

## CRC Care Support Service

St James Business Centre  
Pavilion 4, Room 20  
Linwood  
Paisley  
PA3 3AT

Telephone: 01412 510 138

**Type of inspection:**  
Unannounced

**Completed on:**  
12 October 2023

**Service provided by:**  
CRC Care Ltd

**Service provider number:**  
SP2013012138

**Service no:**  
CS2013319689

## About the service

CRC Care is a privately owned company providing care to people in their own homes. It provides a range of supports, including personal care and support with medication, to help people live independently.

It has one group of care staff supported by a manager, deputy manager and office-based staff. The management team provides some direct care at times, as needed, as well as supervising staff. The service operates from an office base in Linwood, near Paisley, and provides assistance to people across Renfrewshire.

At the time of our inspection, the service supported around 230 people.

## About the inspection

This was an unannounced inspection which took place on 12 October 2023. The inspection was carried out by one inspector from the Care Inspectorate to follow up on a requirement and areas for improvement that were made earlier in the year as a result of an inspection and complaint investigation findings.

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 two of their relatives
- spoke with two staff and management
- reviewed documents.

## Key messages

The service had made good progress with regards to the areas for improvement and requirement. We concluded that the requirement was met and three of the areas for improvement were also met. There were three areas for improvement that we were unable to evaluate as met at this inspection, these will be considered at the next inspection.

## 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 good is our staff team?	4 - Good
-----------------------------	----------

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

## How good is our staff team?

4 - Good

We made a requirement about staff registration with the Scottish Social Services Council (SSSC) at the last inspection. This was because we found that a significant proportion of the staff team had not applied to register within the timescale they needed to. There was not an effective system within the service to prevent this from happening.

At this follow up inspection, we found that systems had been developed and put in place to ensure that staff were now being supported to register as required and all existing staff had now done this. In addition, there had been improvements to staff induction activities that meant new staff were supported to understand more about the role of the SSSC and the registration process, and complete their application to register. This helped to ensure that people using the service were kept safe.

We concluded that the requirement was met and as a result, regraded this quality indicator to good.

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

### Requirements

#### Requirement 1

By 2 October 2023, the provider must ensure that all staff who require to be registered with the Scottish Social Services Council (SSSC) have done so. This includes, but is not limited to:

- 1) That staff employed in post for six months or more should have completed registration.
- 2) That staff employed less than six months should have applied to be registered within a timeframe that would allow for completion of registration within six months of the start of employment.
- 3) The provider must be able to demonstrate at all times that any staff who are unable to evidence their registration within this timeframe have had an appropriate risk assessment completed that reflects how the service will mitigate any risks posed by the lack of registration.

This is to comply with Regulation 9(1) (Fitness of employees) 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 processes' (HSCS 4.19).

**This requirement was made on 4 August 2023.**

**Action taken on previous requirement**

The provider had carried out a full check of all staff who were required to be registered with the Scottish Social Services Council (SSSC) and had ensured that they had applied for registration.

This was followed up by a new system of regular checking on a weekly and monthly basis to ensure all staff continued to be appropriately registered. New staff were supported to carry out an application to register with the SSSC as part of their induction.

We were satisfied that systems and processes were sufficient to support proper registration of the workforce within the service.

**The requirement is met.**

**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

We made this area for improvement following a complaint investigation.

To ensure people using the service have confidence in the support being provided, the manager should explore opportunities to support staff to communicate effectively, and overcome language barriers between staff and people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can understand the people who support and care for me when they communicate with me' (HSCS 3.12).

**This area for improvement was made on 9 March 2023.**

**Action taken since then**

The service were supporting staff to build language and communication skills as part of their induction and ongoing training. We saw that staff received support and advice to help them communicate with people who used the service and their relatives, and this included hints and tips to build communication skills around local jargon and colloquial language. We saw that this was revisited with staff at supervision. We heard from one person who used the service that they had found it difficult to understand someone when they had to call "on call" on one occasion and we fed this back to the manager to follow up.

Overall, we concluded that there was a sufficient process in place to help staff overcome language barriers at the time of this inspection.

**This area for improvement is met.**

## Previous area for improvement 2

We made this area for improvement following a complaint investigation.

To ensure people using the service can be confident in the support being provided by the organisation, the manager should ensure there are systems in place for the accurate recording of complaints. To support this, the manager should ensure there is an up-to-date complaints policy in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

**This area for improvement was made on 9 March 2023.**

### Action taken since then

There was a complaints register in place with an index that was broadly in line with best practice guidance. We gave some feedback to the manager around the detail within the complaints information that was given to people using the service as this needed to be updated. The policy was under review and due to be finalised shortly after we inspected.

**We will revisit this area for improvement at the next inspection.**

## Previous area for improvement 3

We made this area for improvement following a complaint investigation.

To ensure people using the service can be confident in the support being provided the manager should explore and develop effective methods of recording communications. This should include but is not limited to a communications log for people using the service.

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 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 March 2023.**

### Action taken since then

There was a record book of all calls and emails to the service that allowed communications to be captured, information to be shared and a tracking system to ensure that people's requests or queries could be passed on appropriately. We saw this was working well and staff felt it had helped in their day-to-day work.

**This area for improvement is met.**

## Previous area for improvement 4

We made this area for improvement following a complaint investigation.

People experiencing care should expect that if a decision is taken to cancel their service, this is fully and carefully communicated to them in line with service policy and procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 10 July 2023.**

#### Action taken since then

We were unable to assess how well the service performed in this area as there had been no recent cancellations of service when we inspected. However, there had been some improvements to the system that was in place to communicate with people in this event, that should mean this is communicated in a better way.

**We will revisit this at the next inspection.**

#### Previous area for improvement 5

In order to ensure that people using the service receive care that contributes to their health and wellbeing, the service should ensure that care and support provided to people around medication is in line with best practice.

This should include, but not be limited to, improved detail of information around people's prescribed medications should be recorded in their care plans, ideally a copy of the prescription being held in the care plan, or as a minimum a list of prescribed medications that should be revisited and updated at each six-monthly review or sooner if changes are known to have been made.

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

**This area for improvement was made on 4 August 2023.**

#### Action taken since then

The management team had been working to improve the system in place around medication records and this involved a transfer of information onto an electronic system. This was due to be completed by mid November and would allow for pictures of people's medication packaging to be uploaded into relevant care plans. This should allow for the creation of a more robust record of prescribed medication for those people who required full support.

**We will see how well this system has progressed at the next inspection.**

#### Previous area for improvement 6

To ensure that care and support is provided in a way that supports ongoing development and continuous improvement, the service should develop and implement an effective system to record all accidents and incidents.

This should include, but not be limited to, a description of the accident or incident, any immediate actions taken, management overview to assess if these actions were sufficient and a recorded decision as to this, any follow up actions needed after a defined period of time, including staff debrief as necessary, and a completion record to show that these actions have been completed. Finally, an overview of accidents and incidents that captures trends or patterns and can be used to identify development needs and lessons learned should be implemented.

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 processes' (HSCS 4.19).

This area for improvement was made on 4 August 2023.

## Action taken since then

We were satisfied that sufficient improvement with regards to this system had been made. There was now a more robust incident recording form that allowed for recording of initial incidents, identification of remedial actions and who needed to be notified. This also allowed for management overview. We heard about how staff were being supported better to report and record incidents.

This area for improvement is met.

## 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 good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.