# Renfrewshire Carers Centre Care at Home Support Service

Unit 33 Level 1
Abbey Mill Business Centre
St James Clark Building
Paisley
PA1 1TJ

Telephone: 0141 483 5430

**Type of inspection:**
Unannounced

**Completed on:**
5 February 2025

**Service provided by:**
Renfrewshire Carers Centre

**Service provider number:**
SP2004006777

**Service no:**
CS2004076545

## About the service

Renfrewshire Carers Centre Care at Home service is a voluntary organisation registered to provide care at home support to adults and young people, in their own homes across Renfrewshire. Support is provided throughout the day and operates from their office base in Paisley.

Some elements of support has transitioned over the years. As such, the provider has submitted a housing support service registration with the Care Inspectorate. This will ensure they can continue to provide support with housing support related activities.

At the time of inspection, the service manager was supported by a service lead, two senior support workers and a team of support workers. Ninety-seven people were being supported by the service.

## About the inspection

This was an unannounced inspection, to follow up on requirements from the inspection finalised on 18 June 2024. The inspection was carried out on 5 February 2025, between 09:15 and 16:50 hours and 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 staff and management
- spoke with two board members
- reviewed documents.

## Key messages

- Medication administration and recording had improved, which enhanced consistency of support to people.
- The management have improved their quality assurance systems, which has given a clearer overview of the service.
- The board of directors have improved their oversight and day-to-day knowledge of service provision, in line with their legal responsibilities in relation to the service.
- Recruitment processes had improved; however, require to be fully implemented to ensure recruitment is inline with good practice guidance.
- Improvement was evident in all required areas made during the previous inspection. As a result, people's needs were being met more effectively.

## 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 good is our leadership? | 4 - Good |

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

## How good is our leadership? 4 - Good

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

In relation to this key question, two requirements were evaluated from the initial inspection.

Since then, the service had put an action plan in place to manage the improvements needed.

The service had developed their quality assurance system, giving the manager a clear overview of key activities across the service. There were developments in reporting to the board of directors, which increased their oversight and understanding of the service and met their legal responsibilities.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

**Key question 2.2 will be re-evaluated to 4, good.**

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

### Requirements

**Requirement 1**

By 4 November 2024, the provider must ensure that robust and effective quality assurance processes are in place, to ensure people experience consistently good outcomes.

This should include but not be limited to:

a. Development of a service improvement plan, which identifies short, medium and long term service priorities. The provider should ensure the plan is influencing improvement actions and is reviewed regularly

b. quality audits and action plans, including care planning, finances and medication, must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.

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:

"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 18 June 2024.**

### Action taken on previous requirement

A service improvement plan had been developed detailing long, medium and short-term improvements. This covered a wide range of areas with realistic achievement dates. The plan had been updated with improvements which were signed off when completed. This gave a good indication of the improvement journey and planned ongoing developments.

A quality assurance framework had been developed, outlining what was required to be done, when and by who. This enabled senior staff to be clear about their role in relation to quality assurance activities.

Audits were being carried out regularly, with actions for improvement identified. Actions required were being discussed with staff and support put in place to develop skills and understanding.

Over the course of the past few months, we saw ongoing improvement and progression in relation to medication recording and care planning as demonstrated by the audits. It would be beneficial to develop the medication audit to include a visual check to give assurances in relation to medication held within people's home environment.

### Met - within timescales

## Requirement 2

By 4 November 2024, the provider must appoint a registered manager with regular involvement and clear oversight of the day-to-day operations of the service. Until the appointment of a registered manager, there should be clear reporting mechanisms in place to give the board of directors direct oversight of the service and ongoing key activities.

The board of directors should have a clear understanding of their legal responsibilities in relation to the service.

This is to comply with Regulation 17 (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 use a service and organisation that are well led and managed" (HSC 4.23).

**This requirement was made on 18 June 2024.**

### Action taken on previous requirement

The registered manager was appointed in November 2024, which brought stability and stronger connection to the organisation.

The registered manager has been attending full board meetings, as well as continuing to provide reports detailing key information in relation to the service. This has improved their knowledge and raised the profile of the service with board members.

Senior staff have had the opportunity to get involved with the wider board, joining in subgroups which is strengthening visibility and connection with the organisation.

Met - within 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 service should have robust systems in place to ensure safe and effective management of medication, following good practice guidance.

To do this the service should ensure:

a. an up-to-date medication policy is in place, which all staff have confirmed they have read and understood

b. detailed protocols are in place for each medication that has been prescribed "as and when required". They should include information on communication with carers, when it should be given, intended outcome and thresholds for further action

c. section 47 paperwork is in place when supporting with level 3 medication

d. medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.

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 18 June 2024.**

Action taken since then

The service's medication policy was updated in August 2024. This gave clear guidance and direction to staff in relation to their responsibilities with regards medication support, breaking down levels and the expectation of each. Information was clear with regard to training requirements and ongoing competency checks.

Senior staff were checking prior to medication observations, that staff had read and understood the policy. This ensured staff were clear about the requirements in relation to how support should be provided.

Observations of medication support were carried out by senior staff. Observations covered a range of areas giving the management team assurances regarding the competency of staff providing support.

Feedback was given following observations on both positive practice and developmental needs of staff. Any areas that required following up were documented and signed off when completed.

Initial assessments and care plans included information regarding medication support required. If medication administration was required, section 47's (legal authorisation to administer healthcare) were sourced, with tracking of review dates to ensure they were always current.

For medication prescribed "as required", protocols had been developed detailing clear information about when medication should be given, what to look out for and follow up actions required.

**This area for improvement is met.**

### Previous area for improvement 2

The provider should improve the consistency of recording within care plans to ensure that people receive the care and support that is right for them.

To do this, the provider should, 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. each person has up-to-date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified, which are then linked to support plans

c. support plans are regularly reviewed and updated utilising evidenced based information and feedback from people and relatives

d. detailed care reviews are undertaken regularly which then influence an update on the support plan and support provided.

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 area for improvement was made on 18 June 2024.**

#### Action taken since then

Support plans had been updated to give person-centred information in relation to what clients were looking to achieve from support and how support should be provided. Some care plans outlined strengths based information, highlighting what people were able to do for themselves. Plans gave detailed information in relation to supporting people experiencing stress and distress and how to minimise the impact of this.

Identified risks were integrated into the plan, so it was clear for staff how to provide support whilst minimising potential risks.

Support plan reviews and formal care reviews were taking place six-monthly. Feedback was sought from clients and their loved ones on current support provided and anything that could be done differently. Changes in support required were identified and support plans updated to reflect the current information.

**This area for improvement is met.**

### Previous area for improvement 3

To ensure that people are protected through safe staff recruitment, the provider should ensure that the recruitment policy, procedures and practices are aligned with best practice and legislation.

This should include but not be restricted to right to work information being checked and stored with human resource files and the manager having clear oversight of all recruitment information.

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).

**This area for improvement was made on 18 June 2024.**

#### Action taken since then

The recruitment policy had been updated to reflect updated guidance and good practice in relation to recruitment procedures, linking in relevant legislation. This could be further improved with more detailed guidance with regards requirements in relation to right to work checks and how these should be undertaken.

From the recruitment files sampled, there were a small number of instances where the policy had not been followed. This included a reference not being supplied until after a start date and the reasons for a large gap in employment not being documented.

The manager advised the service now has support of a human resources administrator for several hours every week. As their remit will be overseeing recruitment and human resource files, they are confident that this will improve compliance throughout the service.

Whilst we can see there had been developments and improvements in relation to safer recruitment guidance being followed, this was not happening consistently.

**This area for improvement is not met and will be reinstated.**

### Previous area for improvement 4

To promote the safety and wellbeing of people supported, the provider should ensure all staff have the opportunity to reflect on and develop their practice, in relation to current good practice guidance.

This should include access to regular effective supervision and team meetings.

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 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 18 June 2024.**

### Action taken since then

A schedule of quarterly supervision had been implemented, with all staff having supervision in the last quarter of 2024 and again in January 2025. Monthly check-ins were also scheduled with staff in between formal supervision, giving the opportunity to discuss any updates, concerns or issues.

Supervision notes demonstrated two way discussions between the staff member and their supervisor. There was encouragement to reflect on their role, current support being provided and organisational values.

Weekly team meetings had been continuing with senior and office staff, covering a range of operational topics. This included positive feedback to the team in relation to their planning for over the festive period and catching up with supervisions and auditing after the holiday period.

Team meetings are scheduled to begin over the coming weeks, with plans to continue on a quarterly basis. This will include the opportunity to discuss service and organisational information as well as practice development.

**This area for improvement is met.**

## Previous area for improvement 5

The provider should build their knowledge of The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) and how this impacts on the organisation. This is to ensure that effective methods are in place to support evidence based assessment and planning of staffing levels and deployment.

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 because people have the necessary information and resources" (HSC 4.27)

**This area for improvement was made on 18 June 2024.**

### Action taken since then

The manager had developed a clear understanding of the legislation and her role in relation to ensuring staffing levels were adequate to meet people's needs, as well as maintaining the wellbeing of staff.

Weekly meetings with senior staff ensured there was appropriate staffing, with timetabled support that was manageable and achievable for staff, whilst supporting consistency in support for clients. Future plans in

relation to recruitment were also discussed, ensuring the service maintains sufficient staff to meet ongoing service demands.

There was a focus on staff wellbeing, with monthly check-ins with staff, outwith formal supervision, to ensure staff had the opportunity to raise any issues or areas of concern.

**This area for improvement is 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 good is our leadership? | 4 - Good |
|---|---|
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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Care Inspectorate
Compass House
11 Riverside Drive
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