

## 121 Care at Home Limited Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 December 2021

**Service provided by:**  
121 Care at Home Limited

**Service provider number:**  
SP2012011911

**Service no:**  
CS2012311012

## About the service

121 Care at Home Limited registered with the Care Inspectorate in June 2014. The service is registered to provide a support service to older adults and older people with physical/sensory impairment and/or memory impairment/dementia living in their own homes and in the wider community. This includes a maximum of five care packages for those 18 years and over.

At the time of the inspection, the service was being provided to approximately 30 individuals. In the Larkhall, Lanark and Lesmahagow areas of South Lanarkshire.

People receive a service in their own homes daily. This can be several visits per day and 365 days a year. The aim of the support is to help people stay well, maintain their independence and continue to live at home.

This was a virtual follow up inspection to assess the progress the service had made with two requirements and five areas for improvement identified at the previous inspection.

## What people told us

We did not consult with people using the service during this follow up inspection.

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

We completed an inspection of the service on 6 July 2021 and made one requirement and two areas for improvement in relation to this key question. We completed a virtual inspection of the service on 20 December 2021 to follow up on progress made in relation to this requirement. This related to care planning and areas for improvement related to medication issues.

We have reported on our findings under the following sections:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The service had met the requirement and two areas for improvements made under this key question.

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

### 3 - Adequate

We completed an inspection of the service on 6 July 2021 and made one requirement and three areas for improvement in relation to this key question. We completed a virtual inspection of the service on 20 December 2021 to follow up on progress made in relation to this requirement. This related to quality assurance and areas for improvement related to infection control practices, a service development plan and a robust system to record complaints and concerns.

We have reported on our findings under the following sections:

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

'What the service has done to meet any areas for improvement we made at or since the last inspection.'

The service had met the requirement and one area for improvement made under this key question. The other two areas for improvement have been repeated.

As a result of the improvements made we have regraded Key Question 7.3 from weak to adequate.

#### Areas for improvement

1. The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with service users, their relatives and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. The service should develop more robust systems when responding to any complaints/concerns raised about service provision. This should include written reports highlighting complaints/concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21).

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

### Requirements

#### Requirement 1

The provider must ensure that all service users have a personal plan in place that accurately reflects their current care and support needs, these must be reviewed at least once in every six months.

The provider must put in an effective system to update and review all personal plans by the 18 October 2021.

This complies with Regulation 5 (1) and 5(2)(b) - Personal plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

**This requirement was made on 6 July 2021.**

#### Action taken on previous requirement

From the sample of care plans looked at we found that these were more detailed than previous. They contained sufficient information to allow staff to provide care and support in a consistent manner. This was particularly important where there were staff changes or where there was a change to the support needed by the individual.

The service was able to demonstrate that these plans were updated following a review. A note of all review dates was being maintained to ensure plans were reviewed at least once every six months in line with legal guidance.

#### Met - outwith timescales

#### Requirement 2

The provider must demonstrate how audit systems have helped improve the service namely:

- demonstrate that practices and processes have improved as a result of the audit,
- improve records to reflect the actions required to address deficits identified through audit processes and assessments, this should include any missed visits,
- record the reasons why if actions have not been taken where there are ongoing issues, and
- reflect that the actions which had been identified had been taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed.'

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale: to be completed by 18 October 2021.

**This requirement was made on 6 July 2021.**

#### Action taken on previous requirement

The service has started to develop a range of audits to measure the quality of service provision. We could see that where issues were identified that an action plan had been developed in order to address these. This should lead to improvements being made and hopefully sustained.

Additional audits were planned and we will follow up on outcome of these at future inspections.

**Met - outwith timescales**

## 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 needs to ensure that where people require assistance to manage their medication that the level of support and assistance is clearly documented in the persons personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help with medication, I am able to have as much control as is possible' (HSCS 2.23).

**This area for improvement was made on 6 July 2021.**

#### Action taken since then

As the service has reviewed and updated personal plans it has ensured that they contain clear information on support individuals need to manage their medication from staff. This has helped to ensure that people are supported in the correct way to take their medication safely.

This area for improvement has been met.

#### Previous area for improvement 2

The provider should ensure the health and welfare of residents by ensuring safe recording of medicines. To do this the service must adhere to best practice guidance in relation to handwritten entries and changes to medication recording sheets.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 6 July 2021.**

## Action taken since then

Additional staff training had been provided to ensure that where staff had hand written any entries to medication recording sheets that these were appropriately referenced to ensure safe management of medication. Where issues were identified through services medication audits appropriate actions were being put in place to address these.

This area for improvement has been met.

## Previous area for improvement 3

The provider should ensure that staff are adhering to infection prevention and control guidelines when working in the community. In order to achieve this the management team should:

- i) ensure that staff wear the appropriate gloves as highlighted in guidance
- ii) review the current documentation to ensure that it is robust, develop a programme to ensure that observational checks are completed regular and address any training needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 6 July 2021.**

## Action taken since then

The service had undertaken an audit in relation to infection prevention and control guidelines. This included ensuring that all staff wore the correct gloves as well as observations of staff practice to ensure they were performing within the guidelines.

Where issues were identified in relation to individual staff practice additional training was put in place to address this.

This area for improvement has been met.

## Previous area for improvement 4

The service should bring together a development plan that shows how it plans to move the service forward in the coming months and years. This should be done following consultation with service users, their relatives and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

**This area for improvement was made on 6 July 2021.**

**Action taken since then**

The service have still to introduce a development/improvement plan indicating how the service would move forward and develop in the months going forward. This should include actions to be taken to address issues highlighted through the services quality assurance systems.

This area for improvement has not been met.

**Previous area for improvement 5**

The service should develop more robust systems when responding to any complaints/concerns raised about service provision. This should include written reports highlighting complaints/concerns raised and actions taken to address these as well as providing people with an opportunity to discuss further if unhappy with the outcome.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I have a concern or complaint this will be discussed with me and acted upon without negative consequences for me' (HSCS 4.21).

**This area for improvement was made on 6 July 2021.**

**Action taken since then**

The service have still do develop and introduce a system for monitoring and recording complaints and concerns.

We have therefore repeated this area for improvement.

**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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate



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