

SCRT Paisley Housing Support Service

Unit 2012
Mile End Building
Abbeymill Business Centre
Paisley
PA1 1JS

Telephone: 01418894666

Type of inspection:
Unannounced

Completed on:
15 April 2025

Service provided by:
SCRT Limited

Service provider number:
SP2018013043

Service no:
CS2019373617

About the service

SCRT Paisley is provided by SCRT Limited and is part of the City & County Healthcare Group. The service is registered to provide a care at home and a housing support service to adults living in their own homes in the Renfrewshire area.

The branch manager for the service and a team of coordinators are based in an office in central Paisley.

At the time of the inspection 169 people were supported by the service.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 April 2025 between the hours of 09:00 and 17:30. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 12 people using the service and two of their family members
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

We also took into account feedback about the service received via Care Inspectorate surveys from 19 people and/or their family members and 29 staff.

Key messages

- People and/or their families were actively involved in care planning arrangements.
- Support from consistent staff positively impacted people's experiences.
- Leaders had a focus on continuous improvement to enable greater outcomes for people.
- Improvement is required to align medication practice to national guidance and the provider's medication policy.
- Scheduled support visits were well planned to take into account time specific medication to maintain people's health and wellbeing.
- We followed up on three areas for improvement at this inspection; one was met and two were unmet. We have made three new areas for improvement.

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 have evaluated this key question as good, as several positive aspects of the service resulted in people having good outcomes, which outweighed any areas of improvement.

We received feedback from people and their families about their experiences of the service. Most people said that they were happy with the support provided by the service. Some positive comments included "Staff are always very nice and caring" and "Staff can't do enough for you". Some people told us that the service had been a "lifeline" for them to recover at home after spending time in hospital.

Some people told us that staff identified when their health had deteriorated and had taken responsive action to seek advice and support. This had resulted in positive outcomes for people and in some cases prevented hospital admissions. Although there was a process in place for escalating any concerns about people's health and wellbeing, staff were not always following this consistently. We have discussed this further in the report under the section 'What the service has done since the last inspection'.

Records relating to people's support were aligned with their assessed needs, although they often focused on the task elements of people's support. Leaders recognised this as an area for improvement. Discussions had taken place with staff to ensure records captured details about people's wellbeing, including their general mood and presentation. This is important as it helps staff to identify changes in people's emotional and physical health and to know when to escalate any concerns.

Services should have an assessment process in place to continually review people's abilities to manage their own medication. The assessment process should be used to identify where people may be at risk and require additional support, such as to open medication packaging or support to liaise with GPs and pharmacies. We were not able to see this happening in practice. We discussed this with leaders in the service who were responsive to improvement. We have shared practice guidance to support them with this development area.

The Royal Pharmaceutical Society sets out clear national guidance for Health and Social Care providers on record keeping for support provided with medication. The service was not recording people's support with their medication in line with the medication policy or national guidance. While we were not concerned about how people were supported with their medication; the service should align practice with policy and adhere to the standards expected. **See area for improvement 1.**

We met people who required support with their continence care, such as support with incontinence aids and catheter care. Care plans did not accurately reflect the level of support required with their continence needs. This meant that staff did not have sufficient guidance to ensure they could provide this support safely and effectively. Where there is an increased risk to people identified, such as risk of Urinary Tract Infections, care plans must be more directive on how support is provided and when to escalate concerns. **See area for improvement 2.**

Areas for improvement

1. To ensure people are supported safely with their medication, the provider should ensure that records of people's support with their medication and practice is aligned with the medication policy and national guidance. This includes where medication is administered from multi compartmental compliance aids, such as blister packs.

This is to ensure 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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

2. To promote best outcomes for people to maintain their health and wellbeing, care plans must clearly direct staff on how to support people with their continence care, including catheter care. Care plan guidance should contain clear information for staff to enable them to make informed decisions on when to escalate concerns, and to avoid delays in input from health care professionals.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

How good is our leadership?

4 - Good

We evaluated this key question as good, where strengths within the leadership of the service impacted positively on people's experiences and clearly outweighed areas for improvement.

Leaders were supported by the quality team to ensure there was a continued focus on service improvement to promote greater outcomes for people. Staff told us that leaders were supportive and responsive and had taken prompt action for example, when staff had alerted them to concerns about people who were at risk following hospital discharge. This provided assurances that leaders took action where needed to ensure people had safe and effective support.

We sampled internal accidents/incidents reports to establish how well the service responded to adverse events. These were well recorded and included lessons learned to reduce risks to people. Where any further actions were required around improvements, this had been identified timeously by the quality team and remedial action had been taken.

The provider's Adult Support and Protection Policy provided robust guidance to help inform decisions on when people may be at risk of harm. Leaders had identified where people were at risk and there was evidence of this via the internal reporting system. Notifications were made to the local authority in line with statutory duties, however some of these had not been escalated appropriately to the correct department in accordance with The Adult Support and Protection (Scotland) Act 2007. This is important as it ensures that any concerns can be investigated and enables other professionals to provide support to keep people safe.

See area for improvement 1.

The service had an extensive auditing process which covered all operational aspects of the service, ensuring standards of care and regulatory compliance areas were achieved. Actions identified via these audits were assigned to specific people, with deadlines for completion and evidence of progress tracking. This demonstrated proactive management and oversight.

It was positive to see that leaders had carried out a self-evaluation in line with the Care Inspectorate's quality framework. This process captured well the voices, views and experiences of people who use the service as stakeholders. A service development plan was in place to focus on areas of wider improvement that required longer timescales to achieve. This had not been updated to evidence the progress made in the areas set out within the plan. We gave some support and advice on how to ensure the plan remains 'live' and is continually reviewed and updated. This will ensure there is a sustained focus on the improvement journey.

The service used a system to enable them to have 'real time' monitoring of care delivery as it happened, for example medication support. This enabled the service to take action timeously where any issues had arisen, including where staff may be running later than scheduled to ensure this had a minimum impact on people as far as possible.

It is important that if people have a concern or complaint about the service, they know how to raise this and can be confident this will be dealt with appropriately. People using the service were given details on how to raise a complaint when their support started. People told us that if they had a concern or complaint, they would know how to raise this. We could see that people were asked for feedback about the service regularly as part of the provider's 'Voice of the customer' review process which occurred six monthly. This provided people with confidence in the service and the opportunity to be included and have their say.

Areas for improvement

1. Where people are at risk of harm and/or abuse, the provider must escalate concerns appropriately in accordance with The Adult Support and Protection (Scotland) Act 2007 to ensure people are kept safe and protected.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

How good is our staff team?

4 - Good

We evaluated this key question as good, as people benefitted from the staffing arrangements and people working together well, which outweighed any areas of weakness.

We observed warm, sensitive and friendly interactions between staff and people who used the service. Most people told us that their care staff were familiar to them which is important to ensure people receive consistent support.

The service used an electronic care management system, which people and their families can access via an app. This enables people and their families to see records of support visits, care plans, and to let them know which staff will be providing their support ahead of time.

There was a mixed response when we asked people if they knew who would be providing their support on a day-to-day basis. Some people said they always knew, whilst others did not always know. We fed this back to leaders who agreed to explore this further. This will ensure that people are not experiencing undue anxiety about who will be providing their care.

It's important when planning people's scheduled support visits that consideration is given to their individual preferences and needs. We saw examples of person-centred planning to ensure visits aligned with time-specific medication. This meant that people received their medication as prescribed to benefit their health and wellbeing.

Induction training for staff had been re-designed to a model of 'blended learning' which involved less in-person training and more online learning. Some staff told us that they felt the induction training did not equip them with the confidence to support people with some aspects of their support. The provider should consider the effectiveness of the new model of training to ensure this provides staff with essential skills and knowledge to provide people's support.

Staff had completed a mix of mandatory training such as Adult Support and Protection, Infection Prevention and Control, Health & Safety and Medication training in line with key areas of people's support. This was supplemented by person-specific training such as, Dementia Awareness and Moving and Handling to further enhance staffs skills and knowledge. Leaders should consider the benefits of bringing staff together who work in teams to consider their additional learning needs. For example, where staff support people with catheter or stoma care. This would provide staff with vital knowledge and skills to support people with their individual needs.

Formal one-to-one supervisions had taken place with staff as well as wellbeing 'check in' calls with staff throughout the year. Supervisions were either 'routine' or 'themed' where there was a recognised development need for staff. This provided learning opportunities, for example when there had been a medication error to improve practice. Staff told us they found their supervisions to be supportive. The timescales set out for planned supervisions over the year had fallen behind. Leaders should aim to ensure there is sufficient capacity to meet the timescales set out by the provider.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths relating to care planning arrangements impacted positively on people's outcomes and clearly outweighed areas for improvement.

People using the service should have a record of their planned care within 28 days of starting the service. There was a clear process for care planning arrangements when people's support commenced. This included visits with the person using the service and/or their family members, which ensured they were central to planning their support. People and their families gave us feedback confirming they had been involved in the development of their care plans.

Care plan documents and supporting risk assessments were extensive and lengthy, covering all aspects of people's support. Some of the care plans sampled lacked in specific details about key areas of people's support, for example where people experienced low mood or depression and how this impacted them. Other care plans sampled, provided a good level of information about people's individual needs. It is important that there is a continued focus on ensuring the quality of information within care plans is consistent. The service is transitioning to a new care plan format. We sampled the new format called a 'care passport' which we found was more outcome focused.

This clearly detailed a person-centred approach about a person's life, preferences, medical conditions, well-being and daily activities.

People were involved in reviews of their care and support via six-monthly 'Voice of the Customer' review meetings. Overall, we found this format was good and provided opportunities for people/and or their family to give feedback and make changes to their planned care. This included a focus on what's working well and where changes are needed. There was a good level of communication with the local authority to request formal re-assessment of people's support. This has led to increased support times for some people ensuring their needs continued to be met.

Some care plans sampled did not reflect people's current needs and associated risks. For example, following a period of ill health and time spent in hospital. There should be a clear and consistent approach taken when people's needs change, in particular following hospital discharge. We have discussed this further under the section of the report 'What the service has done since the last inspection'.

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 support people's care, the provider should ensure that all care plans and reviews reflect people's needs and wishes.

This should include, but is not limited to, updating and reviewing all care plans, taking into account the legal requirement to produce a care plan within 28 days of first using a service and six monthly reviews thereafter.

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 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 area for improvement was made on 12 May 2023.

Action taken since then

We followed up on this area for improvement which was made at the last inspection.

Some care plans sampled had not been updated when there had been significant changes in people's support needs. For example, due to advancing Dementia, increased medication support and following hospital discharges. This meant that staff may not have the correct information to provide safe and effective support. The service is in the process of reviewing all care plans and transitioning to a new care plan format, which should ensure care plans are up to date and accurate going forward.

This area for improvement has not been met.

Previous area for improvement 2

The provider should ensure that all staff document and report without delay any incidents or concerns that relate to the health and wellbeing of people experiencing care.

This is to ensure care and support is consistent with Health and Social Care Standards: "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17).

This area for improvement was made on 24 September 2024.

Action taken since then

We followed up on this area for improvement which was made following a complaints inspection.

There was a process in place for staff to escalate concerns about people they were supporting to senior staff. However, this was not followed consistently by all staff. We highlighted examples of concerns we had identified during the inspection which may have led to a delay in people having input from health professionals. Although we were assured by the action taken during the inspection to reduce any risks to people, there is further improvement required in this area.

This area for improvement has not been met.

Previous area for improvement 3

The provider should ensure that all complaints are managed within agreed timescales and in accordance with the service policy and procedure on complaint handling.

This is to ensure care and support is consistent with Health and Social Care Standards: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21).

This area for improvement was made on 24 September 2024.

Action taken since then

We followed up on this area for improvement which was made following a complaints inspection.

The provider's complaints policy was robust with clear processes in place around complaint handling which followed a standardised approach. Staff responsible for handling complaints had received training from HR teams to ensure they were confident and competent to follow the complaints policy.

We sampled a recent internal complaint and found that this was dealt with appropriately in line with policy; timescales and records included an outcome of the complaint before this was closed off by senior managers. This provided assurance that there had been improvement in the management of complaints.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.