

Invercare Services Ltd - Inverclyde Branch Housing Support Service

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Type of inspection:
Unannounced

Completed on:
20 August 2025

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2014333299

About the service

The Invercare service is registered to provide both housing support and care at home. Care and support is delivered to people living in the local authority area of Inverclyde. The service operates from an office base in Greenock.

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

The service was supporting 58 people at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 13, 14 and 15 August between 10:00 and 18:00. The inspection was carried out by two inspectors 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 11 people using the service and eight of their family
- spoke with nine staff and management and had 17 staff return the Care Inspectorate surveys
- observed practice and daily life
- reviewed documents
- received feedback from two visiting professionals.

Key messages

- The manager is new to the role within the service and is working hard with staff to improve people's care experience.
- There are good quality assurance processes in place which help improve positive outcomes for people.
- Staff have positive relationships with people they support.
- People's risk assessments should be updated more regularly to ensure peoples safety.

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

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.

We saw and spoke with people who were supported by staff and almost all told us that they were very satisfied with the support they received. Relationships between staff and people were positive and staff knew most people well. This reassured us that staff recognised when people's needs had changed, or if their presentation was different on any given day,. Staff knew to contact managers and/or external health professionals when required.

People looked forward to their support and enjoyed the opportunity to have different people to chat to. A lot of humour was used in conversation and it was good to see people laughing and smiling with each other. One person told us that "my carers are faultless, and I would never change a thing". Family members told us that the support had made a "real positive improvement to my life". All of this satisfied us that people's physical health and their mental well being was improved by receiving the support they did.

Service managers carried out assessments of people's needs before providing staff to support them. This ensured that people received the right support from the right staff with the right knowledge. Most of the time it was the same person, or team of staff, who provided support. However, there were times when it was required to send other staff, but people told us they had usually met them before and knew who they were. They were keen to tell us how respectful all staff were to them and their property. This helped people feel comfortable with different staff.

People's should have a statutory review of their support at least once every six months. This happens to ensure that people's personal plans are still fully relevant to them. Reviews for people were always held in good time, and we saw that people important to the person were present, as well as other health/social care professionals. These were opportunities for open discussion around the person's needs and the outcomes they wanted to achieve in different areas of their lives.

Risk assessments, in areas such as moving and handling, should be reviewed on a regular basis in order to keep people, and staff, safe. it is unlikely that the risk to people does not change over a number of years and we did note that they were not always updated as often as they should be. (see area for improvement in "How good is our leadership").

There was training provided for some staff when supporting someone with specific conditions. This worked well and meant that those people were confident in the staffs knowledge and practice. However, it also meant that there could be anxiety for some people when those staff were not available. We discussed the concerns and risks for people with managers, which they understood. They will ensure that alternative staff receive the relevant training and will be available when required. This will go some way to reducing people's anxieties.

Staff recorded notes in the system after each visit to people and most were well written and informative. This ensured that the staff attending later in the day could see all that had been achieved with people and that they were aware of any concerns or specific support that the person may need.

We should be able to see in peoples plans when external health professionals had been contacted by the service, or had attended people. This assures us that the service is fully aware of people's changing needs, and that support staff are aware of any new treatment plans. We found this difficult to see in peoples plans, even though there is an area for recording the information. (See area for improvement 1).

All staff had been given medication training and we saw that they followed the correct procedures when assisting with people's medication. Most people only needed a prompt to take their medication and this was recorded in their daily notes. For those who needed medications to be administered staff ensured that it was recorded in the electronic medication recording systems (EMARS). This assured us that people received their medications in the right way at the right time and this kept people safe and well.

Areas for improvement

1. In order to ensure that all staff are aware of external health input managers should ensure that any contacts, arranged visits and decisions made by them are clearly recorded. The information should be easily available to staff within the person's personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish' (HSCS 2.26).

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.

There had recently been some new managers appointed in the service and we could see that they were making time to get to know people, both staff and people who were supported. The branch manager had been able to attend regular management meetings where there was good sharing of information. These gave the manager a good understanding of organisational values and expectations.

Quality assurance systems should improve outcomes for people. They show areas where service provision has gone well, and allow the service to see where improvement is required. The service used a robust electronic system of recording and carrying out quality assurance in all areas. We saw that the manager completed a monthly audit in all areas of care and support such as complaints, medication errors, missed visits, incidents, as well as supervision of staff. The audits were effective in identifying any concerns. This meant that managers were promptly aware of any issues affecting people's care and they were able to address and improve them.

There was a good service improvement plan in place that identified areas that would benefit from improvement. This was time bound and was reviewed at regular intervals. This meant that there were opportunities for continual improvement in the service.

The service had a range of policies and procedures in place ranging from recruitment, whistleblowing and complaints. Staff were able to access these easily and keep themselves informed.

Staff received regular supervision and observation of their practice. These were a chance for staff to reflect on their practice and receive praise and recognition for their work, or be given support to help them improve their practice.

It was good to see that managers went to visit people in their own home, and this gave them time to get to know people. People told us they appreciated these visits and it helped them feel comfortable, especially if they had the need to contact managers to discuss anything. They told us they were happy with the way in which managers dealt with any issues they had and that they always "turned things around" for them quickly.

Managers ensured that people's reviews of care took place within the required time scale, and the recorded the outcome of reviews. We discussed with managers that there should be more informative information recorded, with a particular focus on the updating of peoples risk assessments. (see area for improvement 1)

It is important that the service asks for and receives regular feedback from people being supported, their loved ones and staff. The ensures that managers see what others think of the service provided and where improvements can be made. We saw that a new service survey had been produced that was in the process of being sent to all, and a summary of findings from these were to be shared with people in a newsletter. The newsletter will also show what actions are being taken to make improvements suggested.

Staff fed back to us that they felt the branch manager was approachable, easy to talk to and that they listened to what they had to say.

Areas for improvement

1. In order to keep people and staff safe managers should -

- a) Ensure that people's risk assessments are updated promptly after each review.
- b) Alert staff to any changes in people's risk assessments.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

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.

People want to be fully confident that staff supporting them have been recruited well. We examined recruitment files and saw that the service used "Safer recruitment through better recruitment" guidance. This meant that all staff employed had the necessary references and criminal checks in place before starting to support people. When employing international staff the service followed all guidelines from The Home Office. Care staff are required to be registered with Scottish Social Services (SSSC) in order to practice and we saw that all were.

Staff worked well together and were seen by us to be a cohesive team. All the staff we spoke to talked about their work positively, telling us how much they enjoyed it, and we saw them being caring and responsive to people and their loved ones. People being supported and their relatives all told us that they received good quality care. This meant that people were able to build trust with staff and that they were reliable as a team.

There was a robust induction process in place for all new staff that was a mix of classroom work, practical experience and training in areas such as adult support and protection and medication. . There was also a "shadowing" process where they would accompany more experienced staff before being able to fully support people on their own. Refresher training was undertaken periodically to ensure that staff kept up to date with current guidance in areas like moving and handling and infection prevention and control. We were assured by this that staff were knowledgeable and skilled in their roles.

We discussed with managers that it would be good to see a clearer picture of training that staff undertook out with their mandatory training. Managers agreed and told us they had already picked this up themselves. As such they were in the process of developing an improved training matrix that would be clearer and show who had undertaken additional training and when.

There were a range of support measures in place for staff, such as staff supervision, which is protected time for staff to meet with managers, observations of staff practice, which ensured that different tasks were being carried out in the right way. There were also team meetings that took place, these were an opportunity for staff to get together with managers as a group and discuss current concerns or what was going well, as well as receiving organisational updates with information that could impact them. These measures kept the team informed and up to date. They had also been copied into the new survey that had been produced and this will ensure that they are able to make an input to operational, and other matters.

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

People should receive a robust induction to ensure they are confident and competent to safely meet peoples identified needs.

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).

This area for improvement was made on 10 September 2024.

Action taken since then

An induction process was fully developed and now takes place for all new staff. This starts with a 3 day "classroom" induction that covers mandatory training, such as medication, dementia, moving and handling and adult support and protection. Shadow shifts were included for new staff as part of their induction and ensured that they were ready to attend support visits on their own, or with a colleague if working on a two-person support.

This area for improvement has been met.

Previous area for improvement 2

Care plans should always be outcome focused, recording what the person wants to achieve, and how. As such, the provider should review the structure of the care plans ensuring that critical information is easily accessed at the beginning of the care plan.

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 area for improvement was made on 10 September 2024.

Action taken since then

Care plans we viewed showed that they were written in consultation with the person and that they were outcome focused. It was easy to see at first glance who the person was and what was important to them. We saw what people's needs were as they were well recorded at the beginning of the plan. Staff were able to see tasks to be completed easily as well as what outcome the person wanted from the task. Risk assessments were in place for everyone and covered areas such as falls, moving and assisting and medications, however we did note that some risk assessments needed updating after reviews. As such the area for improvement has been met, but some work should continue updating risk assessments after review and a new area for improvement will be made in "How good is our leadership"

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 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

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