

## Care1 Professional Services Ltd Support Service

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Livingston  
West Lothian  
EH54 6GU

Telephone: 01506 201 102

**Type of inspection:**  
Unannounced

**Completed on:**  
13 August 2021

**Service provided by:**  
Care1 Professional Services Ltd

**Service provider number:**  
SP2016012749

**Service no:**  
CS2018370582

## About the service

Care1 Professional Services Ltd. is registered with the Care Inspectorate to provide a support service to children and adults living in their own homes. The service is based in Livingston and provides care and support to people living in West Lothian and Hamilton.

At the time of inspection the service was providing support to approximately 50 people.

The structure of the service includes a service manager, registered manager, administration staff, care supervisor and support workers.

The aims and objectives of the service include;

'To provide a high quality and professional service which puts service users welfare at the heart of our work'

'To ensure that the delivery of service is efficient and up to date in line with current legislation and regulations'

'To provide a non discriminatory service that embraces diversity and upholds service users rights regardless of their sex, race or religious affiliations and any other attributes of life that might cause one to be discriminated against'

'To enable service users to live independently, with dignity in the community as long as possible in line with their wishes and best interests'

'To support health and social care community nationally, through offering clients a service built on real understanding of their needs'

## What people told us

This was a focused inspection to follow up on requirements from the previous inspection. We spoke to 13 people experiencing care by telephone. We visited the office and spoke with management and office staff. We also spoke with support staff by telephone

People were generally happy with the care and support that was being delivered and found staff to be kind and caring. People however, continued to experience late or missed visits.

Comments included;

"Always stay for allocated time and don't rush"

"Staff always pleasant and respectful"

"Carers always kind and respectful and we have a laugh. If it wasn't for them I wouldn't have any visitors"

"Last week I did not receive my evening visit but they called in advance to tell me".

"Have been occasions when staff have not turned up. No phone call received"

"Although there has been staff changes, all staff are very polite and carry out all aspects of role"

"There have been occasions where staff have been late. I understand this to an extent, but had to call the service, because times were becoming quite unsuitable"

"My main concern is that staff frequently do not show up and I'm not informed  
This leads to delays with (relative) taking medication and stress trying to get (relative) to stay up until carers arrive"

## 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?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	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 carried out an initial inspection of the service on 19 May 2021. We carried out a further visit to the service on 11 August 2021 to follow up on the requirements and area for improvement made under this key question at the initial inspection.

We have reported on our findings under the following sections of this report;

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made improvements in order to meet one of the requirements and area for improvement and we have re-evaluated this key question.

However, the requirement made under the quality indicator 'people's health benefits from their care and support' had not been met. The timescale to meet this requirement has been extended to 08 October 2021.

## Requirements

1. By the 8 October 2021 the provider must make proper provision for the health, safety and welfare of people experiencing care. In order to do so, the provider must ensure

- a review of peoples medication support is carried out to identify that the medication support is in line with peoples assessed needs
- staff accurately record medication administered in line with policy and to reflect the agreed outcomes in the personal plan.
- that staff are competent in the administration and recording of medication, including evidence based practice through direct observation.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled and able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14.)

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of service users.

## How good is our leadership?

**2 - Weak**

We carried out an initial inspection of the service on 19 May 2021. We completed a further visit to the service on 11 August 2021 to follow up on the requirements and area for improvement made under this key question at the initial inspection.

We have reported on our findings under the following sections of this report;

- 'what the service has done to meet any requirements made at or since the last inspection' and
- 'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had not met the requirement made under quality indicator 'quality assurance and improvement is well led' The timescale to meet this requirement has been extended to 08 October 2021.

## Requirements

1. By 08 October 2021 the provider must develop and implement internal quality assurance and auditing systems to ensure effective oversight and monitoring of all aspects of the service. In order to achieve this the provider must ensure:

- The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- The outcomes as a result of any audit are clearly recorded.
- Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.

- Subsequent action plans are reviewed and updated to completion

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes"

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users.

## How good is our staff team?

**3 - Adequate**

We carried out an initial inspection of the service on 19 May 2021. We carried out a further visit to the service on 11 August 2021 to follow up on the requirements and area for improvement made under this key question at the initial inspection.

We have reported on our findings under the following sections of this report;

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made the required improvements in order to meet the requirements and area for improvement and we have re-evaluated this key question.

## How well is our care and support planned?

**3 - Adequate**

We carried out an initial inspection of the service on 19 May 2021. We carried out a further visit to the service on 11 August 2021 to follow up on the requirements and area for improvement made under this key question at the initial inspection.

We have reported on our findings under the following sections of this report;

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made the required improvements in order to meet the requirement and area for improvement and we have re-evaluated this key question.

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

**3 - Adequate**

We carried out an initial inspection of the service on 19 May 2021. We carried out a further visit to the service on 11 August 2021 to follow up on the requirements and area for improvement made under this key question at the initial inspection.

We have reported on our findings under the following sections of this report;

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made the required improvements in order to meet the requirement and area for improvement and we have re-evaluated this key question.

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

### Requirements

#### Requirement 1

By 31 July 2021 the provider should ensure that people experiencing care and/or their representatives are consistently involved in planning and reviewing care by ensuring

- six monthly reviews, or more frequently if required, are carried out and that their involvement is evidenced.
- where it is not possible to involve people experiencing care and/or their representatives, this should be clearly identified.
- care plans are regularly updated with any changes in care and support and information following care reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This is to comply with Regulation 4(1)(a) (welfare of users) and 5(2)(b) (personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 19 May 2021.**

#### Action taken on previous requirement

The service had carried out a survey to gain the views of people they support. The service had received a good response and the majority of people were happy with the support provided. Where it was identified that people had concerns, the service acted upon this and communicated with people to address any concerns they had.

A review of all care packages had been undertaken. Where it was not possible to do this in person the service had contacted people by telephone. Care plans we sampled had been updated recently. This assured us that care plans had been updated with information to take account of any changes required and the quality of care planning had improved.

**Met - within timescales**

#### Requirement 2

By the 31 July 2021 the provider must make proper provision for the health, safety and welfare of people experiencing care. In order to do so, the provider must ensure

- a review of people's medication support is carried out to identify that the medication support is in line with people's assessed needs
- staff accurately record medication administered in line with policy and to reflect the agreed outcomes in the personal plan.
- that staff are competent in the administration and recording of medication, including evidence based practice through direct observation.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled and able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14.)

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - a regulation regarding the welfare of service users.

**This requirement was made on 19 May 2021.**

## Action taken on previous requirement

Although there had been a review of people's care and support, care plans did not always reflect or capture changes to people's medication support.

Staff had received online medication training however, there was still some ambiguity from staff about their understanding of administering medication and prompting medication. In some cases where it stated 'prompting' in the care plan, staff were recording that they had administered medication.

We found conflicting information within care plans with regard to administering and prompting medications. We saw that staff were recording the application of medicated patches within the communication records and not on the Medication Administration Record sheets. This also applied to topical creams.

Observed competency checks for medication support were not being carried out regularly and there was no plan or oversight for when or how often this should occur.

Further improvement is required to ensure that there is clear guidance within the care plans for medication support and that staff are competent in supporting people with their medication.

The timescale to meet this requirement has been extended.

## Not met

### Requirement 3

By 31 July 2021 the provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements. In order to do this the provider must ensure there is;

- a robust, risk assessment in place for all newly employed staff
- a comprehensive induction period in place with recorded activities undertaken and signed off by staff in a



supervisory role

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am confident that people who support me have been appropriately and safely recruited" (HSCS 4.24)

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 9(1) - requirement about fitness of employees.

**This requirement was made on 19 May 2021.**

#### Action taken on previous requirement

The service had undertaken a review of their recruitment procedures and were now following safer recruitment practice. The provider was ensuring that people commencing employment with the service had gone through robust recruitment checks including, references, Protection of Vulnerable Groups vetting and confirming identification.

A new induction checklist and booklet had been developed to ensure that all new staff undertook induction training which included mandatory training, corporate information and periods of shadowing with permanent experienced staff. Each area of the induction was signed off by staff in the supervisory role when completed.

#### Met - within timescales

### Requirement 4

By 31 July 2021 the provider must ensure that staff have the right competence and development to support people. In order to achieve this the provider must ensure there is;

- a clear structure of training for each role within the service including mandatory training and learning opportunities are based on the needs of people experiencing care
- clear records and oversight of learning undertaken and planned

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, able to reflect on their practice and follow their professional organisation codes (HSCS3.14)

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 9(1) - requirement about fitness of employees

**This requirement was made on 19 May 2021.**

#### Action taken on previous requirement

At this inspection we saw that there was a robust overview of training staff had undertaken, when further training was due and completed. The provider had identified specific areas of training that would be mandatory and staff were unable to support people until the mandatory units had been completed. This would be signed off within the induction checklist. The majority of staff had completed training required to be undertaken with a few sessions still to be delivered and completed.

The service had made good progress in supporting staff to complete a range of training relevant to their role.

A new electronic learning system was being introduced into the service and we saw an example of how this training programme would work. In addition to the mandatory training staff could identify additional training to undertake online to support people with specific health or care needs,. Staff would not be able to progress onto this level until the mandatory training had been satisfactorily completed. Staff had been informed about the requirements for the new training system and were able to discuss training to be undertaken.

## Met - within timescales

### Requirement 5

By 31 July 2021 in order for care plans to be comprehensive and have information that leads and guide staff on care and support and ensure good outcomes, the provider must:

- undertake a review of all care plans to ensure information within the care plan is detailed and identifies people wishes, preferences and choices
- ensure people experiencing care are fully involved in developing and reviewing their care plan
- ensure that people experiencing care have access to their care plans and communication records

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that; "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users

**This requirement was made on 19 May 2021.**

### Action taken on previous requirement

A review of all care plans had been undertaken since the previous inspection. The review information had been gathered and included in the care plans however, some care plans still required updating and this was work in progress. However the service had progressed well with care reviews. There were good examples of personalised information that would lead and guide staff to how people wanted their support to be provided.

A survey monkey review had been carried out and there was evidence of involvement from people being supported and their relatives.

The majority of people now had support plans within their homes that they could access. They also had the opportunity to access an app on their electronic device which enabled them to see information relating to their care and support.

## Met - within timescales

**Requirement 6**

By 31 July 2021 the provider must evaluate the Infection Prevention and Control training, and practice, to ensure it is sufficient and that knowledge is embedded into practice. This is in order to protect people from being exposed to COVID-19.

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'. (HSCS 3.14)

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

**This requirement was made on 19 May 2021.**

**Action taken on previous requirement**

The service had supported staff to undertake Covid-19 and Infection Prevention and control; training. Some staff had still to undertake this training however the number of staff was small and had been unable to access the training for various reasons. This was addressed during the inspection.

We spoke with staff and they confirmed they had undertaken training and were able to demonstrate their knowledge in relation to IPC.

Staff were receiving regular updates on current guidance and support relating to Covid-19.

**Met - within timescales****Requirement 7**

By 08 October 2021 the provider must develop and implement internal quality assurance and auditing systems to ensure effective oversight and monitoring of all aspects of the service. In order to achieve this the provider must ensure:

- The auditing systems effectively enable areas for improvement to be promptly and accurately identified.
- The outcomes as a result of any audit are clearly recorded.
- Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- Subsequent action plans are reviewed and updated to completion

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes"

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users

**This requirement was made on 19 May 2021.**

## Action taken on previous requirement

The service had carried out a survey with staff and people they support. An action plan had been developed from the survey for people being supported. Responsibilities had been allocated to specific staff to undertake quality assurance. However none of this work had been developed for any area other than the above mentioned surveys. Further improvements are required to ensure quality assurance is carried out regular with the actions and outcomes identified. Robust quality assurance processes and management oversight is required to ensure the service can carry out self evaluation and continuous improvement. This requirement has not been met and the timescale for the requirement has been extended.

Not met

## 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

The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to travel time. Where travel time is not part of the allocated time then this must be effectively monitored to ensure that people get the correct support as agreed.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I have the time and any necessary assistance to understand the planned care, support, therapy or intervention, including any costs, before deciding what its right for me" (HSCS1.18)

**This area for improvement was made on 19 May 2021.**

#### Action taken since then

We spoke with staff and they confirmed that travel time was now included in their allocated support time. Staff felt less anxious about getting to visits at the right time to provide support.

We viewed the electronic system for support visits. Travel time was factored into the visiting schedules with varying times for travel depending on the location of the next visit.

People we spoke with confirmed that visits from staff last the allocated time and staff do not leave early to get to their next visit.

#### Previous area for improvement 2

The service provider should ensure that all staff are provided with regular formal supervision, through which their practice is discussed and training and development opportunities identified.

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 area for improvement was made on 19 May 2021.**

#### Action taken since then

A programme of supervision sessions had been developed and had recently commenced. We sampled records of supervision. A format for discussion had been developed and we saw that good records of conversation were recorded. Staff were able to identify areas for discussion, learning and development. Actions to be undertaken and responsibilities were recorded and discussed at the next supervision session.

Although this was in the early stages staff confirmed that they had participated in supervision sessions and had found these supportive.

#### Previous area for improvement 3

In order to protect people from being exposed to COVID-19; The service should develop a coronavirus policy which should be updated and cross referenced with its infection prevention and control policy and staff guidance. The policy should contain a range of external links, so that staff are guided to additional sources of information.

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 (HSCS 4.11)

**This area for improvement was made on 19 May 2021.**

#### Action taken since then

The provider had updated the services Covid-19 policy and procedure. The new document contained detailed information relating to policy and procedure and contingency during the pandemic. The policy also contained links for staff to access to receive the current information and guidance. The policy had been sent to staff by email to ensure they could access the links electronically. Staff confirmed that they had received the revised policy document.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate

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