

# Unfading Care Ltd

## Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
23 September 2022

**Service provided by:**  
Unfading Care Ltd

**Service provider number:**  
SP2021000014

**Service no:**  
CS2021000020

## About the service

Unfading Care Limited is a privately owned company that is registered to provide housing support and care at home to older people and adults with physical disabilities living in Edinburgh and the Lothians.

The company is also registered to provide care and support to people using the City of Edinburgh Council Breakaway service. The Breakaway Service is a respite care service which works with people who have a disability and are aged between 16 and 65.

At the time of the inspection, the service was providing support to one person.

## About the inspection

This was a follow up inspection which took place between on 21 - 23 September 2022.

The inspection was carried out by one inspector from the Care Inspectorate. The service had a full inspection in February 2022 and a follow up inspection took place on May 2022 to review progress made. This was a further follow up inspection to assess progress made in meeting requirements and areas for improvement since our previous inspection. No re-evaluations were made at this follow up inspection due to the limited service being provided at the time.

This inspection did not involve any visits to the service. It was carried out virtually with the provider sending us requested information electronically and enabling access to the service's digital care planning system. Details of our inspection findings can be found under the 'Outstanding requirements' and 'Outstanding areas for improvement' sections of this report.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

## Key messages

The provider had made progress in further developing policies and procedures.

The service now has a registered manager with the required level of qualification to manage the service.

The provider should continue to develop staff skills in person centred recording.

Further development of the staff induction and continuous professional development processes are needed.

Systems for reviewing support plans and individual risk assessments are now better established.

Medication reviews are being completed and recorded well and reflect people's current circumstances.

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

### Requirements

#### Requirement 1

By July 29, 2022 the provider must review each person's medication plan, including support with applying topical creams to ensure that the support provided is in line with the organisation's medication policy and procedures.

To do this the provider must:

- Regularly audit the medication support plan records to ensure staff practice is in line with agreed policy and procedures.
- Ensure each person's medication support plan is reviewed. This is to include those who may require support with medication and topical creams at the Breakaway Service.

This is to comply with Regulations 4(1)(a) and 4(1)(b) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

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

**This requirement was made on 31 May 2022.**

## Action taken on previous requirement

The provider had taken action to improve the way in which people's medication support needs, including any topical creams are recorded.

The provider had updated and reviewed the service's medication policy and procedures. These will support staff in their practice and promote people's safety and wellbeing.

The provider demonstrated that a system was in place to review people's medication needs and update their support plans if there were any changes required.

Individual medication risk assessments were in place which demonstrated the level of support which people require.

Where relatives were involved we found that roles and responsibilities were more clearly documented.

This meant that people can be assured that the provider has robust systems in place to support people to get their medication at the right time and in a way that suits their individual support needs.

The provider should continue to monitor staff practice and regularly review people's medication needs as the service develops.

## Met - within timescales

### Requirement 2

By 31 August 2022, the provider must identify an appropriate person to assume the role of registered manager.

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

- A person is identified to assume the role of registered manager.
- The identified person has a minimum of Scottish Vocational Qualification level 3 (Scottish Credit and Qualification Framework level 7) in Social Services and Healthcare (or equivalent recognised qualification – see Scottish Social Services Council's qualification criteria for Managers in Care at Home and Managers in Housing Support for further detail).
- The identified person has relevant experience, knowledge and skills to undertake the role.
- The identified person is a current member of the Protection of Vulnerable Groups scheme and is not barred from practice.
- The identified person is willing to gain appropriate registration with a relevant regulatory body and achieve any conditions that may be applied to their registration.
- Submit a Change of Manager application to the Care Inspectorate with the details of the proposed registered manager for assessment and approval.

This is to comply with Regulation 7 (Fitness of managers) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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.' (HSCS 4.23) and 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

**This requirement was made on 31 May 2022.**

**Action taken on previous requirement**

The care provider had achieved the required qualification to be registered as manager for the service. They were now registered as the manager of the service with the Care Inspectorate and registered with the Scottish Social Service Council as required. This meant that people could be confident that the manager is trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

**Met - within 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

In order that people clearly understand the purpose of sharing their personal information and use of any digital images, the provider should review the consent forms to include more detail about this. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3)

**This area for improvement was made on 31 May 2022.**

#### Action taken since then

The provider had reviewed the consent forms so that people would have an improved understanding of what they were consenting to when signing these documents. We have suggested that supplementary information be developed that explains the role of each agency referred to in the consent forms. We also advised that the supplementary information clearly sets out the reasons for sharing personal information and that any information shared, including any digital images is for a stated purpose. This will support people to be fully informed about what information is shared with others.

#### Previous area for improvement 2

In order that staff supporting people know people's needs, choices and preferences well, the provider should continue to promote person centred planning through involving people in decisions about how they like their support to be provided and what works best for them. This should be detailed well in their personal plans and risk assessments and regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

**This area for improvement was made on 31 May 2022.**

#### Action taken since then

There had been improvements to the way in which information was being recorded. We found improvement in people's daily records. The way in which people's care was being recorded better reflected that their

expressed choices and preferences were being well supported. The provider should continue to build on progress made. As the service develops, quality assurance systems should be implemented to ensure that staff are recording in an individualised and person centred way. This should include what works well for people and how they like their support to be given. Regular review meetings should be held and recorded within people's support plans.

This will further evidence that people's needs, as agreed in their personal plan, are fully met, and their wishes and choices are respected.

## Previous area for improvement 3

In order that policies and procedures are clear for staff to follow and promote the best outcomes for people supported, the provider should continue to review and revise the service's policies and procedures and share any updates with the staff team.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 31 May 2022.**

### Action taken since then

The provider had reviewed selected policies and procedures as advised at our previous inspection. These provided improved links to best practice documents and relevant Scottish Legislation. Staff should now read and sign that they have read and understood the updated policies and procedures which guide them in supporting people well. The provider should regularly review and update the service's policies and procedures. This will support providing people with high quality care and support based on relevant evidence, guidance and best practice.

## Previous area for improvement 4

In order the people supported know that their care provider is taking action to continuously improve and monitor all aspects of the service, the provider should develop a service improvement plan and regularly review this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 31 May 2022.**

### Action taken since then

The provider had guidance to support the ongoing development and review of service improvement planning. The provider gave us an action plan/service improvement plan which identifies actions taken to improve outcomes for people supported as well as any developments that are ongoing. As the service expands the provider should gather feedback from people who use the service, their relatives and any involved agencies and include this information in the service improvement plan. This will mean that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

### Previous area for improvement 5

The provider should review the provision of staff supervision to ensure that staff receive regular structured support from a supervisor with the right skills and training to provide this. This is to promote improved outcomes for supported people and is a key component of staff learning and development.

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

- Schedule and conduct regular supervision meetings with all staff
- Ensure accurate recording of discussions held
- Ensure clear identification and recording of staff development needs during supervision
- Ensure actions are carried forward to future supervision meetings
- Ensure annual appraisals are conducted and recorded.
- Review the supervision policy and procedures to ensure efficiency.

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 31 May 2022.**

#### Action taken since then

The provider evidenced that staff supervision and appraisal policies and procedures were in place. A staff supervision record evidenced discussion around training issues and goal setting.

We have advised the provider to further develop supervision skills and the corresponding records so that they evidence that staff are reflecting on their practice. This is key to staff's ongoing learning and development. As staff were not actively providing support to people at the time of this inspection it was difficult for the provider to evidence that this area for improvement had been fully addressed.

Continued improvement in this area will support people to be confident that their staff are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

### Previous area for improvement 6

In order that people supported can be assured that there are robust staff recruitment processes in place, the provider should ensure that all information relating to staff's right to work in the UK is clearly detailed in their individual staff file and recruitment records.

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 and care for me have been appropriately and safely recruited' (HSCS 4.24)

**This area for improvement was made on 31 May 2022.**

#### Action taken since then

The provider evidenced that there were robust staff recruitment processes in place. We saw that a member of staff's right to work in the UK visa was current and that the provider now had a safe recruitment checklist in place which was linked to safe recruitment best practice guidance. This meant that people could be confident that staff have been appropriately and safely recruited.

## Previous area for improvement 7

In order that people supported know that the staff supporting them are developing their knowledge, skills and competence for their role, the provider should consider implementing a staff induction booklet with staff competencies and goals being recorded and reviewed.

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 31 May 2022.**

### Action taken since then

The provider evidenced a full training programme for staff induction so that they had the necessary training to support people well. The provider was working on the development of a staff induction booklet which would include key competencies being assessed and met within identified timescales. This was an area identified as needing further work to evidence that staff development is continuous and well recorded. This will support providing people with a high quality of care and support because people have the necessary information and resources.

## 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).



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