

Invercare Services - North Lanarkshire & Glasgow Branch Housing Support Service

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Airdrie
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Telephone: 03302320223

Type of inspection:
Unannounced

Completed on:
5 March 2025

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2024000203

About the service

Invercare Services - North Lanarkshire & Glasgow Branch provides care at home and housing support services to people living within North and South Lanarkshire. This service is also providing support temporarily to people living within Perth and Kinross. This is a new branch which is in the process of being registered.

The branch office is in Airdrie and at the time of inspection were supporting 153 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: support to access community resources, personal care and support and support with domestic

About the inspection

This was an unannounced follow up inspection which took place on 3 and 4 March 2025, between 09:00 and 17:00 hours. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information and intelligence gathered about this service since the last inspection.

In making our evaluations of the service we:

- spoke with one person using the service and four relatives over the telephone
- gathered feedback by email from three staff and spoke to one staff over the telephone
- reviewed documents
- gathered feedback by email from one visiting professional.

Key messages

The service had made significant improvements and had met all four requirements within timescales. In view of their progress, we have re-evaluated the service to adequate.

People who used the service in North Lanarkshire had all received their six monthly review and their personal plans were reflective of their health and wellbeing needs.

Managers had met with all staff and had carried out supervisions and competency observations to ensure that people were receiving the right support.

The full staff team had completed all required mandatory training except some aspects of e-learning.

The service had implemented quality assurance audits and had identified areas they needed to further improve.

Further development is needed in developing their service improvement plan and action plans.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

A requirement was made at a previous inspection for the service to improve how the service safely administered medication to people to ensure they received the right medication at the right time in alignment with their personal plan. This requirement had been met.

The service had made improvements to personal plans to ensure that information they held about people's medication needs, was accurate. This meant people could be assured they would receive the right medication or treatment at the right time. This included 'as required' medication which was now clearly laid out in line with good practice guidance. The staff team had been deemed competent relation to medication training and had also been observed in practice to ensure that they had consolidated their classroom based learning.

The service had implemented a medication quality audit and had picked up and resolved any issues or concerns surrounding medication that could impact on people's health and wellbeing. Action plans were time focused however, the service had not recorded evidence of when they had partially met actions which meant that some action plans did not look active when in fact, they were. To ensure the service continued to make improvements with the reviewing and monitoring of actions plans, we have made an area for improvement to be followed up at the next inspection (see area for improvement 1).

In view of the improvements the service has made, we have re-evaluated this key question from to adequate, where strengths only just outweighed weaknesses.

Areas for improvement

1. To support people's health and wellbeing, the service should continually monitor and review action plans they have generated from their quality assurance audits specific to health and wellbeing, such as, medication audits.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How good is our leadership?

3 - Adequate

A requirement was made at a previous inspection for the service to improve their quality assurance systems to ensure that people were receiving the right care and support. This requirement had been met.

There were now systems in place to monitor all aspects of service delivery. The management team had undergone training and were now in a better position to respond and track actions that needed to be made to enhance people's care. All significant events had been reported timeously and management oversight had improved. The service now had a development plan in place however, this didn't include the action areas from their own quality assurance audits which would provide an overall view of what the service were working towards. To ensure the service continued to make improvements to their service development plan, we have made an area for improvement to be followed up at the next inspection (see area for improvement 1).

In view of the improvements the service has made, we have re-evaluated this key question from to adequate, where strengths only just outweighed weaknesses.

Areas for improvement

1. To promote positive outcomes for people using the service, the provider should improve the service improvement plan by including action plans they have generated from quality assurance audits.

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).

How good is our staff team?

3 - Adequate

A requirement was made at a previous inspection for the service to improve support for staff to ensure that people were being supported by staff who had the right skills and knowledge. This requirement had been met.

Communication and direction within the service had improved. Managers were now modelling a whole team approach which acknowledged and encouraged staff input. Staff schedules had now stabilised and people had received visits from regular staff. The full staff team had received competency observations in practice (food preparation, infection prevention and control and moving and assistance) and were up-to-date with all essential mandatory training. We were assured that people were being supported by staff who had the right skills and knowledge.

In view of the improvements the service has made, we have re-evaluated this key question from to adequate, where strengths only just outweighed weaknesses.

How well is our care and support planned?

3 - Adequate

A requirement was made at a previous inspection for the service to improve personal plans to ensure they were up to date and reflective of people's health and wellbeing. This included how they quality assured personal plans to ensure they were accurate. This requirement had been met.

People who used the service in North Lanarkshire had received their six monthly review. This included updates to any associated health assessments and risk assessments that were part of their personal plan. Relatives and people were happy with their care and support. They told us, 'They are lovely so they are', 'Keep doing what they're doing' and 'they go above and beyond'.

The service had audited care plans and reviews monthly and had generated action plans on areas they needed to improve upon based on their findings. As this was a fairly new process, the service now needed time to fully embed their quality assurance systems to ensure that continuous improvement was sustainable.

In view of the improvements the service has made, we have re-evaluated this key question to adequate, where strengths only just outweighed weaknesses.

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

Requirements

Requirement 1

By 18 February 2025, the provider must ensure that people's wellbeing is supported by the safe administration of medication. To do this, the provider must, at a minimum ensure:

- a) managers and staff are knowledgeable of medication policy and procedures
- b) staff who provide medication support have the right skills, knowledge and experience
- c) people's medication records are accurate and reflective of the care and support required with prescribed medication and detailed protocols provide instructions for administering 'as required' medication
- d) medication records are quality assured on a regular basis.

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 states that: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11).

This requirement was made on 25 November 2024.

Action taken on previous requirement

Please see key question 1: 'How well do we support people's wellbeing'.

Met - within timescales

Requirement 2

By 18 February 2025, the provider must ensure the service is well led and managed and that people are safe receiving care and support that meets their needs through robust quality assurance. To do this, the provider must, at a minimum ensure;

- a) managers and senior staff have the right skills and knowledge to quality assure all aspects of care and support delivery
- b) implement quality assurance systems that effectively identify issues which may impact on the health, welfare and safety of people supported
- c) oversight is in place of significant events and notifications to statutory partners are made in lines with guidance including adult support and protection
- d) clear action plans are devised with timescales where deficits and/or areas for improvement have been identified.

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 states 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 25 November 2024.

Action taken on previous requirement

Please see key question 2: 'How good is our leadership'.

Met - within timescales

Requirement 3

By 18 February 2025, the provider must ensure that people receive care and support that is right for them, at agreed times from staff with the right knowledge, skills and experience. To do this, the provider must, at a minimum ensure:

- a) staffing schedules are planned in advance and follow people's agreed plans of care
- b) managers and staff have received the necessary training including but not limited to food preparation, infection prevention and control and moving and assistance
- c) managers communicate with staff regularly to ensure that staffing schedule management and agreed plans of care continue to meet people's health, welfare and safety needs.

This is in order to comply with section 7 (1) (a) and 8 (1) (a) of The Health and Care (Staffing) (Scotland) Act 2019 and 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 states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 25 November 2024.

Action taken on previous requirement

Please see key question 3: 'How good is our staff team'.

Met - within timescales

Requirement 4

By 18 February 2025, the provider must ensure that people's personal plans are up-to-date and reflective of their current health, safety and welfare care and support needs. To achieve this the provider must, at a minimum ensure:

- a) personal plans, health assessments and any associated risk assessments are detailed, up-to-date and reviewed at least every six months or if there is a change
- b) action plans from personal plan reviews are detailed giving clear timescales for completion
- c) personal plans are quality assured regularly and any areas for improvement are completed timeously.

This is to comply with Regulation 5 (1) and (2) (b) (ii) (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 states 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 25 November 2024.

Action taken on previous requirement

Please see key question 5: 'How well is our care and support planned'.

Met - within timescales

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 well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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