

Kippen Care Services Support Service

Tayview Industrial Estate
Friarton Road
Perth
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Telephone: 01738 310 585

Type of inspection:
Unannounced

Completed on:
25 February 2025

Service provided by:
Kippen House Ltd

Service provider number:
SP2003002495

Service no:
CS2004078862

About the service

Kippen Care Services is registered by the Care Inspectorate to provide a combined care at home and housing support service for adults and older people within Perth and Kinross. The company's office is based in Perth.

The service is registered to support people from the age of 18-years upwards, including those with disability or mental health issues. Most service users are older people. A 24 hour on-call service is provided.

The registered manager and depute are supported by a team of coordinators. They co-ordinate the overall running of the service and carers who provide direct care to people in their own homes.

The service shares the same management team, office premises, policies and procedures, and training programme as Rigifa Home Care Service.

About the inspection

This was an unannounced follow up inspection which took place on 25 February 2025. 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 staff and management; and
- reviewed documents.

This inspection was carried out specifically to follow up on the four requirements and one area for improvement made in the inspection report dated 15 May 2024.

Key messages

- Systems were in place to monitor staff competency and promote good standards of care.
- Staff training opportunities had improved.
- Quality assurance systems had been put in place.
- People's care was being monitored and formally reviewed every six months.

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

Requirements

Requirement 1

By 1 August 2024, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include, but is not limited to:

a) ensure audits are being completed regularly to monitor and check the quality of service being provided, and ensure that any areas for improvement identified as a result of an audit are addressed without unnecessary delay.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

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 15 May 2024.

Action taken on previous requirement

The manager had implemented a range of quality assurance tools to support and drive improvement within the service.

A system of quality assurance audits had been introduced covering areas such as care planning, reviews, staff development and professional registration of staff. Regular reporting on performance was now taking place which also helped direct resources to ensure appropriate actions were taken. We saw that increased time was spent with people, reviews and care planning activities were being caught up with and feedback about the service had overall improved in regard to consistency of staff and quality of support provided.

The service had completed a self evaluation exercise and used the information to inform their improvement and development plan.

There was a plan to continue to improve and enhance the service and we look forward to seeing how this has been developed at our next inspection.

This requirement has been met.

Met - within timescales

Requirement 2

By 1 August 2024, you must ensure that all staff have been safely recruited following both best practice guidance and the providers policy and procedures.

In particular, you must:

- a) ensure PVG checks are carried out on all new employees; and
- b) access two satisfactory references, with one being the most recent employer.

This is in order 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 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 requirement was made on 15 May 2024.

Action taken on previous requirement

During this inspection, we sampled four staff files and found that the service was following safer recruitment practices. Right to work, PVG (Protection of Vulnerable Adults) and reference checks had been carried out on all newly recruited staff members.

The service had started using a staff folder audit tool to ensure all necessary checks had been completed.

This requirement has been met.

Met - within timescales

Requirement 3

By 1 August 2024, the provider must ensure that people are supported by a staff group fully trained to meet their assessed needs.

To achieve this, the provider must:

- a) produce a training needs analysis and staff development plan that reflects training the staff group require;
- b) ensure staff have access to training to meet the needs of people being supported. This must include, but is not limited to, moving and handling and medication management; and
- c) ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

This is to comply with Regulation 15 (b)(i) (Staffing) 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 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 requirement was made on 15 May 2024.

Action taken on previous requirement

A comprehensive suite of online and practical training was in place for staff.

We saw that the service had implemented regular monitoring of staff practice around medication administration, moving and handling and infection prevention and control. Work had also been done to ensure staff received regular supervision. This meant that the service could be assured staff were knowledgeable and able to practice safely.

The service should continue to prioritise this and ensure that all staff practice is regularly monitored to maintain good standards of care and support.

This requirement has been met.

Met - within timescales

Requirement 4

By 1 August 2024, you must ensure there is a robust system in place to monitor the care plan reviews.

In particular, the provider must:

- a) ensure and record that people and/or their representatives are involved in their care reviews.

This is to comply with Regulation 5(1) and 2(c) (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 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) and

'I am fully involved in developing and reviewing my personal plan which is always available to me' (HSCS 2.17).

This requirement was made on 15 May 2024.

Action taken on previous requirement

The management team had responded well to this requirement.

A full audit of each person's care plan had been carried out. Information that was out-of-date and no longer relevant had been removed.

We were confident that there was a robust monitoring system in place to ensure that six monthly reviews took place. People's views were central to the discussion and it was clear that care and support was delivered in line with their wishes and choices.

This requirement has been met.

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 ensure all staff receive regular, formal supervision. This is to make sure that each staff member has access to support and guidance and achieves the expected standards of practice. This also confirms that staff and managers have opportunities to discuss learning and development requirements.

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 15 May 2024.

Action taken since then

Work had been completed by the management team to ensure that all staff received regular supervision. Records of these discussions evidenced that staff had access to support and guidance. Staff were encouraged to achieve personal development as well as expected standards of care. This meant that the service could be assured staff were knowledgeable and able to practice safely.

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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