SRS Care Solutions (Central) Ltd
Support Service

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Type of inspection:
Unannounced

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Service provided by:
SRS Care Solutions (Central) Ltd

Service provider number:
SP2024000279

Service no:
CS2024000349

About the service

SRS Care Solutions (Central) Ltd is registered to provide a combined care at home and housing support service to older people and adults with physical disabilities in their home and in the community.

The service is provided by two teams of staff, based in Hamilton and Paisley, supporting people living in South Lanarkshire, Glasgow, Renfrewshire and East Renfrewshire.

At the time of the inspection the service was supporting 58 people.

About the inspection

This was an unannounced inspection which took place between 20 and 23 January 2024. The inspection was carried out by four inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since registration. This was the first inspection of the service since registration.

In making our evaluations of the service, we:

- spoke with 14 people using the service, during home visits
- spoke with six relatives, during home visits and a phone call, and also received feedback from two relatives through a questionnaire issued during the inspection
- spoke with 11 staff, including management, and received feedback from seven staff through questionnaires issued prior to and during the inspection
- observed practice during home visits
- reviewed relevant documentation
- contacted four local authority commissioning teams.

Key messages

- People were happy with the care and support provided and could not speak highly enough of their regular staff.
- The service's quality assurance systems needed to be reviewed.
- SSSC and service registration records needed to be accurate and kept up to date.
- Feedback from people who use and work within the service, needed to be collated to inform the improvement plan.
- Management needed to ensure that staff training, development and support was up to date.
- Personal plans needed to reflect all relevant information and be accessible to people they support.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	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 well do we support people's wellbeing? 4 - Good

We evaluated this key question as good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We accompanied staff on their visits to people, in their own homes, observed positive interactions between staff and people using the service, and spent time speaking with them and their relatives. People were happy with the care and support provided and could not speak highly enough of their regular staff. People told us that the continuity of staff and the genuine care and kindness shown by staff was really important to them. Some people also told us that the service had improved and some of the staff, who had been recently promoted, had made a positive difference to the service provided.

Some people did highlight a couple of areas that could make the service better for them. These included, ensuring that information given to on-call was passed on to support staff and that the detail of what meals people were offered was recorded so as to avoid repetition. Management agreed to review these.

There was evidence of appropriate referrals when people's needs changed, which lead to additional equipment being provided or a change in allocated care hours.

People's support included personal care, support with meals, medication and social activities. During home visits, we saw that people were offered choices at mealtimes and assistance to take their medication. We found that medication practice was overall safe, however we discussed some practices in relation to 'over the counter' and 'as required' medication that could be managed and recorded more clearly. Management agreed to review these. We made an Area for Improvement to ensure that medication practices followed best practice and were reviewed on an ongoing basis as part of quality assurance (see 'Quality assurance and improvement is led well', Area for Improvement 1).

Some people were supported with social activities over a one or two hour period. People told us that they were supported to go to the gym, play pool, go out for shopping or lunch, or just spend quality time at home with some company. This helped to support people's mental wellbeing.

We saw examples of compliments, mainly about staff and the care provided, emailed from relatives or from when staff made phone calls to people using the service and their relatives. We saw that staff we able to offer an alternative visit time when asked by a relative and take staff preferences into account, where possible. This helped to ensure that people got the right care and support for them.

How good is our leadership? 3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance need to improve to ensure people consistently experience good outcomes.

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. Management used quality assurance tools which allowed them to monitor a number of areas across the service. These included accidents and incidents, recruitment of new staff, leavers, training, supervisions, observations of practice, people's personal plans and care reviews. However, we noted that not all information was fully updated. This meant that it was difficult to see if all the relevant and

correct processes had been completed.

This also related to the oversight of staff registrations with the Scottish Social Services Council (SSSC). The registers held by the SSSC and the service needed to be reviewed to ensure that both were accurate.

The manager used a monthly audit which reviewed a number of areas in relation to staff, people using the service and records compliance. However, this had not been completed recently.

Information, from the electronic personal planning system, was used to monitor if planned care and visits had been carried out. This showed that these were completed to an acceptable level.

The service had an improvement plan which contained a number of areas, with actions and processes, and demonstrated oversight of some key areas. However, it was not clear when the areas for improvement had been added to the plan, what the target date to achieve the outcome was and how progress was being measured. Improvement plans should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound), reflecting the improved outcomes to the service and the people they support. We directed the management to tools that could help them to demonstrate these outcomes more clearly.

Where quality assurance processes are not used to their full potential, there is a potential risk for poor outcomes. We made an Area for Improvement for management to review their quality assurance processes and tools, making sure that they were being used as intended, and to the benefit of people who use and work in the service (see Area for Improvement 1).

We saw an example of how complaints were appropriately investigated and complainants responded to. We asked management to ensure that they keep a detailed record of the investigation conclusion and outcome feedback to the complainant.

We were told that the care co-ordinators and supervisors provided an on-call service. We saw an example of the calls received and the appropriate actions taken. We suggested that they develop a live system, which all relevant management had access, to record and view all calls and actions taken.

Management were not able to clearly demonstrate how people were involved in improving the service. We were told that the service did not use surveys to gain feedback about the service provided, however they were now looking to create a survey. We also discussed how they could use processes currently in place, such as observations of staff practice, and be proactive in gaining feedback. We saw that observations of staff practice did have a section for people's comments, but this was blank on the examples provided to us. We made an Area for Improvement to ensure that gaining, collating and actioning feedback is reviewed on an ongoing basis as part of quality assurance (see Area for Improvement 1).

We viewed a few relevant policies, and found that further work was needed, with some, to ensure that they reflected actual practice within the service. We were also aware that the service had a condition on their registration, to further develop their policies, to reflect current best practice guidance and legislation by 31 March 2025. Management told us that work was ongoing, to develop their policies, and they were being supported by their local authority to achieve this.

Areas for improvement

1. To ensure that people experience a service which is well led and managed, and which results in better outcomes for them, the manager should:

a) review the use of the service's quality assurance systems to ensure these are used as intended and reflect improvements made within the service
b) ensure that all medication practice and recording follows best practice
c) review SSSC and service registration records to ensure these are accurate and kept up to date
d) implement an effective improvement plan to address any areas for improvement identified
e) collate feedback from people who use and work within the service to inform the improvement plan.

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);
'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8); and
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team? 3 - Adequate

We made an evaluation of adequate for this key question. We found strengths which had a positive impact on people, but key areas of performance need to improve to ensure people consistently experience good outcomes.

Staffing arrangements were determined by the care and needs assessment, carried out by the service or social work, with the timing of visits agreed with people using the service and their relatives. We saw, where times of visits or individual staff did not suit people, that adjustments were made by the service where possible and an agreement reached.

We saw that the recruitment of staff was safe and followed best practice guidance. The use of competency based scenarios and questions gave management further insight into applicants' knowledge, experience and skills. This helped to ensure that people were supported by staff who understood their needs.

The service had an induction pack which provided new staff with relevant information, including an employee wellbeing support resource. We suggested that including references to the Health and Social Care Standards (HSCS) would help staff to be more aware of these. Induction, consisted of shadowing experienced staff and completing practical and mandatory training.

However, from training records viewed, it was not clear which training was mandatory and there were a number of staff who had not completed recent training. Records did also not capture requirements in relation to staff achieving their professional qualifications and a plan for how these would be achieved. We could see that some training was booked but there were no actual dates of when the training would take place. We also highlighted some infection prevention and control practice, that we observed during home visits, that did not follow best practice. We asked management to ensure that staff training, and their records, were up to date and we made an Area for Improvement, to ensure that all staff had relevant training to provide the care and support needed (see Area for Improvement 1).

Staff, we spoke with, were overall positive about the training and support they received, and they spoke about receiving supervision, observation of practice and attending meetings with their colleagues. There

was also evidence of career progression within the organisation which allowed staff to build on their knowledge and skills.

However, as previously reported, we found that the overview of when staff were involved in supervisions, observations of practice and meetings was not fully updated. Individual records sampled did show relevant discussions about staff practice and training needs but discussions about reflective practice, staff wellbeing and date of next meeting were not always evident. Also in relation to the infection prevention and control practice, we observed during home visits, it was important that observations of practice were specific about the level of practice expected and achieved. We made an Area for Improvement to ensure that all staff had relevant support to provide the care and support needed (see Area for Improvement 1).

The service had carried out a staff survey and the responses were overall positive. The majority of staff reported that morale was good, that they felt supported by management, had enough time to meet people's needs and that staffing levels were appropriate. Some staff did highlight some areas that could improve the service and these should form part of the Service Improvement plan. This should then evidence improvement in outcomes for people who use and work in the service (see 'Quality assurance and improvement is led well', Area for Improvement 1).

Areas for improvement

1. To ensure that staff receive the relevant training, development and support, to provide the care and support needed, the manager should:

a) ensure staff complete any outstanding mandatory training, including professional qualifications
b) develop a training needs analysis that identifies any service specific training related to the needs of the people being supported
c) support staff through regular meetings, supervisions and observations of practice.

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, 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? 4 - Good

We evaluated this key question as overall good, where a number of strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service used an electronic personal planning system, and we found that the level of information was detailed and person centred. We reviewed personal plans of the people we had met during home visits and we could see that the detail clearly reflected the individual's routines, preferences, interests, who and what was important to them.

We saw that relevant care plans and risk assessments, the majority of which had recently been updated, informed staff practice on how people's care and support was to be provided. We highlighted a couple of areas that needed updating and we saw some completed six monthly care reviews but it was not clear how these were reflected within personal plans.

We also felt that plans would benefit from having additional information around people's future care planning and if any legal powers such as Power of Attorney or Guardianship were in place. This is particularly relevant where people do not have the capacity to make important decisions about aspects of their care and support. We were aware that information in relation to Adults with Incapacity was being collated but this was at an early stage. We have made an Area for Improvement to ensure that this is followed through and personal plans updated (see Area for Improvement 1).

The electronic system allowed live access for staff, management, people using the service and their relatives. However, a number of the people we spoke with did not have access to the electronic system, therefore were at a disadvantage. They were not able to view any of the detail in their personal plan, see which staff were scheduled to provide their care or if planned visits had occurred on time. We discussed with management how this could be improved for people, especially those who may not be good with or just not want to use technology (see Area for Improvement 1).

We saw in personal plans that staff would go to the shops for some of the people they supported. We saw that the service had a relevant policy in place, for handling people's money, and we discussed with management about ensuring that the processes in place were robust. This would help to protect both people using the service and staff.

We were also made aware of the use of cameras by a relative, which helped them to keep in contact and monitor their relative's safety. We discussed with management, the processes and consent that should be in place, to safeguard people's, including staff, rights when cameras were in use.

Areas for improvement

1. To ensure that people receive the care that is right for them, the manager should ensure that:

a) people are involved in six monthly reviews of their care and this is reflected in their personal plan
b) personal plans reflect appropriate information regarding people's future care planning and legal powers, including Adult with Incapacity
c) people are able to access their personal plan and information related to their care and support.

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);
'My care and support meets my needs and is right for me' (HSCS 1.19); and
'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

Complaints

There have been no complaints upheld since registration. Details of any upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	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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