

# Live In Care Services (24 hour care at home) Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2025

**Service provided by:**  
Safehands Live In Care Ltd

**Service provider number:**  
SP2023000319

**Service no:**  
CS2024000211

## About the service

Live In Care Services (24-hour care at home) is a service provided by Safehands Live In Care Ltd. The service offers 24-hour support for people living in their own homes. People receiving support saw it as an alternative to moving into residential care services.

The service is registered to deliver support to people across Scotland, however, at the time of inspection people being supported lived in Aberdeenshire. The service was registered in June 2024 and currently supports four people.

## About the inspection

This was an unannounced inspection which took place between 24 and 28 February 2025. The inspection was carried out by two inspectors.

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 one person using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Medication management required further improvement.
- All staff now had membership of the Protection of Vulnerable Groups (PVG) scheme.
- All staff had registered with an appropriate professional body such as the Scottish Social Services Council (SSSC).
- Care plans were basic and not always up-to-date.
- Some systems had been created but not yet used to provide better oversight of the quality of the service.

## 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?	2 - Weak
How good is our staff team?	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?

2 - Weak

The service had not met the requirement made on 23 January 2025 about the safe management of medication, (see section 'What the service has done to meet any requirements made at or since the last inspection.'). In addition, we found that medication had not always been administered in line with the prescription. This meant that people's health and wellbeing may be compromised if they are not supported to receive their correct medication at the correct time. **(See Requirement 1)**

### Requirements

1. By 31 March 2025, the provider must ensure that service users receive their medication in line with their prescription.

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

- a) carry out stock checks to ensure the correct quantity of medication is available at all times; and
- b) ensure staff receive appropriate training and support to confidently support people with medication administration.

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:

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

## How good is our staff team?

3 - Adequate

The service had made improvements by ensuring staff were members of the Protection of Vulnerable Groups scheme (PVG) and staff had obtained registration with an appropriate professional body. Therefore, the requirement made on 23 January 2025 had been met. However, staff at the service did not appear to have an understanding of their duties in relation to professional registration, for example, any conditions which have been imposed. **(See Requirement 1)**

We have re-evaluated the service to be performing at an **adequate** level where there are some strengths, but these just outweigh weaknesses.

### Requirements

1. By 31 March 2025, the provider must ensure that all staff understand their duties in relation to professional registration.

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

- a) keep records of conditions imposed on each staff members registration; and
- b) support staff to understand any conditions and how they must meet these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

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

### Requirements

#### Requirement 1

By 20 February 2025, the provider must ensure that service users receive their medication in a consistently safe manner.

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

- a) ensure medication recording documents contain all the necessary information to safely administer medication;
- b) audit medication administration and recording regularly to identify and then avoid future errors; and
- c) undertake regular observation and necessary improvements to ensure staff competence.

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:

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

**This requirement was made on 23 January 2025.**

## Action taken on previous requirement

The service had introduced pharmacy supplied Medication Administration Recording (MAR) sheets in addition to their existing electronic recording system. The MAR sheets were not completed correctly and there were a number of errors identified. For instance, it appeared someone had received pain medication once per day when in fact they had received it four times a day. Staff did not appear confident in the use of the MAR charts.

The service had undertaken a medication audit to identify improvements. We saw an action had been marked as complete when this had yet to be completed. This was in relation to a controlled drug, which caused some confusion, and we were not assured that safe practice was in place. In addition, one person had not received all of their prescribed medication, (see section 'How well do we support people's health and wellbeing.')

The service had not yet undertaken observations of staff competency.

Therefore, this requirement has not been met and we have agreed an extension until 31 March 2025.

## Not met

### Requirement 2

By 20 February 2025, the provider must ensure people's outcomes are supported by consistent and effective systems for delivery of their care.

To do this, the provider must ensure all aspects of the delivery and systems are audited and improvements made timeously, when necessary.

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 23 January 2025.**

## Action taken on previous requirement

The service had developed a quality assurance policy which showed commitment to continuous improvement. The policy did not detail specific audit activities which the service intends to undertake.

A number of new tools had been created since the last inspection to give the leadership team greater oversight of the quality of service delivery. Most of these were yet to be used by the service, however, the recruitment tracker tool was in use and this provided the leadership team with better oversight.

Therefore, this requirement has not been met and we have agreed an extension until 31 March 2025.

## Not met

### Requirement 3

By 20 February 2025, the provider must ensure that all pre-employment checks are carried out prior to staff starting work.

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

- a) ensure the provider's recruitment policy aligns with Safer Recruitment Guidance; and
- b) support those staff responsible for carrying out recruitment activities to understand the requirement to follow all aspects of safer recruitment.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 23 January 2025.**

#### Action taken on previous requirement

The service had reviewed its recruitment policy and this now aligns with Safer Recruitment Guidance. This will support the service in future recruitment activity to ensure all necessary steps are taken to be assured of the suitability of applicants.

The service had created a recruitment tracker which will support the service to ensure staff are recruited safely and no parts of the recruitment process are missed.

As there had been no new staff recruited at the service since the last inspection, we were unable to assess how recruitment will work in practice. Therefore, we will follow this up when new staff are recruited.

Therefore, this requirement had not been met and we have agreed an extension until 31 March 2025.

**Met - within timescales**

### Requirement 4

By 20 February 2025, the provider must ensure that all staff have membership of the Protection of Vulnerable Groups scheme (PVG) and are registered with an appropriate professional body.

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

- a) ensure all current staff obtain membership of the Protection of Vulnerable Groups scheme (PVG) and ensure no new staff start work prior to receiving this;

b) ensure all staff have achieved or applied for registration with an appropriate regulatory body within the timescale set by the Scottish Social Services Council (SSSC); and

c) develop a quality assurance system to monitor registration status, conditions of registration, annual renewal date and expiry date.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

and

'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 23 January 2025.**

### Action taken on previous requirement

All staff working at the service now have membership of the Protection of Vulnerable Groups scheme (PVG). The service's recruitment policy states that staff must obtain PVG membership prior to supporting individuals.

All staff had successfully registered with an appropriate professional body, such as the Scottish Social Services Council (SSSC). The service had developed a tool which indicated each staff member's registration number and annual declaration date. However, one senior member of staff did not have the appropriate registration for their role as a supervisor. The service assured us that this staff member would be supported to update their registration. Staff did not appear to have an understanding of their duties in relation to professional registration, for example, any conditions which had been imposed. The service did not capture this information on the quality assurance tool, (see section 'How good is our staff team?')

We found the service had made sufficient improvements to meet the requirement. However, staff at the service did not appear to have an understanding of their duties in relation to professional registration, for example, any conditions which have been imposed.

The service did not capture this information on the quality assurance tool.

Therefore, we have made a further requirement, (see Requirement 1, 'How good is our staff team?')

### Met - within timescales

#### Requirement 5

By 20 February 2025, the provider must ensure people are supported by staff who are well trained, competent and skilled, and who are enabled to reflect on their practice in order to develop.



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

- a) ensure new staff receive a thorough induction and shadowing period;
- b) ensure supervision and reflection is regular, tracked and recorded;
- c) ensure basic training is up-to-date for everyone and 'extra' training is up-to-date for everyone who is supporting people with specific conditions; and
- d) carry out regular observations of staff competency.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 23 January 2025.**

#### Action taken on previous requirement

The service had developed a more in-depth induction programme designed to support new members of staff. This programme included time for new staff to shadow more experienced members of staff.

The service had designed a tool to facilitate staff supervision sessions, and a tool to help plan and track regular sessions. However, no sessions had been held and therefore, staff had not had an opportunity to benefit from this. The service consists of a small staff team and one-to-one supervision sessions should have been achievable within the requirement timescale.

Training records were recorded when basic training had been completed, however, a number of training courses were not completed and there was no indication when these would be undertaken.

The service had not yet undertaken any observations of staff practice.

Therefore, this requirement has not been met and we have agreed an extension until 31 March 2025.

**Not met**

#### Requirement 6

By 20 February 2025, the provider must ensure people have up-to-date, accurate support plans and recordings.

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

- a) audit all support plans;

- b) ensure support plans detail health conditions and the support the individual requires around this, including any professional guidance;
- c) ensure people are involved in regular reviews, involving those who are important to them; and
- d) ensure daily recordings reflect the support provided.

This is to comply with Regulation 5(1)(iii) (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 23 January 2025.**

### Action taken on previous requirement

The service had developed a tool to help plan and track support plan audits. However, no audits had been carried out.

Support plans were basic and some information was out-of-date. Support plans did not give detailed guidance for the support people require with health conditions. In addition, where there were areas of risk, such as falls, support plans did not contain relevant risk assessments and plans to support mobility.

No reviews had taken place since the last inspection. A tracker tool suggested that reviews were planned, however, there had been no dates set for these. One person had been discharged from hospital with a change of needs, therefore, a review would have been beneficial to ensure the support meets their needs and wishes.

Daily recordings were brief and did not always reflect the support delivered.

Therefore, this requirement has not been met and we have agreed an extension until 31 March 2025.

**Not met**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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