

Rutherglen Care at Home Service Housing Support Service

Social Work Resources
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Unannounced

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Service provided by:
South Lanarkshire Council

Service provider number:
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CS2004073574

About the service

Rutherglen Care at Home Service is registered to provide care and housing support to people living in the community. The service provider is South Lanarkshire Council. The service operates from an office base situated in Cambuslang.

Care and support is provided to people with a range of support needs in their own homes across the Rutherglen, Cambuslang and surrounding areas. This includes support with various health care needs, personal care and assistance, medication support and practical assistance to live independently.

The service also manages and supports the home care staff who provide an alert response when a community alarm is activated across the whole of the South Lanarkshire area.

A key aim of this service is 'supporting individuals to maximise their independence, choice and control while remaining at home is a priority of South Lanarkshire Council and its health and social care partners'.

At the time of the inspection, the service was providing care at home support to 305 people.

About the inspection

This was an unannounced inspection which took place between 29 January & 5 February 2025. The inspection was carried out by three inspectors 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 40 people using the service and 13 relatives / family members
- spoke with 33 staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection, we asked the service to issue surveys to people in the service, to staff and to supporting professionals: We received 19 responses from people who use the service, 25 responses from staff and 19 from supporting professionals.

Key messages

People were overall very happy with the quality of the care and support service they received.

People supported by the service were treated with dignity and respect.

People and their families were reassured by the Alert teams responses when their community alarm was activated.

Care documentation and risk assessments were detailed and reflective of people's needs.

Some people and their relatives felt communication from the office could be improved.

Quality assurance and improvement was led well.

Staff consistently told us they felt valued and supported by the management team.

People supported had regular care reviews and relatives were encouraged to be involved.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed during visits how people were supported by staff and saw meaningful relationships with respectful, warm, and kind interactions. Staff engaged positively with people supported and their home carers, treating them with genuine warmth, care and compassion.

People supported and relatives had confidence and faith in the staff. We were consistently told they felt valued, respected and benefitted from building trusting relationships with staff providing the support.

Some comments we received included from people supported:

"I am so fortunate to have nice staff who visit me. They are kind and considerate and look after me so well".

"I do not know what I would do without the carers, they are fabulous and I couldn't ask for better carers"

"Overall I am happy with the service, some continuity issues at times and I would like to know who is visiting me".

Relatives' comments received included:

"I am very happy with the care provided, there is good communication if there are any changes in X (person supported)".

"This service is so important to us, keeps X at home and a lifeline to me as well".

"The community alarm /staff response given to X, has always been a positive experience".

The management team strived to ensure consistency of staff as much as possible and systems were in place to monitor this. Improvements had been made in recent months to limit the number of different carers people had visiting them. We were assured, by discussions with the management team, of their responsiveness to make further improvements around scheduling to improve staff consistency.

When there was a change of home carer, we were consistently told there was no communication with the person / relative. For some, this may have little impact, for others this can have a negative impact on their sense of safety and wellbeing (see area for improvement 1).

Staff had access to people's personal support plans and risk assessments prior to supporting the person for the first time. This meant that people were overall reassured from that initial visit, that staff knew how to support them with the care and support they needed.

Many people relied on the staff to support or administer their prescribed medication. Staff were trained in the administration of medication and observations of practice were carried out by senior staff. The Medication Administration Records (MAR) used to document medication administration were completed consistently. People's level of support with their medication was detailed within their personal plans. Where any medication errors occurred, health advice was sought to ensure the person was not adversely affected and there was a clear process for reporting.

Referrals to other health and social care professionals, when needed, were prompt and information to guide care was updated with any relevant advice. People could be confident that, should additional healthcare input be needed, the service would ensure that this was received.

Areas for improvement

1. To ensure people supported know who will be providing the care and support at home. The provider should improve the systems to consistently communicate to people receiving care any changes to the staff scheduled to provide the care.

This is to ensure care and support is consistent with the 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).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Feedback from people supported, relatives, staff and professionals was positive about the responsiveness and joint working arrangements with staff and service. People supported and relatives, consistently told us that they felt their views were encouraged, informed the individual supports and the service was responsive to any comments and concerns raised. This assured people and their families that their views and opinions were valued.

The management team had an effective quality assurance systems to monitor standards of care and the quality of staff. There was a range of comprehensive audits and monitoring/observation systems in place to drive forward improvement.

The service improvement plan was primarily driven by the findings of the self-assessment completed which had identified key areas for development. This included developing a call handling script and flowchart to assist the call handling staff to triage the community alarm / alert call, assess to help prioritise the response required. This demonstrated the service had a good overview of areas for development and were prioritising these in accordance with risk.

Throughout the inspection, we were able to review evidence supporting these areas, confirming that the improvement plan was a dynamic document that actively guided service improvement.

The management team worked collaboratively with other agencies and professionals to strengthen service delivery. They were viewed positively as having a focus on people to improve the quality of service provided. One professional told us "There is good communication between the care at home staff / management and the social work team, this has positive impacts upon the people supported and their families".

The management team had a good overview of staff development needs to ensure that they had the essential skills and knowledge to provide safe and effective support. Reflective practice sessions were held with the staff to discuss and raise practice standards. A robust induction programme was in place for new staff and effective systems were used to ensure staff had completed and refreshed mandatory and essential training. This included systems to monitor staff registration with the Scottish Social Services Council (SSSC) and training compliance. This meant that leaders promoted the safety of people using the service by ensuring staff were registered with the SSSC and were competent to meet people's needs.

We were reassured that the management team had good oversight and were aware of the areas of the service they had identified to improve. The team were also receptive to the feedback from the inspection to incorporate into the overall service improvement.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff had a good understanding of people they supported and developed positive relationships which extended to people's families. We observed genuine and familiar interactions between staff, people and their families. One relative told us "The staff are lovely and give my mother great care, they are very well managed and treat her with respect". This indicated that people felt comfortable with staff who were providing their care and support.

The staff arrangements are part of the overall home care delivery in the areas the service operates in and includes the council wide community alarm response. These were regularly reviewed and updated to ensure there were sufficient staff working within and across the service.

Staff spoken with, were very positive about working for the service and the teamwork that takes place. Staff felt very supported by their line managers and their peers and confirmed staff wellbeing was a focus by the management of the service. Regular team meetings and patch meetings were taking place. Staff recognised the importance of their role, in particular, in supporting and enabling people to live in their own homes. It was evident that staff had a real commitment to providing support to people they work with.

Staff supervision was taking place, however not on the consistent basis expected. Supervision provides an important opportunity for the staff to discuss their work, reflect on practice and consider how to improve outcomes for people. The management team assured us that this would be an area improved on.

Staff consistently told us that the management team were approachable and open to listening to any concerns they may have.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People supported had a care folder in their homes that contained their personal plans and risk assessments. We found on our visits, people's personal plans detailed information about individual's abilities, routines and preferences. People had access to their individual personal plans and other related documentation which promoted their rights in relation to information held about them.

Staff had access to electronic care documentation on their work issued phone, this helped the staff to read or record any changes to people's health or care needs. For example, if someone was unwell and had an infection. This helped ensure that staff were prepared before they entered the person's home.

The personal plans sampled were well organised and contained good information about people's choices and preferences. People's health needs were recorded clearly. There was good detail about what was important to the person, around communication, supported needs and risk assessments. This meant staff were supported with the relevant information to help them understand different health conditions, including some potential risks and how any contributing factors affected people.

The management team had a system to ensure that people's personal plans were formally reviewed with the person supported and/or their representative at least every six months. This provided opportunities for people to be meaningfully involved in shaping and evaluating their personal plans.

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

Requirements

Requirement 1

The provider must review all personal care plans at least once in every six-month period and more frequently where circumstances require this, in particular;

- (a) When requested to do so by the service user or any representative
- (b) When there is a significant change in a service user's health, welfare or safety needs.

If changes are agreed at the review, the personal care plan must be updated accordingly. A copy of all reviews must be made available to service users and or any representative.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me."

It is also necessary to comply with Regulation 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011.

Timescale: 31 January 2020.

This requirement was made on 18 December 2018.

Action taken on previous requirement

There was evidence from the personal plans sampled of 6 monthly reviews consistently taking place. These included when there had been a significant change for individuals supported. People, and relatives also confirmed that care reviews were regularly taking place and involved relatives / friends where appropriate.

This requirement was assessed as being met.

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

People experiencing care should have confidence that they will have consistency in their care from staff who know and understand their needs well. To achieve this the provider should ensure:

The number of staff involved in providing support is kept to a minimum.

All attending staff are fully aware of the care plan and how to support the person they are visiting.

This area for improvement was made on 12 November 2021.

Action taken since then

There was evidence to reflect consistency of carers and times of support being provided. This was supported by care diaries, feedback from people supported and staff. Staff consistency is an area the service are continually monitoring and seeking improvement on. Staff have electronic access to people's personal support plans and risk assessments prior to supporting the person for the first time.

This area for improvement was assessed as met.

Previous area for improvement 2

People experiencing care should have confidence that changes to their planned care and support and the staff who will be providing this, will be communicated in a timely manner.

This area for improvement was made on 12 November 2021.

Action taken since then

There was evidence from people supported, relatives and survey responses of communication around changes to carers not consistently taking place. For some people this may have little impact, but for others this can have a negative impact on their sense of safety and wellbeing. We have reworded this area for improvement.

This area for improvement was not met and reworded (see KQ 1).

Previous area for improvement 3

To ensure people experiencing care can have confidence in the service provided and their right to be protected from possible harm, all reported incidents should be promptly recorded, and where appropriate, fully investigated.

This area for improvement was made on 12 November 2021.

Action taken since then

We found there was good evidence from the records sampled of staff / service escalating any significant events and or protection concerns. Staff demonstrated a clear understanding of their role and responsibilities, staff had access to forms on their devices to report any concerns to the appropriate person. Where required, these were being enquired into or formally investigated further.

This area for improvement was assessed as met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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