

Wilkerr Care Services Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
8 August 2023

Service provided by:
Wilkerr Care Services Ltd

Service provider number:
SP2021000219

Service no:
CS2021000348

About the service

Wilkerr Care Services Ltd is registered to provide a care at home service providing support to people in their own homes in Renfrewshire. This includes support for older people and adults with learning and/or physical disabilities. Support is provided over a range of times throughout the day. This includes support such as; housework, personal care, food preparation, and medications.

At the time of inspection, Wilkerr Care Services Ltd provided support to approximately 144 people. The service operates from an office base in Paisley.

About the inspection

This was an unannounced follow-up inspection which took place on 31 July, 1,2,3 and 4 August 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

As this was a follow-up inspection, we focused on the requirements of the report dated 28th April 2023.

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 10 people using the service and 12 of their family/representatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents.

Due to improvements the provider has made since the last inspection, we have re-evaluated the service grades to adequate, where strengths just outweighed weaknesses.

During this inspection we have identified one new area for improvement (AFI), see section 'How well do we support people's well-being.'

Key messages

- The provider has undertaken work to address issues highlighted during the last inspection to ensure care is delivered safely.
- Care plans and risk assessments have been reviewed and updated to reflect people's needs.
- Many staff have registered to commence or have started a Scottish Vocational Qualification (SVQ) in social care.
- People supported and their families consistently provided good feedback about the service they are receiving.
- The provider has not been reviewing the care and support of people new to the service timeously.

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?	3 - Adequate
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

This was a follow-up inspection to review progress on the requirements made at the previous inspection. Details of our findings can be found within this report under 'outstanding requirements.'

Based on our findings and the improvements seen at this inspection, we re-evaluated quality indicator 1.2 and 1.3 to adequate.

One new area for improvement has been made to support continued improvement.

Areas for improvement

1. To ensure people receive care and support that meets their needs, on accepting new or transferred packages of care, the provider should:

- a) ensure a full assessment of people's care needs has been received from the referring agency or has been undertaken by the provider where appropriate;
- b) ensure people and their families are communicated with effectively; and
- c) ensure a review of people's care needs is carried out timeously in line with the provider's policy.

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); and

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

How good is our leadership?

3 - Adequate

This was a follow-up inspection to review progress on the requirements made at the previous inspection. Details of our findings can be found within this report under 'outstanding requirements.'

Based on our findings and the improvements seen at this inspection, we re-evaluated quality indicator 2.2 to adequate.

How good is our staff team?

3 - Adequate

This was a follow-up inspection to review progress on the requirements made at the previous inspection. Details of our findings can be found within this report under 'outstanding requirements.'

Based on our findings and the improvements seen at this inspection, we re-evaluated quality indicator 3.1, 3.2 and 3.3 to adequate.

How well is our care and support planned?**3 - Adequate**

This was a follow-up inspection to review progress on the requirements made at the previous inspection. Details of our findings can be found within this report under 'outstanding requirements.'

Based on our findings and the improvements seen at this inspection, we re-evaluated quality indicator 5.1 to adequate.

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

Requirements

Requirement 1

By 10 July 2023, the provider, must ensure people know in advance who will be providing their support, and if any changes are made to people's support, they are kept informed. This is to prevent unnecessary anxiety.

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

- a) provide planned visiting schedules to people at least one week in advance. These should include the start and end times of each visit, who will be arriving to provide the support, and what they are expected to do; and
- b) ensure consistent staff groups are allocated to provide each persons' support to avoid unnecessary distress and anxiety.

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 know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11).

This requirement was made on 28 April 2023.

Action taken on previous requirement

Visiting schedules are now being delivered on a weekly basis to people who have chosen to have them. These are being delivered to people by email, text message or post, as agreed with each individual. These detail the names of staff to expect and the times of day staff will visit to support people. People we spoke to, who have chosen to receive this information, told us this is working well.

Information about the service that people can expect from the provider is contained in the service user guide, and we saw evidence that individuals being supported have a copy of this in their homes. Copies of each individual's care plans are available in their home to ensure staff deliver the correct support to meet the needs of people.

The provider has now introduced core groups of staff, ensuring there is a consistent staff group allocated to each area. This means people are experiencing care from a regular staff group familiar to them, and ensures staff can deliver care according to each individual's wants and needs.

When staff changes are needed at short notice, we found this was not always being communicated to people. To ensure as little anxiety as possible, the service should be more responsive in informing people of these short notice, last minute changes.

Met - within timescales

Requirement 2

By 19 June 2023, the provider, must ensure they keep people safe by implementing risk assessments and care plans for individuals using the service.

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

- a) complete the relevant risk assessments needed to inform safe care and support;
- b) ensure the care plan is clear and contains all relevant information to support someone safely;
- c) demonstrate meaningful involvement and consultation with the person who uses the service and/or their representative;
- d) ensure staff have ready access to people's risk assessments and care plans; and
- e) ensure relevant documentation, including legal power of attorney or guardianship and adult with incapacity documentation is in place.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and 5(1) (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).

This requirement was made on 28 April 2023.

Action taken on previous requirement

Moving and handling risk assessments and choking risk assessments have been completed, where required, and contain good and informative detail about people, meaning staff are able to provide safe and supportive care.

Care plans are in place in people's homes and these give staff better information about how to support individuals in a safe and person-centred way. These need to be further developed to ensure they reflect the outcomes people wish to achieve. We found in some instances, although there was evidence that risk assessments and care plans had been in people's homes, a small number of these had been misplaced. We advised that the provider should put in place a regular audit of files in each home to ascertain where misplaced paperwork needs to be replaced. This is to ensure people are always aware of the support they will receive and staff always have ready access to the details of how to meet people's need and wishes.

We found that when the provider accepts new packages of care or those transferred from another provider, communication with people and their families' needs to be more frequent. This will help increase people's confidence that they will receive the care and support they want and their needs will be met. The provider should also ensure they review the care and support being provided to new people using the service, in line with their policy, to ensure the service is meeting the needs of people being supported. See area for improvement 1.

People we spoke to told us they had had the opportunity to discuss and agree the information in their care plans outlining the support they need. The care plans we viewed in people's homes had been signed by people and/or their next of kin agreeing they were happy with the information the care plan held, and this was meeting their needs and providing the support they wanted.

The provider has included details within the care plan of the legal documents in place for each person. Whilst some of these documents such as; Adults with Incapacity certificates (AWI), and Power of Attorney (POA) documents, contain detailed personal information and do not require to be contained in the care plan, we recommended that Do Not Attempt Cardio-Pulmonary Resuscitation documents (DNACPR) are available. We suggested that discussion with people and individuals involved in planning their care and support takes place, to give an explanation of the importance of DNACPR documents being contained in the care plan. This means that should a person, for example, need to be admitted to hospital for medical treatment, the DNACPR order can accompany them and their wishes can be followed by hospital staff.

Met - within timescales

Requirement 3

By 19 June 2023, the provider, must ensure they keep people safe and healthy by implementing medication risk assessments and care plans for every individual using the service.

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

- a) complete the relevant risk assessments needed to inform safe medication management;
- b) ensure the care plan is clear and contains relevant medication information, and legal documentation, for example, adults with incapacity assessments and includes the level of support required by the individual;

- c) ensure staff have access to people's medication support plans; and
- d) where staff are supporting people by administering medications, this is accurately and consistently recorded in line with guidance and good practice.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and 5(1) (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); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 28 April 2023.

Action taken on previous requirement

Medication risk assessments and medication care plans have been completed and are contained within the body of the main care plan. These are in place in people's homes ensuring staff can access and refer to these during support times. These clearly define the level of support people need in line with Care Inspectorate guidelines of prompting, assisting, or administration of medications, and are aligned to assessed levels of capacity or incapacity. This ensures people receive the right level of support to take their medications on time, whilst ensuring people who are capable can maintain a level of independence with taking their medications.

We had a discussion with the provider about assessed levels of need in relation to medication administration. In the event that the providers assessment of the level of support a person needs varies from that made by the referring agency, or if a person's needs change, we advised the provider must ascertain what the expectations of the referring agency are in relation to reviewing this assessment. This ensures people will always receive the correct level of support with their medications.

Since the last inspection, we found the provider had implemented an electronic medication recording system. The system records the name of the medication, the date it was given, and an accurate record of the time of day medication is taken. This ensures people are receiving the right medication at the right time. In particular, this ensures where medications are time sensitive, such as those for Parkinson's disease, people's symptoms will be well controlled resulting in good outcomes around their wellbeing.

Met - within timescales

Requirement 4

By 10 July 2023, the provider, must ensure that people experience a service which is well led and managed, and which results in better outcomes for them.

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

- a) ensure appropriate and effective leadership of the service;

- b) ensure there is a quality assurance system in place to support a culture of continuous improvement;
- c) ensure an effective action plan is in place which sets out specific actions within reasonable timescales to address identified areas for improvement and requirements; and
- d) ensure quality assurance activities such as audits and competency checks are completed to support staff practice and improvement.

This is to comply with Regulation 3 (Principles) and 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement has been met outside the timescale.

This requirement was made on 28 April 2023.

Action taken on previous requirement

The provider has employed an experienced registered manager for the service, meaning the roles of registered manager and provider are now clearly defined. This means people can now be confident that there is leadership and management capacity to maintain the safety and wellbeing of people as the service continues to grow.

There was evidence of quality assurance audits beginning to take place, such as, infection control audits and care plan audits. The service should continue to develop and embed these audits into practice, as well as medication audits, and ensure their findings are used to inform the improvement of the quality of service being provided to people.

The provider has a service improvement plan in place which is continually reviewed, and sets out specific actions within reasonable timescales to address identified areas for improvement. This ensures that people can be confident they are being supported by a provider which seeks to continually improve the service they provide to people in their care.

A survey had recently taken place to gain the views of people using the service and their families; the provider had analysed the responses and developed a plan of action around the improvements people had suggested. This means people can be assured they are receiving the care and support they choose and is right for them.

Staff were being observed when delivering support to people to assess their competency and identify any gaps in their knowledge and skills. There was evidence that team meetings are taking place following practice observations, allowing staff to reflect on and improve on their practice. This means people can be confident they are being supported by staff who have the correct knowledge and skills to meet their needs, and staff are committed to continual improvement and development.

Met - within timescales

Requirement 5

By 19 June 2023, the provider, must ensure that staff have the necessary recruitment checks completed prior to their start date.

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

- a) adhere to best practice regarding the safe recruitment of staff in line with Safer Recruitment through Better Recruitment guidance from Scottish Social Services Council (SSSC) and Care Inspectorate;
- b) obtain appropriate references prior to recruitment at all times; and
- c) obtain relevant Disclosure Scotland checks prior to recruitment at all times.

This is to comply with Regulation 9 (1) (a) (2) (a) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 28 April 2023.

Action taken on previous requirement

The provider has an electronic system in place which scrutinises the recruitment processes and ensures all stages of the safe recruitment process are in place. This system aligns with the Safer Recruitment through Better Recruitment guidance from Scottish Social Services Council (SSSC) and the Care Inspectorate. This was evidenced as being used effectively by the provider meaning best practice was being followed during the recruitment process. At least two references are being acquired for all new recruits and at least one, and often both, are professional references. On occasion, a character reference had been obtained, however, we saw that these are consistently being verified as being supplied by a genuine source. We discussed with the provider that when there are occasional exceptional circumstances in obtaining references, the provider must ensure there is a full risk assessment in place to mitigate any risk.

We viewed Protection of Vulnerable Groups (PVG) membership and saw this is in place for all employees of the service. This means people can be assured they are receiving support from staff who fulfil this aspect of safer recruitment.

Since the last inspection, the service has moved to a system of allocated staff teams per area, which now enables the service to quickly identify any gaps for service provision and are able to ensure these are filled, so that people receive their care and support on time and from people they can be confident know and meet their needs.

Evidence provided during the inspection showed there is a high percentage of staff compliance with mandatory training via the on-line learning platform, social care TV. Face-to-face training for moving and handling has been reviewed and staff have been updated as required. We found that, although adult support and protection training has been provided, this was not aligned to Scottish legislation. The provider was able to reassure us this training, as aligned to Scottish legislation, is planned for all staff and will soon be delivered face-to-face.

Medication administration training in line with Care Inspectorate guidance on prompt, assist or administer, has been provided face-to-face for all staff involved in medication administration. Staff spoken to during the inspection were able to demonstrate full understanding of this training. The provider has a comprehensive training matrix in place to identify when staff training needs to be updated, and close oversight of this is managed by designated member of the office staff team to ensure training is continually updated in line with best practice. Overall, this means people can be confident they are being supported by staff who have the knowledge and skills to support them and keep them safe.

There was evidence of staff face-to-face supervisions as well as practice observations and group supervisions. A supervision matrix is in place to monitor as and when staff need their next supervision sessions. We found that supervision records were of good quality covering areas such as; medication errors, training needs and expected standards. Action plans are then devised and followed-up to address any areas for development.

Met - within timescales

Requirement 6

By 10 July 2023, the provider, must ensure they have appropriate numbers of staff and that all staff have the knowledge, skills and understanding to meet the assessed needs of service users.

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

- a) ensure the service has the right number of staff with the correct skill set to meet the needs of people experiencing care;
- b) review the current training provided to staff to identify mandatory training in induction periods. This should include, but is not limited to, training in the following areas: moving and assisting, adult protection, and safe administration of medication;
- c) keep accurate records of all training completed, to evidence that staff have the required skills, knowledge and qualifications;
- d) ensure that all staff have completed the required training, as per their role, within defined, appropriate timescales; and
- e) have in place a robust and regular staff supervisions to ensure staff are reflecting on and improving their practice.

This is to comply with Regulation 4 (1) (a) (Welfare of users) and 15 (a) (b) 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 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 28 April 2023.

Action taken on previous requirement

Since the last inspection, the service has moved to a system of allocated staff teams per area, which now enables the service to quickly identify any gaps for service provision and are able to ensure these are filled, so that people receive their care and support on time and from people they can be confident know and meet their needs.

Evidence provided during the inspection showed there is a high percentage of staff compliance with mandatory training via the on-line learning platform, social care TV. Face-to-face training for moving and handling has been reviewed and staff have been updated as required. We found that, although adult support and protection training has been provided, this was not aligned to Scottish legislation. The provider was able to assure us this training, as aligned to Scottish legislation, is planned for all staff and will be delivered face-to-face.

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Met - within timescales

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?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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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