

CarePlus

Housing Support Service

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Rothesay
Isle of Bute
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Unannounced

Completed on:
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Service provided by:
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About the service

CarePlus is an independent care organisation providing support to people in their own homes on the Isle of Bute, the Isle of Luing and the Isle of Seil. It operates from office premises in Rothesay.

The service aim is "to ensure that all of the people we support receive the highest quality support while respecting their privacy and dignity."

At the time of the inspection, the service was supporting 74 people.

This inspection was carried out by three inspectors from the Care Inspectorate. This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

What people told us

We sought the views of seven people who used the service and their loved ones. They told us about care that was provided by kind and compassionate staff. Their relatives were treated with respect and dignity by the full staff team. Please see some individual comments below.

"The service is absolutely wonderful, has been since day one."

"Staff tell me who is coming next."

"I do not receive any rota but the staff tend to stay the same."

"Very happy with the support, go above and beyond."

All seven people told us that staff used personal protective equipment throughout the pandemic during their support.

All seven people said they were happy with their care and support.

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 care and support during the COVID-19 pandemic?	2 - Weak

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 found the service was performing to an adequate standard in these quality indicators. This applies when there are some strengths that just outweigh weaknesses.

Discussions with people who used the service, and their relatives, were positive. People said all staff were pleasant and helpful whilst supporting them in a dignified and respectful manner.

We found people benefited from a regular staff team. Changes only took place when staff took annual leave, with unplanned absence not being a contributing factor. However, the service did not provide supported people with this information in advance. People told us they relied on staff giving this information to them verbally. People should receive advanced information of who will provide their support. We asked the management team to think about giving people this information in a format meaningful to them.

Care plans were used by staff to provide support to people using the service. The plans we sampled had been updated and did include basic risk assessment information. However, we found they were task driven and did not include individual personal outcomes. The outcomes for people were generic and the risk assessments were not dynamic. People's support can be more purposeful, and their progress can be measured more effectively, when they have personalised, outcome-focused care plans and risk assessments. (See requirement 1.)

We noted the service encouraged people to be independent with their medication. This empowered people to remain independent. However, the risk assessment and care plan did not provide staff with clear guidance on how to manage medication safely and effectively for people who did require support. There is a risk of harm when people do not have plans that are clear for staff to follow. We asked the service to ensure that plans, including medication guidance, are clarified and fully reflect people's needs to promote their wellbeing. (See requirement 1.)

We found reviews had taken place, however, the service did not use a system that would allow them to plan, monitor and evaluate reviews. The management team showed us a system that had been in use previously.

We asked that this be reinstated for management oversight. This should ensure that there is a well-organised review system, capturing people's current views, needs and outcomes.

People told us that they did not know how to make a complaint. We highlighted this to the management team. This should make the service more inclusive and ensure that people can exercise their right to raise a concern and improve their experiences if needed.

The service had experienced an adult support and protection issue since the last inspection. We asked the management team to support staff with adult support and protection training. The local health and social care partnership has offered support with this. This will develop staff understanding and practice, ensuring people continue to be safe and well.

Requirements

1. By 24 October 2021, the provider must ensure personal plans are completed by staff who have the requisite skills, knowledge and experience to complete, and set out how the health, welfare and safety needs of people are to be met. This must include, but is not limited to:

1. Ensure personal plans accurately reflect the assessed current health and care needs of the person.
2. Accurately reflect risks that have been identified and steps to be taken to reduce and/or mitigate the risk.
3. Include person-centred information outlining needs, abilities and support required to meet those outcomes.
4. Demonstrate meaningful involvement and consultation with the person who uses the service and/or their representative as appropriate.
5. Review of personal plans through robust quality assurance systems.

This is in order to comply with Regulation 5(1), (2)(a)(b)(i)(ii)(iii) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

And ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"My care and support meets my needs and is right for me." (HSCS 1.19)

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We found the service was performing to an adequate standard in this quality indicator. This applies when there are some strengths that just outweigh weaknesses.

At the time of the inspection there was not an active outbreak of Covid-19 among people who experience the service or staff. The service had implemented infection control procedures within the office space. The staff team followed social distancing guidance, had created personal workstations and implemented a Covid-19 cleaning schedule. This practice offered a level of protection for all staff and visitors within the office environment.

Managers and staff were practiced and confident in supporting any confirmed or suspected outbreak in the service. This included informing and seeking advice from Public Health Scotland and colleagues in the health and social care partnership.

During the inspection, we noted personal protective equipment (PPE) was stored correctly within the Rothesay office space. Although, the service could not be confident of adequate supply and storage of PPE within the other office spaces used. The service provided assurance to us, during the inspection, that adequate stock and correct storage was in place. PPE stored correctly protects people from risk.

People told us staff always wore appropriate PPE when they provided support. Although, we noted that the information and guidance used by staff was not in line with current guidance. For example, excessive use of gloves when regular hand hygiene would have been more effective. We discussed this with the management team and directed them to use the Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum. This placed people that use the service, and staff, at a higher risk of infection. (See area for improvement 1.)

Observations of staff practice were not in place at the time of the inspection. This meant that management could not monitor and evaluate staff performance in areas such as the use of PPE, hand hygiene and social distancing. We asked the service to reinstate its observed practices immediately. This will ensure that knowledge delivered in training is implemented in practice, enhancing infection prevention control measures and keeping people safe. (See requirement 1.)

The service had compiled a Covid-19 contingency plan. We discussed ways in which this could be further improved with the management team. For example, by adding red, amber and green pathways of risk. The service would then have clear instruction on how to proceed in different levels of emergencies. This would offer clarity for staff and help keep people safe in a more consistent and planned way.

Weekly staff testing for Covid-19 was well organised and staff participation with testing was good.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

We found the service was performing to a weak standard in this quality indicator. This applies where strengths can be identified but these are outweighed or compromised by significant weaknesses.

During the inspection, we found the management team had not been working cohesively. This had caused several areas of the service to be affected. We asked the service to review its management processes. Staff performance and people's experiences will benefit from clear communication and guidance.

Staff received training in the form of eLearning. We noted that all staff had completed training for Covid-19 and infection prevention and control. However, whilst interviewing staff, some were not clear on what training and support they had received. We also found that staff had not received regular supervision meetings. This reduced their ability to reflect on their practice in a safe and constructive way. We discussed these findings with the management team. A more comprehensive oversight of staff development, linking training with ongoing observations and supervision meetings, should promote staff understanding and improve practice. This will further enhance infection prevention and control to keep people safe. (See requirement 1.)

It is essential that all staff are recruited in line with current best practice guidance. This ensures that people are supported to achieve their personal outcomes by a competent and safe workforce. We could not evidence that all staff had been recruited in line with guidance, and so we asked the service to address this immediately. (See requirement 2.)

We found the service did not have clear guidance informing staff and supported people of the roles and responsibilities of the management team. During the inspection, an organisational structure was created which clearly outlined the roles and responsibilities of each person in the management team. We asked for this be circulated to staff and supported people.

The system used to give staff up to date information and guidance was not effective. We discussed ways in which this could be improved with the management team. During the inspection, the management team created a new digital format for information sharing.

At the time of the inspection, we gave advice and information on several policies and procedures that the service currently had in operation. Due to this, the management team made a decision to source outside support to update all policies and procedures for the service.

Requirements

1. By 24 October 2021, the provider must ensure that service users experience a service which is well led and managed. This must include, but is not limited to:

1. Putting in place and implementing robust and transparent quality assurance processes, including action planning in order to provide clear and consistent information to all staff through team meetings/communications, reflective practice, supervisions and observed practice.
2. Formally assess and evaluate the quality of training for staff and include input from staff on their individual development needs.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

And ensures that care and support is consistent with the Health and Social Care Standards (HSCS) 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." (HSCS 3.14)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

"I use a service and organisation that are well led and managed." (HSCS 4.23)

2. By 24 October 2021, the provider must ensure recruitment systems are effective and ensure people's safety. This must include, but is not limited to:

1. Pre-employment checks, including references and criminal record checks, are carried out prior to appointment in line with safer recruitment guidance.
2. Staff employed within the care service are suitably qualified for the role that they are to perform.
3. Staff who are required to register with the Scottish Social Services Council are registered with the Scottish Social Services Council.
4. Staff receive an induction suitable for the role they are undertaking in the service.

This is in order to comply with Regulation 7 and Regulation 9 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

And ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

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

Areas for improvement

1. The management team should ensure that staff use personal protective equipment (PPE) in accordance with current guidance and best practice.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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