

Invercare Services - Renfrewshire Branch Housing Support Service

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Telephone: 03302320223

Type of inspection:
Unannounced

Completed on:
19 March 2025

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2024000202

About the service

Invercare Services - Renfrewshire Branch is registered to provide both housing support and care at home to older people living in the local authority area of Renfrewshire. The service operates from an office base in Paisley and was registered with the Care Inspectorate in June 2024.

Staff support people with a range of needs, including those living with Dementia, adults with physical disabilities, and adults with palliative care needs living in their own home.

The service was supporting 185 people at the time of inspection.

About the inspection

This was a follow up inspection which took place on 19 March between 10:00 and 15:00. 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 three staff and management
- observed practice and daily life
- reviewed documents

Key messages

- We followed up on two requirements from the last inspection and they had both been met.
- We followed up on three areas for improvement from the last inspection and all three had been met.
- Recruitment and induction procedures had significantly improved.
- Medication systems and recordings had improved considerably.

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 staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

The service had made significant improvements to meet the requirement made at the last inspection. See "What the service has done since the last inspection" section of the report.

We have therefore re-validated this area from weak to adequate.

Recruitment practice now followed the Care Inspectorate and Scottish Social Services "safer recruitment through better recruitment" guidelines 2023. Very clear guidance had been updated by senior managers that all interviewers were expected to follow.

There was a robust induction process in place for all new staff that covered all the immediate training required to support people effectively. At the end of induction there was a full competency check with each individual staff member. This meant that when supporting people, staff were sufficiently trained and knowledgeable.

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

Requirements

Requirement 1

By 12 March 2025, the provider must ensure people receive the right medication at the right time. A robust system must be implemented for recording each medication, (including "as required medications"), to be administered, and recorded as prescribed.

This must include but is not limited to:

- a. Person-specific identifiers, such as name and date of birth.
- b. The name and strength of each medication.
- c. How often or the time the medicine should be taken.
- d. The name of the person's GP practice.
- f. Any additional information, such as specific instructions for giving a medicine and any known drug allergies.

This is in order to comply with Regulation 5 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:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 27 February 2025.

Action taken on previous requirement

The service now has an effective electronic medication recording system in place (EMARS). We were able to view the changes that had been made to the system for each person who used medication. The persons name and date of birth was recorded at the top of each screen, followed by information on their GP and whether any known allergies.

Each medication was recorded separately with the full name of the medication, the strength that should be given and at what time of day. There were calendar dates in place beside each medication which staff marked when medication had been given. Medications described "as required" were also recorded on each EMARS page.

We saw that each personal plan recorded the level of support required with medication, whether that be prompt, assist or administer. This left no doubt for staff of what actions should be followed and ensured that the right medication was given to people at the right time.

Senior staff were carrying out audits on a monthly basis to ensure that all medication needs were being met and that staff were following the correct process.

This requirement has been met.

Met - within timescales

Requirement 2

By 12 March 2025, the provider must ensure that people using the service are not at risk by implementing and completing safer recruitment processes in compliance with their legal responsibilities.

To do this, the provider must ensure, at a minimum:

- a. Recruitment processes follow good practice guidance from the Scottish Social Services Council (SSSC) and the Care Inspectorates' Safer Recruitment Through Better Recruitment, September 2023. This includes verification of all references and exploring and recording any gaps in employment.
- b. Right to Work checks are completed in line with Home Office guidelines (<https://www.gov.uk/uk-visa-sponsorship-employers>).
- c. That they demonstrate an understanding of the potential risks to people caused by not following safe recruitment practice.

This is to comply with Regulation 9(1) (Fitness of Employees) 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:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 3.14).

This requirement was made on 27 February 2025.

Action taken on previous requirement

Managers had reviewed and developed improved recruitment documents and practices within the service. We viewed newly recruited staff files and we saw from these that the service was now following "Safer Recruitment Through Better Recruitment" guidance. All staff references were checked and verified by the recruitment team and all Right to Work checks were carried out. When employing international staff the service followed Home Office guidelines with regards to personal identification and peoples allowed hours of work.

The service had implemented an effective system within online applications where applicants had to complete the section showing gaps in employment. This alerted recruiters and ensured that discussion took place with applicants. This confirmed an explanation of the reason for any gaps.

This improved recruitment practice helped prevent possible risks for people receiving support.

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

To ensure that people receive safe care, managers should observe the practice of new staff who are providing support to people. This should be carried out and discussed with staff within a period soon after induction and will assure managers that staff have retained the learning from their induction training.

This is to ensure that care and support is consistent with 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 27 February 2025.

Action taken since then

The service had developed a new and improved induction procedure for new staff. Part of this induction now meant that support staff were observed in practice by senior staff within the first week of supporting people. Senior staff looked at a number of support areas whilst observing, such as staff presentation, knowledge of medications and completion of EMARS, infection prevention and control and moving and handling people. The outcomes of these observations were recorded and then, if required, discussed at the time, or at a later date when taking part in a supervision meeting with their line manager.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people are supported safely by skilled and knowledgeable staff the provider should review the current induction training and shadowing in place for staff.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 27 February 2025.

Action taken since then

The service had a newly developed and improved induction process in place for all new staff. The induction period has been extended and there is now a full competency assessment in place for all staff once they have completed it. This assessment was recorded and showed any area of skill where further development was required.

Staff shadow experienced colleagues who are supporting people before working on their own or with a partner. There is a period of shadowing allocated in the staff rota, however, if a staff member is still not comfortable to work on their own then there will be an extension of the shadowing period.

This area for improvement has been met.

Previous area for improvement 3

To promote good communication the service should ensure that communication by families, or people being supported, is recognised and responded to. This applies to all messages and information, and with a focus on those messages received via the care app.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

This area for improvement was made on 27 February 2025.

Action taken since then

Previous messages sent via the care app by families were sent to only one manager in the service. This had now been reviewed by senior managers and a new system was in place. This meant that messages were now sent to a group of senior staff, one of whom would respond. We were able to see evidence of this where communications had been submitted by families and then responded to by a manager.

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.

Detailed evaluations

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate

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