

Caring Grace Limited Support Service

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Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Caring Grace Limited

Service provider number:
SP2023000129

Service no:
CS2023000204

About the service

Caring Grace Limited is a support service who will provide care and support to adults and older people in their own homes. Support is provided in the Inverclyde area, where Caring Grace Limited have an office base, located in Greenock. The service registered with the Care Inspectorate in 2023.

At the time of the inspection 12 people were using the service.

About the inspection

This was an unannounced inspection which took place on 25, 26, 27 and 28 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 six people using the service and four of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals

Key messages

- People received reliable and consistent support from a familiar staff team.
- Staff cared for people with kindness and compassion. They had developed warm relationships with the people they support.
- Family members felt involved and well informed, telling us they were happy with the standard of care and support provided.
- People benefitted from personalised and responsive support in addition to good communication and involvement.
- The service was proactive in supporting people to access the right health professionals.
- People experiencing care and their relatives were fully involved in developing and reviewing personal 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced respectful, attentive and compassionate support; this demonstrated how well staff knew people and their preference of how their support should be provided. We were able to visit people and observe those relationships between people supported and staff. People told us, "I am very pleased with the carers; they are all lovely." "They attend when they are supposed to and do what I need them to." "The carers are marvellous, I couldn't ask for better." "It wasn't easy getting help at first, but the staff have been great, very respectful; I am ok with it now."

People's health and support needs were managed well by a small consistent team who knew them well. This also meant they knew when to seek advice or guidance. Staff accessed a range of external health care professionals for advice and support when needed to help manage individuals' healthcare needs. Staff knew the importance of building strong relationships with external professionals. We saw examples of how staffs' input had influenced better outcomes for people. For example, requesting increase to items prescribed to ensure improved comfort for the person.

Health colleagues informed us that the service was responsive to their advice and guidance, which also had a positive impact on people's health and wellbeing. Comments included, "I found the staff to be very compassionate towards the service user." "Feedback has been very positive in relation to their communication, service and staffing."

Effective systems were in place to support medication administration practice and help ensure individuals were supported to take the right medication at the right time. We saw that people were encouraged in safely taking their medication with staff support to maintain their independence. Robust systems were in place for the management of medication. We observed staffs practice which assured us that people's healthcare needs were being supported by the safe and effective management of their medication.

On speaking with people and their relatives, we had the opportunity to discuss their experience of being supported by Caring Grace Ltd. Families we spoke to told us they were happy with the service, they commented that staff were well trained, and they felt communication with the manager and staff was good. People also told us that they knew how to raise a concern if required. Relatives told us "We are very pleased with the care dad gets; If there is ever anything we know we can phone, and it gets sorted out." "Very happy with the support mum gets; she is happy with the carers and settled into a routine." "If running late they always phone." Know how to raise concerns or make a complaint and would not hesitate to do so."

People told us that they had continuity of staff and were happy with their visit times; they knew who to expect and when. Managers monitored visits and asked for feedback from people, their families and staff regularly. This ensured that people could be confident that their care and support met their needs, wishes and preferences.

People were supported to get the most out of life, we heard about flexibility of times to be able to attend appointments and another person who had earlier assistance once a week to attend a community group.

There were sufficient supplies of readily accessible Personal Protective Equipment (PPE) which staff used in keeping with good infection prevention and control (IPC) guidance.

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.

The service had a clear aims and objectives, outlining their motivation to provide a high standard of person-centred care and support. Managers used a variety of tools to seek feedback that, as far as possible, people who are using the service were provided with the right care and support to meet their outcomes. People and their families told us they were well informed, and their views had been actioned to implement any changes.

It is important that care services have effective systems in place to assess, monitor and evaluate the quality of services provided. This was done by gathering evidence using audit tools, maintaining trackers; also feedback from people using the service and their relatives and carrying out direct observations of staff practice. This information informed the service improvement plan and drove forward improved outcomes for people supported.

The service improvement plan identified what improvements were being taken forward; we could see some actions taken. It would be helpful to have specific actions detailed when plans were reviewed or signed off as complete, so the improvement journey is clear and not lost sight of. Going forward it would be good to see how this is rolled out to staff and people supported, and their input used to develop and review improvement plans. (see area for improvement 1).

The management team worked very closely with the team, therefore had an overview of the quality assurance activities being carried out and what to prioritise. This meant that we were unable to assess how effective quality assurance, information and governance systems were in supporting and evaluating learning and development within the service.

The organisation had developed audits across the service to identify areas of development and good practice. We sampled a variety of audits, for example, medication audits, personal plan audits, dignity audits etc. We saw these had identified improvement areas and actions taken to drive change. A monthly tracking system had been developed for staff SSSC (Scottish Social Services Council) registrations; this ensured staff were appropriately registered.

We saw an overview of accidents/incidents, information had been used to shape learning for the team, but also to debrief and evaluate any actions required. We also saw evidence of appropriate recording and notifying to social work dept and the Care Inspectorate. This helped to keep people safe.

There was a keen, learning culture in the team who told us that the manager was good at sharing learning within them to improve outcomes for people. Staff told us that "The managers are approachable and open to hearing areas for improvements" "I feel very supported by the manager." This meant that people were confident giving feedback and raising any concerns because they know leaders will act quickly and use the information to help improve the service.

Professional colleagues told us that the manager was very responsive, professional, friendly and approachable. To ensure staff were well supported and equipped to carry out manual handling tasks, they

made several joint visits ensuring any changes made to the manual handling risk assessment document was being adhered to proficiently.

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system. This should include, but not be limited to:

a) evidence when the service improvement plan is reviewed and evaluated, to provide a view of the continuous improvement journey.

b) ensure audits are asking the right questions to capture the information needed to drive forward improvements.

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).

How good is our staff team?

4 - Good

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

We were able to evaluate that staffing arrangements supported positive outcomes for people. Feedback from all parties contributed to how scheduling arrangements were planned. Visit scheduling took account of the importance of staff who knew people, along with considerations of compatibility and continuity.

People could expect to have confidence in their staff team, because they are trained, competent and skilled. Staff shared that they felt the training they had attended over the past year had built their knowledge and confidence and ability to carry out their role.

Newer staff told us that the induction process was taken at a considerate pace for their learning style. Staff understood their role and responded flexibly to changing situations to ensure that care and support was consistent and stable.

People told us that communication was good with the office and care staff. We heard that information got shared appropriately and at the right time. Positive communication had affected staffs' motivation. Important information was shared or passed on accurately, leading to improved outcomes for people.

Supervision was consistent for all staff; we saw records of good information where there had been identified performance issues. Staff told us about the benefits of regular supervision, this gave the opportunity to reflect on their work, highlight any areas of concern and development matters.

People using the service and staff benefit from a warm atmosphere because there are good working relationships. There is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. Team meetings took place monthly this created the opportunity to share learning, discuss practice matters.

Staff told us they had sufficient time to support people well, they were not rushed, nor did they appear stressed. However, staff were responsive when medication was time sensitive and ensured they attended visits on time for Parkinsons medication etc.

Observations of practice had been put in place, which were helpful in identifying good practice and potential areas of improvement for staff. Medication and manual handling competency observations were being undertaken regularly. This ensured that staff practice was safe and consistent in relation to supporting with current legislation.

How well is our care and support planned?

4 - Good

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

Personal plans that we sampled were informative and dynamic documents that were routinely used to inform staff practice and approaches to care and support. Personal plans demonstrated a good overview of people, their history, current needs and how these should be met. In the plans we sampled, there was a good level of detail to support people with all aspects of their needs.

Good strengths-based information was captured in relation to what people could do for themselves, and how this should be incorporated into support. We saw some creative ways of engaging people in building their skills to get them involved and engage with the task.

We saw that end-of-life conversations had taken place where people were comfortable to discuss this. There was a kindness thread along with a person-centred approach that promoted choice to enable people to keep their individuality and dignity.

Outcomes were not always clearly defined, detailing not only what the person wants to achieve, but the impact had/will have. Staff were not consistently able to tell us the outcomes that people they are working with have identified. The service should amend how they record outcomes and help staff to understand its not about the task/output but how it makes the person feel. (See area for improvement 2).

Reviews had been carried out six monthly for all - we heard how people supported, and their relatives were consulted and asked for input to review meetings and invited to attend. Other professionals told us that the service was well prepared for review meetings, giving clear information about peoples progress.

The service could work on the connection between personal plans, risk assessments, review of personal plans and six-monthly support reviews and the continual cycle of this.

Areas for improvement

1. To ensure that the impact of outcomes that are important to people supported are more clearly defined.

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).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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