

Icare Scotland Housing Support Service

Glenwood Business Centre
Glenwood Business Park
21 Glenwood Place
Glasgow
G45 9UH

Telephone: 0141 634 4998

Type of inspection: Unannounced
Inspection completed on: 9 April 2018

Service provided by:
Icare (GB) Limited

Service provider number:
SP2010010949

Care service number:
CS2010239300

About the service

Icare Scotland provides a housing support and care at home service to older people and adults, with varying needs, throughout Glasgow. The provider is Icare (GB) Limited.

The aim of the service is to support people in their own home by providing a range of services that allow them freedom of choice and independence.

The service has been in operation since August 2010. Referrals have continued since the last inspection, although the numbers are still small. Seventeen people used the service at the time of this inspection. The service continued to advertise in the local area in an attempt to raise the profile of the services they offered.

What people told us

We spoke with people during our inspection and received many supportive comments about the service and the staff team.

People's comments included:

'The staff really help me and my relative. They are always really friendly and respectful in our home.'

'The girls are always friendly and help me with what I need.'

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the service's improvement plan and quality assurance documentation, and we have reported thereon in this report.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

What the service does well

People experiencing care gave positive descriptions of their contact with staff. We observed staff engaging with people and found that they promoted choice, dignity and respect and demonstrated effective communication.

We observed that the outcomes for people had a focus on re-ablement and people were supported to live in their own home, doing as much as they could for themselves. We noted that care plans reflected actions required by staff to enable positive outcomes for people using the service. Some of the information contained in the plans provided a sense of the person as an individual.

People that we met and spoke with confirmed they had received good information on what to expect from the service. They told us that they could talk to staff if they had any issues or needed advice. People felt that staff listened and responded to them, and provided care and support beyond their expectations.

We saw that each person using the service received a home care pack. The pack contained all expected information around service delivery and the complaints processes. This gave people using the service the opportunity to be listened to and empowered to make decisions about the service.

The people we visited were encouraged to be independent, where appropriate, and we received numerous positive comments to describe the staff and the support they provided. We saw that people experienced warm, compassionate care and support.

We accompanied staff visiting people experiencing care in the south side of Glasgow and observed practice that promoted positive outcomes for people. However, some key input processes that are required to support and maintain positive outcomes for people experiencing care were not in place to underpin this good practice.

What the service could do better

We found that risk assessments were mainly in place for the moving and assisting of people experiencing care. We noted there had been changes in relation to the health and wellbeing of some people, yet risk assessments were either not in place or did not reflect these changes. This has potential for poor outcomes which could affect people's health, safety or welfare and we have made a requirement in this regard. (See requirement 1)

We could not find evidence of any methods of engagement or involvement with people experiencing care. People should be meaningfully involved and supported to give regular feedback on how they experience their care and the service should use this learning to improve. (See recommendation 1)

The service could not demonstrate how it used quality assurance processes or observed staff practice, to ensure that the needs of people experiencing care were met. Quality assurance is a process that enables the service to evaluate its quality and performance based on evidence such as regular feedback from people experiencing care.

We would expect that quality assurance processes be in place and be effective, robust and accountable and enable the manager to identify any issues with service provision and address them promptly. (See recommendation 2)

We could not find how the service monitored the times of visits to people experiencing care and their duration. We were unclear how often the care diaries, where staff record their times at people's homes, were being audited and asked that this be done more regularly. This would help assure people that their care and support is provided and delivered as planned. (See recommendation 2)

We noted that some team meetings had occurred and suggested that the manager should meet more regularly with the staff team. This could improve staff practices and competencies and could create a culture of team performance, with opportunities to consider best practice guidance. (See recommendation 3)

We found supervision processes were inconsistent and infrequent, and that staff had not received 'spot check' visits to observe their competency. We suggested that the management team could monitor the practice of staff and provide supervision based on these observations. We asked that people using the service be involved in this process. This would mean that the staff would have personal development plans informed by people using the service and the formal opportunity to reflect on, or develop their practice. (See recommendation 4)

Requirements

Number of requirements: 1

1. To ensure that people are helped to understand the impact and consequences of risky and unsafe behaviour and decisions, and the risks they take in their daily lives, the provider must ensure that there are comprehensive risk assessments in place, by 31 July 2018, to guide staff on what the risks are and the measures that are in place to minimise these.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions.' (H&SCS 2.25)

It also complies with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 4

1. The service should improve how people are meaningfully involved and encouraged to express their views on any aspect of the service at any time. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I can be meaningfully involved in how the organisations that support and care for me work and develop.' (H&SCS 4.6)

2. The service should ensure that information is gathered from audits, meetings, surveys and other ways, and that this is used to improve practice. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (H&SCS 4.19)

3. The service should reintroduce regular meetings for the staff team to maintain their knowledge and skills, and learn about new guidance. This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (H&SCS 4.11)

4. The service should combine the processes of monitoring the practice of staff and supervision, to enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff. This ensures care and support is consistent with the Health and Social Care Standards, which state: '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.' (H&SCS 3.14)

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Inspection and grading history

Date	Type	Gradings
22 May 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
13 Jun 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
5 Jun 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
19 Jun 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
17 May 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
30 Jul 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
12 May 2011	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
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DD1 4NY

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