidents was clear.

There was a complaints policy in place and being followed. Internal QA was covering this on a monthly basis.

Met - within timescales

Requirement 2

By 2 August 2024, the provider must ensure people are kept safe by implementing and completing safe recruitment processes. To do this, the provider must ensure, at a minimum:

- a) recruitment practice follows good practice guidance from the SSSC and Care Inspectorate (Safer Recruitment Through Better Recruitment, September 2023)
- b) employer references are obtained prior to new employees starting work
- c) SSSC registrations are maintained, regularly audited, and appropriate notifications made to the SSSC when employees are no longer employed by the service.

This is to comply with Regulation 9(1) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS)

which state: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 23 May 2024.

Action taken on previous requirement

There was an updated recruitment policy in place. This referred to 'Safer Recruitment Through Better Recruitment September 2023'. We sampled three staff files. There was a new checklist and onboarding process. The policy covered all aspects of guidance, however it needs to be implemented fully to ensure safer staffing.

Pre-employment checks had been completed prior to people starting work. Staff we spoke with all told us they had shadowing and induction opportunities. Records sampled demonstrated that employer references were obtained prior to new employees starting work.

SSSC registration had been maintained and audited. Oversight of one missed registration was identified and was actioned immediately and the provider implemented a risk assessment for this.

Met - outwith timescales

Requirement 3

By 2 August 2024, the provider must improve the quality of recording within care plans to ensure that people receive care and support that is right for them. To do this, the provider must, at a minimum ensure:

- a) each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs
- b) support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified
- c) future needs are anticipated, documented and reviewed
- d) support plans are regularly reviewed and updated with involvement from people, relatives and advocates (if required)
- e) detailed care reviews are undertaken regularly which reflects people's care needs and preferences.

This is to comply with Regulation 5(2)(b) (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 (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 23 May 2024.

Action taken on previous requirement

All people using the service had a care plan with their outcomes detailed and how to meet these with a person centred focus. The service had worked hard to implement the care plans using the new electronic care planning system, which had been in place for a period of two months.

We saw accurate and up to date risk assessments and looked at a care plan being updated following a person having a fall. There were clear directions for staff to keep people safe and minimise risk.

Future needs plans had not been completed or started for people meaning that future choices and wishes were not anticipated nor recorded in care plans.

Care plans were reviewed every six months or when a persons needs changed. There was limited involvement from people though there was evidence of one person signing their personal plan following a review of their care. There was no documented use of advocacy for people who had no family.

Whilst there was a tracker for reviews not everyone has had a review of their care. We asked that a more detailed record is kept of when people are due to have their care reviewed and minutes used to update the care plan.

This requirement had not been met however progress was being made and further time was needed to fully meet this requirement. We have agreed an extension until 1 February 2025.

Not met

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 health and wellbeing, the provider should regularly assess staff knowledge and understanding of medication policy. Competency assessments should be regular and robust.

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).

This area for improvement was made on 23 May 2024.

Action taken since then

We saw recent records of field work observations, these included assessment of staff knowledge and practices of medication policy and practice. There was a tracker for oversight of when staff had their medication competency assessed. There were details of all of the staff actions observed and an action plan for when people had not passed and required further training or support. Staff completed a refresher training course and some staff went on to do the full medication course again. The provider regularly assessed staff knowledge and competency.

This Area for Improvement has been met.

Previous area for improvement 2

To ensure people are supported by trained and competent individuals, the provider should complete a training needs analysis for staff to address gaps in skills and knowledge and develop a training plan to ensure staff are given access to training relevant to their role. This should be supplemented by a programme of robust observations of staff practice and formal supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 23 May 2024.

Action taken since then

The provider had completed a training needs analysis for all staff. There was a training matrix last updated November 2024. There was a training matrix action plan which included all staff requiring refresher training. All staff had individual training plans and included refresher training competency/ observations. People we spoke with told us they felt staff were well trained. Staff were confident in requesting if they required additional training. Monthly compliance figures for e-learning were available and fed into planned training for staff.

Records of formal supervision demonstrated that staff had at least one recent supervision session. The last meeting and next meeting dates were recorded. We spoke with staff who advised that supervision was helpful and constructive, they had all had observations of their practice. We noted that records captured further development needs. There were examples of service user feedback about staff discussed at supervision.

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.

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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