

Careline Home Support Housing Support Service

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Type of inspection:
Unannounced

Completed on:
21 September 2023

Service provided by:
Mr James Imrie and Mrs Carol Imrie, a
partnership trading as Careline Home
Support

Service provider number:
SP2004004446

Service no:
CS2004063857

About the service

Careline Home Support provides a housing support and care at home service to older people, people with learning disabilities, physical disabilities, mental health problems, terminally ill people and people recovering from operations. The provider is Mr James Imrie and Mrs Carol Imrie, a partnership trading as Careline Home Support.

The main office is based in the Pollokshields area of Glasgow with satellite offices in Falkirk, and West Lothian. At the time of the inspection the service was supporting around 140 people across East Renfrewshire, West Lothian, Falkirk and Glasgow. Some people pay for their support from the service through direct payments, and others are funded via their local council.

The registered manager co-ordinates the overall running of the service, supported by a senior coordinator. Service co-ordinators locally manage staff who provide direct support to people.

The hours of service provided vary depending on people's individual assessed needs, ranging from four hours a week up to 30 hours a week. Staff support is available to service users over a 24-hour period. The service's stated aims and objectives include: "To provide high quality level of care for all service users based on "Person Centred Planning", compassion, dignity and trust".

About the inspection

This was an unannounced inspection carried out by three inspectors from the Care Inspectorate between 13 September and 21 September 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 carrying out this inspection, we:

- spoke with 15 people using the service and family representatives in all service areas
- spoke with seven staff and the management team
- observed practice and daily life
- reviewed documents

Key messages

- The staff were familiar with people's needs and preferences.
- People were respected and valued.
- People receiving care and support told us they were happy with the service.
- Quality assurance needed to improve.
- Staff training and development needed to improve.

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

We evaluated the service to be performing at an adequate level for this quality indicator where there were some strengths, but these just outweigh weaknesses.

People told us that the service was reliable and any change to peoples' planned support was effectively communicated. The service operated an on-call system so that people could contact management if they needed to.

We observed a team of dedicated and compassionate staff who genuinely cared for the people they supported. Most people told us that they were supported by a consistent staff team. Staff were clearly committed to supporting agreed outcomes for people. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. Relationships were trusting. People benefited from positive relationships with the staff team. This meant that, overall, people felt included, listened to, and valued, and ensured that the service was centred on the needs and wishes of the person.

Comments from people included:

"Staff are kind and sensitive."

"No grumbles"

"Consistency is good"

"The staff go above and beyond."

"Chuffed to bits with the care."

Some care plans we inspected were detailed, and contained important information on how best to support the person according to their needs and wishes, however others contained confusing and conflicting guidance, in particular in relation to medication prompting, assisting and administration.

People who needed support with medication administration did not always have a clear and accurate medication record in place detailing which medications they were to take and how these should be given. For people requiring medication support such as prompt, prompt and assist, or administer, there was limited detail of how to provide this. The service medication policy had recently been reviewed and guidance in some peoples' care plans did not always align with the service policy. This meant staff were not clear as to what medications people should take and for what health conditions, which had the potential to cause harm to people's health and wellbeing. We noted inconsistencies in some medication records, which were not identified through the service's internal auditing process. We signposted the service to the Care Inspectorate (2017) guidance document 'Review of medicine management procedures.

Guidance for care at home services."

The service had carried out some risk assessments, however these were not always sufficiently detailed to address key areas of risk to people, including medication administration, use of equipment and support to relieve stress and distress. We have made a requirement under management and leadership relating to quality assurance.

How good is our leadership?

3 - Adequate

We evaluated the service to be performing at an adequate level for this quality indicator where there were some strengths, but these just outweigh weaknesses.

The provider had implemented some quality assurance systems, locally, to monitor aspects of the service, such as personal plans, and medication, however these systems were not consistently applied across all localities and management oversight needed to improve.

Approaches to quality assurance should include self-evaluation and involvement from supported people, staff and external agencies. This would improve understanding about good practice and demonstrate the value of seeking feedback from people who experience care, to identify what is working well and areas that need to improve. The service improvement plan should be updated to reflect the areas where improvement was needed, the timeframe and individuals responsible for actioning and following up. See requirement 1. There were no quality assurance activities being carried out by the management team around recruitment records and the recording of staff registration with the Scottish Social Service Council (SSSC). This meant some records were not in line with safer recruitment guidance and had the potential to put people at risk. This was highlighted to the provider at the inspection and some action was taken to address this. See requirement made under quality of staffing.

Improved oversight of staff training and development was needed to ensure people have the skills and knowledge required of their role. Staff told us, however, that they felt well supported by management and their colleagues. Some staff supervisions and direct observations of practice had been completed; however, this was not consistent across all localities. We have made a requirement relating to staff training and development.

Requirements

1. By 8 January 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include but is not limited to:

- a) Assessment of the service's performance through effective audit; this must include but not be limited to personal planning, risk assessment, recruitment practices, staff training, and medication policy and management;
- b) Where areas for improvement are identified through audit; Putting in place and implementing action plans which set out specific, achievable, and realistic actions required to address these areas for improvement;
- e) Detailed timescales for completion/review;
- f) Ensuring all staff are accountable for and carry out the required remedial actions set out within action plans; and g) Reviewing the effectiveness of actions put in place to ensure promote positive outcomes for the health, safety, and welfare of people experiencing care.

This is to ensure that care and support is consistent with 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).

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

How good is our staff team?

3 - Adequate

We evaluated the service to be performing at an adequate level for this quality indicator where there were some strengths, but these just outweigh weaknesses.

Recruitment policies and procedures were in place, which reflected the practice needed for safer recruitment. However, we could not be assured that these processes had been implemented on every occasion, which had the potential to put people who experienced care at risk. This included key areas that related to the number of required references and oversight of Scottish Social Services Council (SSSC) registration of staff.

Providers are expected to have received satisfactory checks including PVG (Protection of Vulnerable Groups) membership and references before someone starts. There were no quality assurance activities being conducted by the management team around recruitment records, and the recording of staff registration with the Scottish Social Service Council (SSSC). This meant some records were not in line with safer recruitment guidance and had the potential to put people at risk. This was highlighted to the provider during inspection and some action was taken to address this. See requirement 1.

Staff had access to a face-to-face induction and a suite of online training. There were gaps in staff training in key areas, such as adult protection and practical moving and handling. There was no evident training plan for coordinating staff training, including refresher training. See requirement 2.

Requirements

1. By 8 January 2024, the provider must ensure that service users experience a service whereby staff are recruited safely. This must include but is not limited to:

- a) Review of the recruitment policy and procedure that reflects best practice guidance 'Safer Recruitment through Better Recruitment' (SSSC and Care Inspectorate guidance, 2023).
- b) Staff training for all staff who hold responsibility for recruitment functions.
- c) Obtaining appropriate references prior to recruitment decisions about employment in the service being made.
- e) Where it is difficult to obtain appropriate references, the provider must ensure that relevant and meaningful risk assessments are put in place, and reviewed.
- d) A review of their procedure and systems to ensure all staff are appropriately registered with the Scottish Social Services Council (SSSC) or other relevant professional body.

This is to ensure that care and support is consistent with 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).

It is also necessary to comply with Regulation 4 (1)a Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. By 8 January 2024, the provider must ensure that staff have the right skills knowledge and competence and development to support people. To achieve this the provider must include, but is not limited to:

- a) Conduct a training needs analysis for all staff roles.
- b) Create and implement a training programme for all staff, including but not limited to training in adult support and protection, moving and handling, including use of equipment, medication administration and management of stress and distress. This should include refresher training where appropriate.
- c) Undertake post training observations of staff practice to ensure competency.

This is to ensure that care and support is consistent with 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) and to comply with Regulation 4 (1) (a) and 15(a) and (b) of the Social Care and Social Work Improvement Scotland Regulations 2011.

How well is our care and support planned?

3 - Adequate

We evaluated the service to be performing at an adequate level for this quality indicator where there were some strengths, but these just outweigh weaknesses.

People and those close to them participated in developing and reviewing their personal plans. This ensured that as far as possible, people were supported according to their expressed wishes. We were aware however, that this was not the case for everyone receiving support. We have commented further on assessment and care planning.

Overall, people told us that they were supported by a consistent staff team who knew them well. We observed a team of dedicated and compassionate staff who genuinely cared for the people they supported, and worked together to help people achieve their chosen outcomes.

Some care plans were detailed and contained important information on how best to support the person, according to their needs and wishes. However, others contained confusing and conflicting guidance, in particular in relation to medication prompting, assisting and administration.

The service had carried out some risk assessments, however these were not always sufficiently detailed, nor did they identify and address key areas of risk to people receiving care, including medication administration, falls, use of equipment and stress and distress, and continence care.

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

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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