

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

169 Hillrise Road
Romford
RM5 3BW

Telephone: 02034170090

Type of inspection:
Unannounced

Completed on:
24 June 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 service.

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 three people.

About the inspection

This was an unannounced inspection which took place on between 9 June 2025 and 20 June 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 two people using the service and two of their family
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were happy with the support they received.
- Staff had formed warm, friendly relationships with people.
- The service had made improvements to support the safe administration of medication.
- The leadership need to continue to develop effective quality assurance processes.
- The service needs to continue to develop support planning.

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

We made an evaluation of adequate for this question. Whilst strengths were identified these just outweigh weaknesses and key areas of the service need to improve.

People told us they were happy with the support they received to enable them to continue to live in their own homes. We observed warm and friendly interactions between staff and people experiencing support and this supported people to build positive relationships.

People told us they felt respected and listened to. Support delivered encouraged people to maintain their independence, where possible. For example, people were supported to participate in personal care tasks as well as household chores. This supported people with a sense of self worth and to maintain their skills.

The service supported people to attend social outings. One person attended events that were important to them in their local community, such as coffee mornings. This meant they could stay connected and be included within their community.

People were supported to enjoy food and drink of their choice. Preferences were detailed in people's support plans and staff were aware of people's likes and dislikes. The service should ensure that people's choices around purchasing and storing food are not unnecessarily restricted.

Staff recognised when there was a change in a person's health, such as identifying a new rash, and took appropriate action. This meant that people could be confident that staff would seek appropriate healthcare support in order to maximise people's health and wellbeing at the earliest opportunity.

The service had recently implemented a new medication system. This supported more robust management of medication. However, on occasions, people's medication was not administered in line with their prescription. We raised this with the leadership team and they took immediate appropriate action. In addition, recording should be improved around the use of topical medications and 'as required' medications (see area for improvement 1).

Areas for improvement

1. To ensure that people's health and wellbeing benefits from a robust medication management system, the provider should ensure accurate recordings are completed for the use of 'as required' medication and topical preparations.

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

We made an evaluation of adequate for this question. Whilst strengths were identified these just outweigh weaknesses and key areas of the service need to improve.

The service had a range of tools designed to give oversight of the quality of service delivery. Whilst some of these were effective in their use, there was confusion and lack of clarity around the overall quality assurance processes of the service. This meant, at times, the systems did not highlight areas which required improvement. For example, medication audits did not highlight a discrepancy between someone's prescription instructions and the administration of that medication (see requirement 1).

The service had developed a service improvement plan and held regular leadership meetings. This supported improvements to be made to identified areas and regulatory requirements. The service should ensure this is further developed to incorporate feedback from those using the service and staff. This would support a more inclusive and responsive improvement culture (see requirement 1).

Efforts were made to gather feedback from people using the service and staff. However, there did not appear to be a cohesive plan for this. The service revisited newly implemented ideas to assess whether they were improving the quality of the service and welfare checks were carried out. The reports from these visits were brief and often did not afford the opportunity to ensure people's support was meeting their needs and preferences (see requirement 1).

People were confident to raise any areas of concern. The leadership team were responsive to this and ensured that a satisfactory outcome was reached.

Requirements

1. By 16 September 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, at a minimum:

- a) Regularly audit all aspects of service delivery and systems.
- b) Ensure any improvements as a result of audit activity are made timeously.
- c) Undertake regular observations of staff practice.
- d) Ensure regular reviews involving people supported and their representatives are carried out.

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 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

We made an evaluation of adequate for this question. Whilst strengths were identified these just outweigh weaknesses and key areas of the service need to improve.

People were supported by the right number of staff to meet their needs. However, people told us there is a lack of clarity around the staff changeover process. Feedback indicated that this often felt unstructured and,

at times, changes were made with little notice. One person told us it was "all very vague". Staff members did not know how long they would be supporting an individual for and who would be coming in to take over support. This service should ensure more effective communication around the staff changeover arrangements.

The service had arrangements in place to ensure new staff receive an induction prior to supporting individuals. However, one member of staff had not supported an individual for over a year and was involved in a rapid changeover of staff. This meant that opportunities to ensure they were aware of key information to support the person were limited. The service should ensure that all staff receive the necessary induction and opportunities to shadow more experienced members of staff before supporting a person on their own.

Although the service carried out weekly 'check-in' calls with staff, these did not consistently provide a protected, structured time for staff to reflect on their practice and focus on their personal development. In addition, opportunities for staff to collaborate were limited. One member of staff shared how valuable it was to attend a training event with a colleague as this supported peer learning and sharing experiences. The service should ensure staff receive regular staff support sessions and provide opportunities for staff to come together to share learning and experiences (see area for improvement 1).

Areas for improvement

1. To ensure staff have the most up-to-date information to inform their practice and the right support from management to carry out their role confidently, the manager should ensure communication between management and staff, as well as communication within the staff teams, is effective, informative, and supportive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this question. Whilst strengths were identified these just outweigh weaknesses and key areas of the service need to improve.

People had support plans and these were accessible in people's homes. Some plans were basic and focussed on tasks to be carried out. Although some reviews had been carried out involving people and their representatives, it wasn't always clear how this supported the development of support plans. It is important that people are involved in their care and support planning to ensure the support they receive is consistent with their wishes and preferences.

Support plans did not always contain detailed guidance around identified risks for the person. For example, one person's plan stated they were at risk of choking, however, there was no associated risk assessment and support plan. We highlighted this to the leadership team during the inspection and they took appropriate action. The service should ensure all areas of support and risk are identified and associated guidance is available (see area for improvement 1).

Where people have the support of a person important to them or someone with a legal authority to express their needs and wishes, this should be clearly documented in the person's support plan. Whilst support

plans did contain some information, supporting legal documentation was not in place. The service should include this information in order to ensure support planning is carried out in a way which maximises the person's involvement and protects their rights.

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should improve the quality of people's personal care plans. These should provide clear guidance around any identified areas of risk and detail any legal arrangements which are in place to support the person to be involved in the planning of their care and support.

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); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 30 May 2025, the provider must ensure people's outcomes are supported by a robust quality assurance system.

To do this, the provider must ensure the service is supported by a responsive leadership team who have the skills and capacity to oversee required improvement.

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 state 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 19 May 2025.

Action taken on previous requirement

The service had improved quality assurance activity and, as a result, the leadership team had clearer oversight of the quality of service delivery.

However, further improvements are required to ensure consistent and effective quality assurance processes. For further information please see the section 'How good is our leadership?'.

Met - within timescales

Requirement 2

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

This requirement was made on 31 January 2025.

Action taken on previous requirement

The service had improved the management of medication. People had appropriate recording documents which supported staff to ensure people received the correct medication at the correct times.

Medication audits were being undertaken, however, the service must ensure these are used effectively to identify any actions required.

Most staff had undertaken further training around the safe administration of medication and the service had ensured that competency observations had been carried out.

Met - outwith timescales

Requirement 3

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 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).

This requirement was made on 31 January 2025.

Action taken on previous requirement

Training had improved and most staff had accessed further training.

The service has an induction process which includes time for staff to shadow more experienced members of staff.

Supervision hadn't always take place which meant staff to didn't have planned, protected time to reflect on practice and focus on personal development. Please see the section 'How good is our staff team?' for further information.

Met - outwith timescales

Requirement 4

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 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).

This requirement was made on 31 January 2025.

Action taken on previous requirement

People's support plans had been updated and now contained more guidance around people's health conditions and how this may affect them.

The service needs to improve systems for ensuring regular meaningful reviews are supported. For further information please see the section 'How well is our care and support planned?'.

Met - outwith 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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