

Integrity Social Care Solutions Housing Support with Care at Home Housing Support Service

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Telephone: 01555 729 562

Type of inspection:
Announced (short notice)

Completed on:
24 April 2023

Service provided by:
Integrity Social Care Solutions Ltd

Service provider number:
SP2017013026

Service no:
CS2017362476

About the service

Integrity Social Care Solutions provides services to adults with learning disabilities, autism, and older people in their own homes and in the community. The service provider is Integrity Social Care Solutions Limited. The service office base is in Carluke, South Lanarkshire, and there are five teams providing services to people living in Fife.

At the time of inspection the service was providing care at home support to 114 people. The organisation's vision statement is 'creating communities where people with autism, learning disabilities, older adults and people with complex needs have equal opportunities. A world where people with disabilities are valued and encouraged to realise their full potential.'

About the inspection

This was an announced (short notice) inspection which took place between 18 - 20 April 2023. 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 eight people using the service and eight relatives
- spoke to seven staff and management
- observed practice and daily life
- reviewed documentation.

Key messages

- People and their relatives were very positive about the service.
- People experiencing care were treated with kindness, warmth, dignity and respect.
- People experiencing care told us their support is meeting their needs.
- Recruitment procedures are in line with best practice guidance.
- Staff are well trained and supported by management.
- Care plans highlight people's personal preferences, goals and outcomes.
- Reviews could be more detailed.
- Quality Assurance processes need to be developed to ensure there is adequate management oversight of service user experience, and that quality is maintained and strengthened in a growing service.

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 staff team?	4 - Good
How well is our care and support planned?	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, as we found that strengths just outweighed weaknesses.

People should expect to experience warmth, kindness and compassion in how they are supported and cared for. We observed warm and compassionate care and interactions between people and staff which were friendly, good natured, and humorous. It was clear that carers usually knew people well and had visited them a number of times. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. People told us 'they go over and above to help me, I really appreciate everything they do;' 'they are really very reliable;' and 'I can't speak highly enough of the staff.' We could therefore be confident that people's dignity and preferences were respected, and their day-to-day needs were met.

People experiencing care had access to healthcare professionals from community and specialist settings. Equipment essential for meeting people's healthcare needs was made available, for example, hoists and stand aids for moving and handling. Staff were trained in using moving and handling equipment, giving people confidence in their skills and ability to support them safely. There was also evidence of engagement with occupational therapists and dieticians. This meant that people were experiencing the right support at the right time.

People told us that communication was good, however, they did not always know who would be providing their support or at what time. People did not have access to rotas and some people we spoke to were unaware of how much time carers should be spending with them. Daily notes sometimes highlighted the arrival time of carers but this was not consistent across visits. We did not see any evidence of the duration of a visit being recorded. We could not be confident that the support people receive is consistent.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, as we found that strengths just outweighed weaknesses.

We saw a number of quality assurance processes in place. A detailed service development plan was in place and the service was able to monitor progress of targeted goals against the previous year's plan. We saw that some targets had been met and people could be confident that the provider demonstrated a high commitment to continual improvement.

Managers had good oversight of staff training, development, and wellbeing. Staff spoke positively of quality assurance procedures including supervision. Staff told us that they felt supported to make improvements where these had been identified. We could be confident that this contributed to the quality and wellbeing of staff. However, we found that the service were not meeting their own targets in respect of the frequency of supervisions. See the 'Outstanding Requirements' section of this report.

We found that managers do not have enough of an oversight of the service and that issues identified at the last inspection regarding quality assurance remain unresolved. We found the quality of reviews to be of a generally good standard, but that some people's review meetings were overdue. We were not confident that managers had sufficiently clear processes in place to forward plan the meetings, or an awareness of which reviews were up-to-date. This meant that people could miss the opportunity to shape their care and support, and that their personal plans would not be updated. The provider must take immediate steps to implement a clear process to review people's care and support needs and update their personal plans. See the 'Outstanding Requirements' section of this report.

Staff practice was observed during spot checks to ensure the required standards were followed. Staff informed us that checks and visits from managers occurred regularly and they felt well supported. However, visits from managers were not carried out in a planned, systematic way, meaning that opportunities to develop staff practice could be missed. The provider should take measures to develop their audit processes to ensure that the competency of the full staff team can be assured. See the 'Outstanding Requirements' section of this report.

Requirements

1. By 17 July 2023, you, the provider, must further develop quality assurance processes to ensure regular monitoring and clear management oversight of all aspects of care and support.

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

- a) implement a clear planning process to ensure people's care and support is reviewed at least once in every six-month period;
- b) establish and implement systems for regular, effective audits of personal plans; and
- c) implement a clear planning process to ensure spot checks and observations of practice are carried out to demonstrate staff competency.

This is in order to comply with Regulation 5(2)(b) and 15(a) 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 is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and '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 staff team?

4 - Good

We evaluated this key question as good, where several important strengths outweigh areas for improvement.

We found that 'Safer Recruitment' guidance was followed when recruiting new staff. Induction training was detailed and included a number of training sessions and multiple shadow shifts. There was a focus on person-centred language and care. Staff described the management team as supportive and approachable. We found that staff were confident in their role and enjoyed their job. We could therefore be confident that staff had been recruited in line with best practice guidance and that they are supported to do their job well.

The service had good oversight of professional registration and associated requirements. Electronic training records highlighted that all carers were up-to-date with core training, and we also heard about some staff being supported to complete additional training relevant to their role. This meant that people were supported by staff who are competent and confident, meaning their health and wellbeing was maximised.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, as we found that strengths just outweighed weaknesses.

Support plans were person centred, detailed and struck a balance between providing the task based requirements of a care at home visit, as well as providing wider detail which was tailored to the person's outcomes and preferences. Where appropriate, care plans from other professionals were utilised, including occupational therapists and dieticians. We could therefore be confident that people's care was tailored to them and that staff had a good awareness of their needs.

Risk assessments contained useful information but it was unclear exactly what was informing these assessments, and what the level of assessed risk meant for the person or their carer. We suggested that risk assessments are given more context and detail.

People's views were listened to by the provider and they were part of reviewing their own care. People were asked what was working well for them and what wasn't. We saw examples of changes that were made to ensure that the person's experience of care was improved. Support plans contained details about people's preferences and how they like to be supported. People were assured that their voice was heard, and they could influence the way their support was provided. However, reviews weren't always completed on time. This could result in missed opportunities to monitor and improve people's experiences. See the 'Outstanding Requirements' section of this report.

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

Requirements

Requirement 1

By 30 September 2022, you, the provider, should ensure that people experiencing care have their wishes, preferences, and care needs met in a consistent manner.

To do this, the provider, must at a minimum, ensure that staff have access to up-to-date personal plans at all times.

This is in order to comply with Regulation 4(1)(a) 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 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) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This requirement was made on 19 August 2022.

Action taken on previous requirement

We found that there were support plans in place in every home we visited. People we spoke to on the phone also confirmed this was the case. Support plans were person centred, detailed, and struck a balance between providing the task based requirements of a care at home visit, as well as providing wider detail which was tailored to the person's outcomes and preferences. Where appropriate, care plans from other professionals were utilised, including occupational therapists and dieticians. Daily notes corresponded to the tasks outlined in support plans. We could therefore be confident that people's care needs were being met.

This requirement is met.

Met - within timescales

Requirement 2

By 30 September 2022, you, the provider, must further develop quality assurance processes to ensure regular monitoring and clear management oversight of all aspects of care and support.

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

- a) implement a clear planning process to ensure people's care and support is reviewed at least once in every six month period;
- b) establish and implement systems for regular, effective audits of personal plans; and
- c) implement a clear planning process to ensure spot checks and observations of practice are carried out to demonstrate staff competency.

This is in order to comply with Regulation 5(2)(b) and 15(a) 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 is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and '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 requirement was made on 19 August 2022.

Action taken on previous requirement

We found that managers do not have enough of an oversight of the service and that issues raised at the last inspection remain unresolved. We found the quality of reviews to be of a generally good standard, but that some people's review meetings were overdue. We were not confident that managers had sufficiently clear processes in place to forward plan the meetings, or an awareness of which reviews were up-to-date. This meant that people could miss the opportunity to shape their care and support, and that their personal plans would not be updated. The provider must take immediate steps to implement a clear process to review people's care and support needs, and update their personal plans.

Staff spoke positively of quality assurance procedures including supervision. Staff told us they felt supported to make improvements where these had been identified. We could be confident that this contributed to the quality and wellbeing of staff. However, we found that the service were not meeting their own targets in respect of the frequency of supervision.

Staff practice was observed during spot checks to ensure the required standards were followed. Staff informed us that checks and visits from managers occurred regularly, and they felt well supported. However, visits from managers were not carried out in a planned, systematic way, meaning that opportunities to develop staff practice could be missed. The provider should take measures to develop their audit processes to ensure that the competency of the full staff team can be assured.

This requirement is not met.

We learned during the inspection that the service has grown significantly, and that there are plans to expand the service in size and geographic remit in the coming months. We have communicated the importance of effective quality assurance during this period of change. Therefore, we have renewed this requirement, giving a timescale of 17 July 2023. We have also asked the service to submit a detailed action plan and to provide regular updates on progress.

Not met

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	3 - Adequate
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 staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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