

1st Class Care Solutions Limited Support Service

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Type of inspection:
Unannounced

Completed on:
1 May 2023

Service provided by:
1st Class Care Solutions Limited

Service provider number:
SP2013012158

Service no:
CS2013320342

About the service

1st Class Care Solutions Limited is a support service providing care at home services to people living in their own homes. The service registered with the Care Inspectorate in March 2014 and is a privately owned company.

The service is provided in West Lothian and Clackmannanshire by two teams of care assistants. There is oversight and management from a team of care co-ordinators, quality assurance team, office staff and the directors of the company.

At the time of the inspection, there were 207 people receiving care from the service. The majority of people were living in West Lothian.

About the inspection

This was an unannounced inspection which took place on 24 April 2023 between 09:30 and 18:00, 25 April 2023 between 09:00 and 17:30, 26 April 2023 between 09:30 and 15:30, 27 April 2023 between 10:00 and 16:30 and 28 April 2023 between 08:15 and 10:00. The inspection was carried out by two inspectors from the Care Inspectorate.

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. In making our evaluations of the service we:

- spoke with 13 people using the service
- spoke with seven relatives of people using the service
- spoke with 20 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service was operating at a weak level.
- There were warm and positive relationships between staff and the people using the service.
- Visit planning and scheduling needed to improve.
- Quality assurance needed to be developed further.
- Communication needed to improve.
- Personal plans and risk assessments needed attention to ensure that people's health and wellbeing was not compromised.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

The service was provided across two local authority areas. There were very significant differences in the quality of support people experienced across the two areas.

Although many people experienced care and support with compassion as a result of the warm and positive relationships between staff and people using the service, this was undermined by the poor quality of care that others experienced.

We observed interactions that were kind and caring. People talked positively of carers particularly where they were known to them and provided care regularly. People using the service told us, "My carers are brilliant, they are so good to me." "The team are a lifeline to me." "We are very happy with the care, staff are respectful, they come when he needs them and are always smiling and good to chat to." Although there were times that different carers attended visits, the office were working to minimise changes of staff but at times it was unavoidable.

In one part of the service, people were being supported at times that suited their needs and preferences. When changes had to be made, people were informed in advance. We heard "[my relative] is happy with the service. The service works around her most of the time and we have no problems at all." However, this was not experienced across the whole service and we were told, "I am very unhappy with current service, it is continually disrupted" and "I'm not sure why calls are cancelled." We heard about people's health, and that of their relatives, being affected by the uncertainty of service delivery. This meant that many people were less confident and did not always know what to expect from the service.

In one area people were happy with the service, their visit times and continuity of staff. In other areas we heard that many people were not confident in how the service was planning visits. There were visits scheduled very early or late in the day and we observed that some people had their care planned at the same time as others which mean that staff could not meet the schedule.

Staff were changing visit times to accommodate people's needs and preferences because the planned visit time was not suitable. Although this demonstrated a good knowledge of the people using the service, the office was often not informed and other people's visit time was changed without letting them know.

People were being supported at times that were out with their agreed times and staff were scheduled to worked long hours. Many people's visits were cut short so that staff could provide care to everyone. This left people unsure when their care would be provided and it impacted upon people's daily routines and quality of life. Due to our concerns about visit schedules, we shared this with the local authority's commissioning team for 1st Class Care. One person told us that they had missed attending their day care because the staff were late arriving to provide morning care. Other feedback about visit schedule included:

"Carer times are very problematic - some carers come too early and others come too late."

"My times depend on what other people need. Other people's needs are greater than mine sometimes I wouldn't get care."

"All of the carers come much earlier than planned."

We observed that care was not always delivered in accordance with people's personal plans including moving and assistance, meal times, medication administration and when people were going to bed. Although the care staff knew people well and tried to work around this, if less familiar staff were required to provide care this could affect people's physical and emotional wellbeing. To ensure that the service is planning and delivering care at times that are agreed, we have made a Requirement. (See Requirement 1).

Requirements

1.
By 3 July 2023, the provider must ensure that visit scheduling supports best outcomes for people. To do this, the provider must, at a minimum:

- a) schedule the hours of the staff working day to ensure that they are neither unreasonably early or late and as such, adversely impacting on people's choices and/or staff wellbeing;
- b) ensure that people receive the full time allocated to them; and
- c) monitor visit times and take action to rectify any issues identified.

This is in order 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership? 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Systems were in place to monitor aspects of service delivery such as punctuality and consistency of staff. The service was also undertaking other quality assurance including feedback questionnaire, staff supervision and spot checks. However, in many areas, these were not fully utilised to identify and inform action plans to drive effective and sustainable improvements.

Several changes to the management team had led to inconsistencies in auditing processes. In one area of the service, audits were picking up issues and they were taking action to address these. However, there was a different approach across different areas of the service. As a result there was no continuity to the quality of the audits and improvements were not being made.

Where feedback and audit activity identified issues, managers did not consistently act on these to ensure identified improvements were made. A lack of oversight of review processes meant the needs, outcomes and wishes of people who experience care were not being used as the primary drivers for change. While managers responded to individual concerns, accidents or incidents as these arose, there was limited evidence of learning from adverse events to reduce the possibility of the same issues recurring. People and their relatives told us, "they need a better way to manage complaints" and "I raised a complaint but I haven't been called back and when I called the main office I got no answer." Complaints and concerns did not therefore drive meaningful change as managers focused on responding to day-to-day issues. We have made a requirement. (See Requirement 1).

We discussed with the management team the management of incidents and identifying potential adult protection concerns ensuring that these are reported to appropriate bodies. Although there had been improvement since the last inspection, this needed further attention. (See Requirement 2).

Although the service had a business strategy, they did not have a service development plan. This meant that the management team were not using quality assurance to effect meaningful change in the service.

Requirements

1. By 21 July 2023, the provider must ensure people are safe and receive care and support that meets their needs.

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

- a) make sure that systems of quality assurance and audits are consistently completed across the whole service;
- b) where areas for improvement are identified, develop an action plan detailing timescales and the person responsible; and
- c) subsequent action plans are reviewed and updated to completion.

This is to comply with Regulation 4(1)(a) (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 state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

2.

By 3 July 2023, the provider must ensure people are kept safe by ensuring that adult protection concerns are properly managed. To do this, the provider must, at a minimum:

- a) ensure that staff and management are trained to recognise potential harm and understand their duty to report concerns under the Adult Support and Protection Act (Scotland) 2007;
- b) managers understand local adult protection guidance and procedures and report all potential adult protection concerns to the local authority; and

c) keeps records of all reported adult protection concerns within the service and actions taken by the service.

This is to comply with Regulation 4(1)(a) (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 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 am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (3.21).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

There were examples of staff working well together for the benefit of people using the service. However, across most of the service, the numbers of staff were insufficient to support good outcomes for people using the service. Staff were scheduled to work long hours which resulted in aspects of care and support being reduced or missed. Many people using the service, and their relatives, perceived staff to be rushed and visit times were not being delivered at the agreed time and were, at times, cut short. One person told us, "carers are great and have a hard job running from house to house with little time."

Communication and team building was difficult due to lack of time and this was affecting staff motivation on some teams. Important information was not shared or passed on accurately. Poor communication with care staff meant that that information was not shared appropriately or at the right time. We assessed that this could have a negative impact on people's health and wellbeing. (See requirement in "How well do we support people's wellbeing?")

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Personal plans were respectful and individualised to each person. We saw some good examples of personal planning in one area of the service. However, across most of the service, personal plans contained conflicting information and were not sufficiently detailed to ensure that care was provided correctly.

Risk assessments were not appropriately updated when there were changes in people's care needs and they did not align with people's personal plans. We were very concerned that personal plans were not being updated as this could put people at risk. Where we had concerns, they were not supported by strong leadership or quality assurance processes.

The service must make improvements as a matter of priority to ensure the welfare and safety of people are not compromised and their critical needs are met. We have made a requirement. (See Requirement 1).

Requirements

1. By 25 August 2023, the provider must protect the health, welfare and safety of those who use the service. In particular, you must ensure that all personal plans have up to date reviews, risk assessments, and care plans which, as a minimum:

- a) accurately reflect the assessed current health and care needs of the service user;
- b) include person-centred information outlining needs, abilities and support required to meet those needs;
- c) make this personal plan available to staff and people using the service;
- d) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks; and
- e) quality assurance systems are effective at identifying and monitoring that risks, and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 5(1) and (2) (a) and (b) (Personal Plans) 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 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).

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

1. The provider should ensure that people are kept informed about changes to their service. To do this, the provider should:

Where there are changes made by the service, these should be discussed with the person, or representative in advance and recorded within the person's notes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 9 January 2023.

Action taken since then

We saw limited progress with ensuring that people are kept informed about changes to their services. Therefore we have assessed that this area for improvement has not been met and made a requirement in "How well do we support people's wellbeing?".

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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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