

Invercare Services Ltd Housing Support Service

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Type of inspection:
Unannounced

Completed on:
24 November 2021

Service provided by:
Invercare Services Ltd

Service provider number:
SP2014012360

Service no:
CS2014333299

About the service

Invercare Services Ltd was registered with the Care Inspectorate in February 2015 to provide a housing support and care at home service. The service is provided to older people including those living with dementia, adults with physical disabilities and/or learning disabilities and adults with palliative care needs living in their own home.

The service provides support to people living in the local authorities of Inverclyde, Renfrewshire, and more recently, North Lanarkshire.

The service operates from an office base in Greenock, with local offices in Johnstone and Cumbernauld. Since the previous inspection, the management structure has been reconfigured and the service reports difficulties with staff retention.

The service mission statement makes the following commitment "to make a difference by providing a service of excellence in the community".

This was an unannounced inspection which took place over three days on the 18th, 19th, and 23rd November 2021. To prepare for the inspection we reviewed information about this service. To inform our evaluation we:

- Spoke with people using the service and their relatives
- Spoke with other professionals
- Spoke with management and staff
- Reviewed documents

What people told us

During this inspection we spoke to people who received support from the service, relatives, and other professionals.

Feedback about the service was mostly positive. Feedback from the newer part of the service in North Lanarkshire was mixed. Whilst some people expressed satisfaction with the service, others indicated areas of their service that needed to improve. Some people described poor communication from the provider, lack of staff continuity and concerns that some supports were being missed. Senior staff were aware of these issues and had put in place several measures to resolve them.

Some of the comments people made included:

- "Happy with the quality of care because of the staff relationships"
- "Care package designed around my mum"
- "Quite happy, (staff) speak nicely to my wife"
- "Having consistent staff and consistent times would make the service better"
- "Responsive, let you know of issues early and get back to you quickly."

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

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| How well do we support people's wellbeing? | 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 evaluated this key question as adequate, where strengths just outweigh weaknesses.

Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People using the service told us that staff were compassionate and they had good relationships with them. They told us that they knew how to raise a concern and were confident in discussing issues or concerns with the management team.

Some people receiving support from the service told us that they did not always know who would be providing their support and changes to their support was not always communicated to them. This meant that that people could not always have confidence in their care and support.

While people had opportunities to make their views known, through regular reviews, telephone calls and in home "Care Coaching" by senior staff, the recording of people's views could be improved. This would ensure that people's wishes, and preferences are used to shape how they are supported in their home and to shape the development of the service.

The service was moving to an electronic care plan system and was currently using both this and a paper-based system. People's preferences and choices were reflected in care plans and where people were subject to restrictive legislation, this was recorded on the care plan. The service should ensure that they receive copies of relevant documentation and ensure that they refer to the relevant Scottish legislation.

In care plans there were clear descriptions of what support was to be delivered by staff at each support visit. This meant that there was sufficient information for staff to deliver support to people in a way that people wanted. However, staff told us that they were not yet able to access information for every person on the electronic system, which meant that they did not always know what support was to be provided at a visit. Records pertaining to support visits were recorded to a variable standard. We have asked that care plans contain appropriate information for all people using the service and that this information is accessible to all staff. (See Requirement 1)

People's health needs were generally well supported by the service. Care plans contained detailed health information and risk assessments, health professionals were consulted as needed and staff knew how to report any changes in people's health. This meant that the support people received had a positive impact on their health. Staff had a basic understanding of Adult Support and Protection (ASP) issues and what issues to report. To ensure that people continue to be protected from harm, staff should receive regular ASP refresher training.

We found that the company's medication policy and procedure and recording methods were not aligned to best practice guidance, which we provided. We have asked that the policy, procedure and recording of medication be reviewed in line with best practice guidance so that people's independence is maintained and their health benefits from receiving the type of medication support that is right for them. (See AFI 1)

Requirements

1. By 1st March 2022 the service must ensure that people using the service receive the right support at the right time and that the content and quality of record keeping is consistent.

To do this the provider must, at a minimum:

- a) ensure that all service user's care plans are fully completed and moved on to the electronic system and that these can be accessed by all staff
- b) inform people using the service, in advance, of who will be providing their support in a way that is meaningful to them and timeously and consistently inform people of changes to support times or change of support staff.
- c) agree a standard of recording for daily notes and ensure that this standard is followed by all staff. Service user's views should be recorded and used to inform their support and changes to the service.

This is to comply with: Regulation 5 (1) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This ensures care and support is consistent with the Health and Social Care Standards (HSC) which state that: (HSC 3.11) "I know who provides my care and support on a day-to-day basis and what they are expected to do. and (HSC1.19)1." My care and support meet my needs and is right for me"

Areas for improvement

1. The management team should review their medication policy, procedure, and risk assessment documentation. They should consider the language used when describing medication levels, the assessed level of staff intervention and review the unnecessary use of Medication Administration Records (MARs) when prompting and assisting medications in line with good practice and assessment.

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)

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

3 - Adequate

We evaluated this key question as adequate where strengths just outweigh weaknesses.

Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Personal protective equipment (PPE) was available to all staff. We observed some PPE being stored in unsuitable areas within office settings. This may increase the risk of contamination.

We discussed this with the manager who took actions to ensure the safe storage of PPE by the conclusion of the inspection.

People were generally protected from the spread of infection because staff were in part familiar with guidance. We became aware that some staff were using gloves (vinyl) when it was not generally necessary for example when prompting medications and preparing food. This was not in line with current guidance. The service should ensure they follow up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland, and the Scottish Government. Staff should have access to regular relevant infection prevention and control (IPC) training, including refresher training.

Staff were able to recognise and respond to suspected or confirmed cases of COVID-19 and follow local reporting procedures. Staff described safe practice around the disposal of PPE.

The service was experiencing some challenges with staff not complying with the need for regular testing and the test and protect processes. The service had introduced a Covid officer post to help monitor, report, and support staff to understand and comply with the need for testing and the test and protect process.

Lack of understanding and compliance with IPC measures, including regular testing, may place people at a higher risk of infection. We discussed this with the manager and shared current guidance.

'Care Coaching' was undertaken by seniors in people's homes. This included observations of staff to monitor and evaluate staff practice, including IPC practices. Not all staff had benefitted from this at the time of the inspection. There were 87 episodes of 'Care Coaching' completed in the last 90 days. Staff told us they felt supported by 'Care Coaching'

People receiving care told us staff wore PPE when they visited to provide support. Staff we spoke to, described an awareness of when and how they should use PPE as supplied as well as other infection prevention and control methods, such as handwashing and social distancing.

We felt opportunities for refresher training and access to good practice guidance was overall insufficient. The service should remedy this to enable staff to use appropriate infection prevention and control measures confidently and routinely. (See Area For Improvement 2)

Staffing levels appeared sufficient to meet the needs of the people currently using the service and the service had a contingency plan for staff shortages, including a prioritising system to identify essential supports for each person. There were limited additional resources to manage any unexpected staffing issues which meant senior staff and managers often provided support when staff were absent. There were times when staff were required to work under pressure and as a result, aspects of some care and support had been missed, affecting outcomes for people.

The service was making notifications about these missed supports.

The service was recruiting continuously to increase the staff team working across the three service areas. The manager told us that staff retention was an issue, with a higher-than-average number of staff leaving in the first 12 months. Staffing arrangements were reviewed every 6 months. We discussed measures to improve retention with the manager.

Staff were recruited in a way which was informed by the safer recruitment guidance. This was important to minimise risks to people. We asked the service to review the use of, for example, health declarations and ensure they evidenced a strong emphasis on safety; and to introduce scenario/values-based questions into their recruitment processes. All phases of the current recruitment process were generally well documented. We shared guidance referring to the storage of PVG records.

Management and staff were fully aware of their responsibilities for professional registration with the Scottish Social Services Council (SSSC). Actions to ensure staff are suitably registered were regularly reviewed, audited, and actioned.

People receiving care told us the staff offered support and reassurance, which was valued and important to people experiencing care. People overall felt the service and staff were there for them during the Covid-19 pandemic.

Staff training was adequate to meet people's assessed support needs. There was a permanent trainer in post who delivered the 3-day induction in the 3 service locations. The service had no access to online training and no access to refresher training for infection prevention and control, Adult Support and Protection and medication management. Moving and Assisting training was currently the only training course for which staff received an annual refresher.

Care Coaching was part of the overall supervision plan with 2 sessions generally undertaken in the community and one in the office. Clearer records of practice observations and evidence of more focused supervision sessions, would benefit supported people and the service by ensuring people are supported by a staff group able to reflect on their practice.

There was a limited training analysis at service and individual staff level. To improve the range of statutory, mandatory, and optional training for staff we asked the provider to identify, source training and maintain appropriate records of all training. (See Requirement 2).

Quality assurance processes, including self-evaluation, improvement plans, and audits were plentiful with an audit plan at all levels of the organisation. While these audits provided a great deal of quantitative information, they were not generating a great deal of information that could be used to make changes or improvements to the service.

The service was encouraged to review audit activity, implement a program of audits that supports them to better to evaluate people's experiences. This will help to ensure that, as far as possible, people who are using the service are provided with the right care and support in the right place to meet their outcomes. (See Area For Improvement 3)

Requirements

1. By 1st March 2022 the service must implement a robust system for the training, and evaluation of all staff. All staff must have access to appropriate statutory, mandatory, and optional training, guidance, and support to enable them to meet people's health, safety, and care needs.

To do this, the provider must, at a minimum:

- a) to follow all aspects of safer recruitment guidance ensuring sufficient and stable staffing is available to cover all care packages.
- b) develop systems to build on induction training, this should include refresher training and ongoing training that ensures that staff are competent to meet the needs of all service users.
- c) review the system for staff supervision and appraisal to support professional registration.

This is to comply with: Regulation 15(a) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure 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) and 'My needs are met by the right number of people.' (HSCS 3.15).

Areas for improvement

1. The management team should ensure that staff use 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).

2. The service should ensure people benefit from a quality assurance and audit system which informs key aspects of service delivery.

To do this, the provider should review current quality assurance activity and audits with a focus for example on:

- a) care and support plans and reviews,
- b) medication management,
- c) accidents and incidents,
- d) staff recruitment, training, supervisions, and professional registration,
- e) engagement and feedback from people experiencing care, families, and others.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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 people receive the right support at the right time and for the full duration as agreed to meet their assessed support needs.

In order to do this the management team must

- ensure that staff who are delivering support are sufficiently skilled and familiar with the specific support needs of individuals
- ensure that staff maintain accurate records
- robustly audit the service being delivered to people
- address staff performance concerns responsively .

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210, Regulation 4 (1) (a) - a requirement to make proper provision for service users. and ensures that care and support is consistent with the Health and Social Care Standards which state:

I experience high quality care and support that is right for me.

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

I have confidence in the people who support and care for me.

3.14 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.

3.15 My needs are met by the right number of people.

3.16 People have time to support and care for me and to speak with me.

I have confidence in the organisation providing my care and support

4.16 I am supported and cared for by people I know so that I experience consistency and continuity.

This requirement was made on 7 May 2019.

Action taken on previous requirement

There was evidence to demonstrate that the service was responsively addressing staff performance concerns.

The service had very recently begun using an electronic care planning and staff scheduling system. This system needed to be bedded in to be able to evaluate it's impact on scheduled support and record keeping. Further improvement should be made to ensure staff are sufficiently skilled and familiar with the specific support needs of individuals., therefore a new requirement has been made (How good is our care and support during the Covid-19 pandemic?)

Not met

Requirement 2

The provider must at all times maintain accurate records. This must include a record of the length of time people are supported at each visit and the reasons why visits are cancelled.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 4 (1) (a) a requirement to make proper provision for the health , welfare and safety of service users. and ensures that care and support is consistent with the Health and Social Care Standards which state:

I experience high quality care and support that is right from me.

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

I have confidence in the organisation providing my care and support.

4.23 I use a service and organisation that are well led and managed.

This requirement was made on 7 May 2019.

Action taken on previous requirement

The service had very recently begun using an electronic care planning and staff scheduling system. This system needed to be bedded in to be able to evaluate it's impact on scheduled support and record keeping, therefore a new requirement has been made (How well do we support people's wellbeing?)

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 provider should support staff to develop their practice consistent with contemporary approaches to working more effectively with people who are living with dementia.

This ensures that care and support is consistent with the Health and Social Care Standards which state:

I have confidence in the people who support and care for me.

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their organisational codes.

I have confidence in the organisation providing my care and support.

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

This area for improvement was made on 7 May 2019.

Action taken since then

There had been some progress with this area since the last inspection. The trainer had recently run two courses of Dementia Skilled training. However, we found during the inspection that training in the service needed to improve and we have incorporated this Area For Improvement (AFI) into the requirement made under How good is our care and support during the Covid-19 pandemic?

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

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|--|--------------|
| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 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? | 3 - Adequate |
| 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 | 3 - Adequate |

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