

## Care for you Scotland Housing Support Service

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

**Completed on:**  
31 July 2023

**Service provided by:**  
Care for you Scotland Limited

**Service provider number:**  
SP2016012766

**Service no:**  
CS2016352406

## About the service

Care For You Scotland is an independent care at home service, operating since 2016, based in Paisley. The service has five staff including the registered manager, and provides care and support to 10 people with physical health issues.

## About the inspection

This was a short notice announced inspection which took place on 24 to 28 July 2023. The inspection was carried out by one inspector 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 three people using the service and six family members
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People experience care and support that is consistent.
- Staff know people well and have time to carry out tasks and visits without feeling rushed.
- The service can adapt to change in people's circumstances and needs.
- The manager needs capacity to oversee governance and focus on quality assurance processes.

## 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?	5 - Very Good
How good is our leadership?	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?

5 - Very Good

We have evaluated this key question as very good, as performance showed major strengths in supporting positive outcomes for people. The few areas for improvement that did exist will have minimal adverse impact on people's experiences and outcomes.

People experienced support from a small group of staff which contributed to the development of positive and supportive relationships that led to good outcomes. Staff knew people well and had meaningful interactions alongside conducting care tasks. Staff knew people's interests and information about their past life, including their wishes and preferences. People and their relatives were complimentary about the service provided by Care For You Scotland, they told us their care was consistent and dependable, with no missed visits. People knew who would be visiting their homes to give them support, and any changes to care arrangements were communicated promptly. People and relatives told us the manager is responsive and adaptable in the way people's support is provided; visiting schedules are changed to accommodate people's needs.

We saw care visits that were unhurried, and carers took the time to promote good food and fluid intake. Staff told us they did not feel impacted by time pressures and care needs were met during visits. Staff were confident about providing support to individuals in accordance with their wishes. We saw staff offer to play music or switch on the television; this meant people could choose how they spent their time, and their choices were respected. People and relatives told us they had a high degree of satisfaction with the service; having a consistent care lets people build up and maintain good relationships with care staff. We saw people were offered walking aids and were wearing community alarms. This means staff knew people well and were able to meet needs when assistance was required. Managing medication safely is crucial to the wellbeing and safety of people using a care service. We saw daily medication records were up to date and we saw people were receiving medication in line with their care needs.

Staff told us they enjoyed working at Care For You Scotland and felt very supported by the manager. They told us they felt confident in their caring role. Staff in the service understood their role in supporting people's access to healthcare. Staff were able to recognise changing health needs and share this information quickly with the right people. Systems implemented by the service supported efficient information sharing between care staff and management ensuring concerns were acted upon promptly. It was evident the service was making a positive difference to people's lives and allowing them to remain at home.

## How good is our leadership?

2 - Weak

We evaluated this key question as weak, as there were significant weaknesses which affected people's outcomes and experiences. There was a lack of governance and effective oversight of the service using formal quality assurance processes. Recording of self-evaluation, accidents and incidents, recruitment records, spot checks, competency, supervision, training information and improvement plans, were insufficient. The approaches taken failed to identify risks, areas of improvement, or show the positive impact the service has on people's experience. There was no recorded evidence available during inspection of any quality assurance processes or framework.

Accidents and incidents occur in all services. It is important that staff report such instances, leaders support staff in recording them, and the provider learns from them. Although we saw examples of the relevant forms and policy, the provider was unable to show learning from accidents or incidents or any resultant adjustments to people's care. Registered care services must notify the Care Inspectorate of certain incidents and occurrences. Over the last 12 months there had been no notifications to the Care Inspectorate. This meant people could not be assured that accidents or incidents are being reported to relevant health and social care organisations responsible for safeguarding.

Staff supervision, induction for new staff, and appraisal provides scheduled opportunities for staff and leaders to meet to discuss their practice and workload, how people are supported and any development needs, such as training. Although staff told us they had supervision and 'shadow shifts' as part of their induction, the provider was not able to provide us with records of supervision or appraisal. People should have confidence staff have training that meets their needs. Staff told us they had received moving and assisting training and had completed some online training. Although we saw good daily recording of care tasks, and medication administration, training records were not made available during inspection; this means there was a lack of evidence that people were being supported by adequately trained staff and that the service has no record of staff competency.

It is important that people are supported by staff who are properly recruited and trained for the work they do. This means people are supported by staff who have been recruited under Safer Staffing guidance. Staff told us about their previous experience but no recruitment records were made available during inspection.

Having regular reviews of care and support involving people and their relatives, and a care plan which reflects current needs, means people's needs are identified and can be met by staff who have information which is up to date and easy to understand. This means people can have confidence in the support they receive, and they have had the opportunity to express what matters to them. Care plans and reviews in people's homes were out of date and did not include input from people and families. While some care information was contained in daily notes, staff, people, and relatives told us information about changing needs was communicated either verbally, through communication books in people's homes, or via the WhatsApp group. This means unexpected changes in staff could affect people's care as information in people's homes did not always reflect their current needs.

Good contingency planning means people can have assurance that they will continue to receive the support they need in case of unexpected incidents. During inspection we saw an over reliance on the manager to be a point of contact for emergencies, concerns or unexpected events. Although there was a contingency plan, this was not in people's homes and did not have contact information for emergency or out of hour's services. The manager agreed this information would be made available and updated during inspection.

Overall, the service lacked a formal system of quality assurance and management oversight in the areas noted above, as well as quality of support plans and care reviews. The manager showed a clear understanding about what is working well, what improvements are needed, and recognises that quality assurance needs to improve, which will only be achieved by extra resource. There was insufficient capacity to support improvement activities effectively and to embed changes in practice. The pace of change may be too slow because of the manager's focus on responding to day-to-day issues and being part of the care team. See requirement 1.

## Requirements

1. By 12 October 2023, to ensure the safety of people supported by the service, the provider must ensure that the approach to quality assurance is reviewed and improved.

This includes, but is not limited to:

- a) routine and regular management audits are planned and completed. These should include, at a minimum, oversight of; staff supervision, competency checks, staff training, complaints, accidents and incidents, missed or late visits;
- b) care and support plans are reviewed on a six monthly basis and a written record of current care needs are accessible to staff and people using the service;
- c) clear action plans are developed that identify risk and improvement to ensure issues which may negatively impact on the health and welfare of people are identified and addressed;
- d) action plans are regularly reviewed and signed off by an appropriate person once achieved; and
- e) the manager must ensure appropriate information is communicated to the Care Inspectorate under the guidelines outlined in 'Records all registered care services must keep and guidance on notification' (Care Inspectorate, 2020).

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:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## 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)

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

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

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