

Icare Scotland Housing Support Service

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

Telephone: 01416 344 998

Type of inspection:
Announced (short notice)

Completed on:
31 March 2022

Service provided by:
Icare (GB) Limited

Service provider number:
SP2010010949

Service no:
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 and South Lanarkshire. The office is based in the Castlemilk area of 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. Eighteen people used the service at the time of this inspection. Supports ranged from assistance with meal preparation, medication and personal care, and individual care packages ranged from 3-45 hours per week.

What people told us

We spoke with service users and their carers via the telephone to gather their views on the service and staff.

Everyone was very positive about the staff and the service they received. Comments included:

"Always reliable"

"Staff are excellent, they go above and beyond"

"They sit and have a conversation with me, I feel listened to"

"Very professional".

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?	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

How well do we support people's well-being?

People told us that staff were kind and caring and they were confident that their support would be provided by staff they knew. Communication between the service and people supported was effective. We heard that staff took the time to listen to people. The service was reliable and accommodated people's schedules when

needed. This flexible, person-centred approach ensured that people felt valued and listened to as their preferences shaped how their support was delivered. It was clear that people benefited from the support received and the relationships they had formed with the small staff team.

People told us that staff supported them with taking medication, meal preparation and maintaining adequate nutrition. Staff knew the support needs of people, however, care records did not provide sufficient detail about people's support needs and how they liked them to be met. It is important that accurate records are maintained to ensure that staff know how to support people and demonstrate appropriate care has been provided. We found gaps in medication administration records. This should be improved (see requirement 1).

People should be confident that the care and support they receive is based on relevant evidence, guidance, and best practice. Some people receiving support were living with complex health conditions. Staff would benefit from additional training to assist them in delivering care in accordance with best practice (see area of improvement 1).

Requirements

1. By 17 June 2022, to ensure that people are supported in a manner that meets their needs and preferences, the provider, at a minimum, must put in place:

- personal plans that detail each person's assessed needs and wishes and how staff will provide support to meet their needs;
- a system to consult with each person supported or their representative when developing/reviewing their personal plan;
- a system to ensure that staff use personal plans to inform their working practice and keep personal plans up to date; and
- accurate record keeping to evidence the support provided

This is in order to comply with regulations 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should ensure that staff receive training and guidance in accordance with the needs of individuals receiving support including any health conditions that people are living with.

This is to ensure 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)

How good is our leadership?

3 - Adequate

Although people told us they were happy with the support they received, people using the service can expect to benefit from a culture of continuous improvement. Recruitment and staff retention challenges experienced by the service had resulted in the manager regularly delivering support to people. This had limited the formal quality checks completed. Quality assurance is important to identify what works well in a service and areas where developments and changes are required. To ensure that the service is provided to people in a safe manner and in line with best practice, the provider must improve the quality assurance system (see requirement 1).

The service had not always notified Care Inspectorate, as expected, of when significant events had occurred. This meant we were not assured that the service were confident in recognising and correctly reporting potentially harmful events/circumstances. This is an area that needs to be improved (see requirement 2).

People told us they completed an annual service questionnaire, asking their views on the service. However, we did not see how this information was shared with stakeholders or how it was used to inform a development/improvement plan for the service. This relates to requirement 1 below and a previous area of improvement we have repeated as a result of our findings at this inspection. Please see the section of this report entitled 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Requirements

1. By 17 June 2022, to ensure that the service is provided to people in a safe manner and in line with best practice, the provider must improve the quality assurance system to include as a minimum:

- there is a quality assurance system in place to support a culture of continuous improvement; and
- develop an improvement plan, which includes specific and measurable actions designed to lead to continuous improvements; this should be shared with stakeholders

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 17 June 2022, the provider must comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. To do this, the provider must:

- ensure that incidents, accidents, causes for concern and relevant events are notified to the Care Inspectorate as per our notification guidelines -[https://www.careinspectorate.com/Records that all registered care services \(except childminding\) must keep and guidance on notification reporting](https://www.careinspectorate.com/Records%20that%20all%20registered%20care%20services%20(except%20childminding)%20must%20keep%20and%20guidance%20on%20notification%20reporting/); and
- ensure staff receive updated training in Adult Support and Protection legislation and reporting.

This is also in order to comply with Regulation 4 (1) (b) Records, notifications and returns The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/28).

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18)

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

3 - Adequate

The service reported minimal covid-19 activity during the pandemic. The provider ensured that staff had access to supplies of Personal Protective Equipment (PPE) and Alcohol Based Hand Rub. This promoted safe infection prevention and control practice. Feedback from people using the service and families reflected good practices around mask wearing, use of gloves and hand washing.

We could see that the office base was clean and tidy, however, there were no cleaning schedules for the environment, or posters displayed to act as a prompt/reminder to staff of best practice. There was not an up to date Covid-19 folder for staff to access the current best practice guidance to support staff to keep themselves and those they supported safe. Online Infection prevention and control (IPC) training was completed by staff. This learning helped inform practices and helped keep people safe and reduce possible transmission. However, some staff had not refreshed their training since the start of the pandemic. To ensure staff knowledge and practice reflected current best practice, guidance information should be made available to staff and training in IPC/ Covid-19 updated (see area of improvement 1).

Regular staff supervision was well established in the service. Staff supervision should be enhanced by exploring people's learning and training needs. We were told of direct observations of staff practice, however there was no formal recording of these observations. Effective staff development improves practice and helps to promote positive outcomes. The staff development systems should be improved to offer assurance that people were supported by individuals with the right competence. We have repeated previous areas of improvement about staff supervision and re-instating staff meetings. Please see the section of this report entitled: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Care staff were being recruited; safer recruitment practices were being followed. Staff spoke very highly of the service manager and care co-ordinator; they all described feeling supported at work and working effectively as a team. There was no staffing contingency plan in place to direct the action to be taken in the event of staff absence. This is important to ensure disruption to the service is minimised (see area for improvement 2).

Areas for improvement

1. All staff must be supported to access appropriate training and best practice guidance information relating to infection prevention control/ Covid-19 management to ensure that their daily work is informed by best practice guidance.

This is to ensure that the quality of the staffing within the service 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 practice and follow their professional and organisational codes.' HSCS 3.14)

2. To ensure people receive a service that is well led and co-ordinated with minimal disruption, a staff contingency plan should be developed.

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

'I am supported by a team that is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

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 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.' (HSCS 4.11)

This area for improvement was made on 11 April 2019.

Action taken since then

Staff had received updates directly from the manager, however, staffing challenges and the impact of the pandemic had limited progress in this area. The manager planned to introduce staff meetings to support more formal communication processes and staff development.

Previous area for improvement 2

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.' (HSCS 3.14)

This area for improvement was made on 11 April 2019.

Action taken since then

The manager was 'hands on' delivering support within the service. This supported observations of practice, however, there was no process in place to formally record the outcome of these observations. This should be further improved to inform individuals' development.

Previous area for improvement 3

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.'
(HSCS 4.6)

This area for improvement was made on 11 April 2019.

Action taken since then

People told us that they received annual service satisfaction questionnaires from the provider. However, we could not see how this information was evaluated or shared with stakeholders; we have commented on this under 'How good is our leadership?' in this report.

Previous area for improvement 4

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.' (HSCS 4.19)

This area for improvement was made on 11 April 2019.

Action taken since then

Recruitment and staff retention challenges experienced by the service had limited the formal quality checks completed and progress in producing an improvement plan. We have reflected this in a requirement in Key Question 2 of this report.

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.