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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>16 January 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report</b>	<b>SWSCSP/04/2024/AB</b>
<b>Contact Officer:</b>	<b>Alan Best Head of Health &amp; Community Care</b>	<b>Contact No:</b>	<b>01475 715212</b>
<b>Subject:</b>	<b>Care at Home Inspection</b>		

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## 1.0 PURPOSE AND SUMMARY

- 1.1  For Decision  For Information/Noting

1.2 The purpose of this report is to provide an update on the recent Care at Home inspection, carried out by the Care Inspectorate.

1.3 The Care at Home Service had an unannounced inspection on 6 November 2023 which was carried out over 6 days, completing on site on the 15 November 2023.

The inspection consisted of 3 inspectors, who were allocated to the East, West and Central of the service to carry out observations of staff in the community, discuss the quality of service with service users and to ensure that the appropriate documents were within the service user Care Plan folder.

The inspectors covered a range of shifts, shadowing staff, which included early morning, lunch calls and night shift workers.

The feedback from service users and staff was overwhelming positive, despite the challenges of recruitment and absence within the service.

The inspectors met with several members of the management to coordinate the inspection and also to view the reporting systems that evidence the performance indicators for the service.

The Service received a draft inspection report on Tuesday 5 December to view and agree to the content with a sign off date of 19 December 2023. Following this date, the inspection will be available on the Care Inspectorate Website.

There was an area for improvement within the draft inspection document with regards to the administration of medication that was carried over from the last inspection and is recorded within this year's inspection as an area for improvement.

The service is working alongside our pharmacy health colleagues to look at making the required improvements prior to the next inspection.

The service inspection grades detailed below are a significant achievement for the HSCP and reflects the standard of care being delivered to the vulnerable members of our community, and also the value that we place on the recruitment, training and ongoing supports to our workforce.

1.4	<b>How well do we support people's wellbeing?</b>	<b>5 - Very Good</b>
	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
	<b>How good is our leadership?</b>	<b>5 - Very Good</b>
	2.2 Quality assurance and improvement is led well	5 - Very Good

## 2.0 RECOMMENDATIONS

2.1 That the contents of the report be noted.

**Kate Rocks**  
**Chief officer**  
**Inverclyde Health & Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1
- Care & Support at Home provides a number of different types of support including care at home, technology enabled care which includes community alarms and other technological assistance. The service is provided the Inverclyde HSCP Care at Home team, who work jointly with other departments within the HSCP.
  - The Care at Home service is registered as a care provider with the Care Inspectorate and as such the service is inspected annually to ensure we are consistent with meeting the Health & social Care standards.
  - Due to the restrictions with the pandemic the service was last inspected in April 2019, were the service maintained grades of 5. Previous years grades detailed below.
  - During to the pandemic the communication with the Care Inspectorate was carried out with virtual meetings and online support.

Date	Overall Grade
15-Apr-19	5 Very Good
11-May-18	5 Very Good
08-May-17	5 Very Good
12-May-16	5 Very Good
29-May-15	5 Very Good

### 4.0 IMPLICATIONS

- 4.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

#### 4.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

#### 4.3 Legal/Risk

None

#### 4.4 Human Resources

None

#### 4.5 Strategic

None

#### 4.6 Equalities, Fairer Scotland Duty & Children/Young People

None

##### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

##### (b) Fairer Scotland Duty

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

##### (c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

#### 4.7 Environmental/Sustainability

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

#### 4.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

#### 5.0 CONSULTATION

5.1 N/A

#### 6.0 BACKGROUND PAPERS

6.1 N/A

## Care & Support at Home Housing Support Service

Hillend Centre  
2 East Crawford Street  
Greenock  
PA15 2BT

Telephone: 01475 715 946

**Type of inspection:**  
Unannounced

**Completed on:**  
15 November 2023

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2004078041

## About the service

Care & Support at Home provides a number of different types of support including care at home, technology enabled care which includes community alarms and other technological assistance. The service is provided by Inverclyde Council and works closely with other departments within Inverclyde Health and Social Care Partnership.

The service is led by a team of managers, aligned to geographical teams with home care workers providing direct care and support to people.

At the time of this inspection the service was supporting around 1300 people.

## About the inspection

This was an unannounced inspection which took place on 6, 7, 8, 13, 14 and 15 November. The inspection was carried out by three 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 62 people using the service and 11 of their relatives
- spoke with 32 staff and management
- observed practice
- reviewed documents
- spoke with visiting professionals

## Key messages

People who receive support from Care & Support at Home can expect to receive a very good level of care and support.

- People were supported by committed and well trained staff who knew them well.
- There were very good quality assurance systems in place that were being used effectively.
- The service was committed to ensuring people received person centred support that helped them lead fulfilling lives and maintain their independence and safety.
- The service provided by the community alarm team overnight was highly responsive and attentive to people's needs. Some further work was needed to support the night shift team to feel valued and included within the 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?	5 - Very Good
How good is our leadership?	5 - Very Good

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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Feedback from people using the service was overwhelmingly positive. Whilst there had been challenges in staffing and consistency earlier in the year, the service had worked hard to redesign the structure of the service in order to better meet people's needs. This had benefitted people using the service as it had improved consistency of care staff, regularity of visit times and confidence in staff providing their care and support.

Staff were recruited and trained to a very good standard, they delivered care and support with compassion, respect and dignity. We observed them being knowledgeable in their roles, and reflective on their practice around any suggestions or issues we raised with them. Staff expressed feeling well supported in their roles. The night shift team who provided care and support to people through their community alarm service felt less valued and included as part of the service. We made some suggestions to the management team about how they could engage more proactively with this group of staff.

Overall people received a good degree of consistency in care staff. People told us how much they liked their regular care workers, and how they knew them so well. People expressed how much the care meant to them, in terms of combating isolation, and enabling them to stay at home. For people who were living with chronic conditions the service was viewed as a "lifeline" and staff were highly praised for their skills in meeting people's needs with a high degree of compassion and respect. Both staff and people using the service expressed frustration around staffing levels at times of high sickness absence but were otherwise happy with how runs were planned, set out and managed. We were satisfied that the service worked as best it could to combat the challenges that unplanned absence and recruitment brought.

People were supported to maintain their dignity during personal care, staff overall followed care plans that set out how people were to be supported and these were well detailed with enough information about how to meet people's needs. Some work could be done going forward to increase the relevance and person centred aspects around medical information. This could enable even more informed and responsive care and support.

Staff worked with people to encourage them to do as much as possible for themselves, supporting their independence and autonomy over their lives. This included for example making decisions such as what to wear, meals and support with issues around medication. We saw how staff responded to people's needs and this demonstrated that staff enabled people to maintain as good quality of life as possible.

Staff received training that enabled them to meet needs around things like stoma and catheter care, and we observed staff providing support around these aspects to a very good standard. Staff identified that they have had support from district nurses around more complex stomas for example. We received feedback from health professionals including district nurses who worked closely with the service. Their feedback was positive about how the service engaged with and accessed additional training to ensure it met people's needs well.

People were able to describe how the integrated approach to their health and wellbeing needs had benefitted them, including with the use of technology, home care visits and aligned health professional

input. This had prevented hospital admissions and helped people get better more quickly. The service performed to a very good standard in delivering well co-ordinated and responsive care and support.

Reviews took place and these enabled people and their relatives to express their views on how the service was going. There was some work planned to increase the role of people using the service in activities and events such as staff recruitment and induction. We look forward to seeing how this progresses at the next inspection.

Overall staff were skilled in ensuring that people's health and wellbeing benefited from their care and support, with good practice observed in terms of moving and handling, use of equipment and infection prevention and control (IPC). Staff showed some very valuable connections with people who had complex needs and conditions, with training provided as needed around specific conditions or needs.

Staff skills around medication were supported by training and observations from the district nurse team. We noted that for some more longer serving staff those observations were overdue however there was a plan in place to tackle these and refresher training was still happening.

Overall staff practice around medication was appropriate and in line with practice guidance. There were some changes about to be made to the provider policy that would make medication record keeping practice more robust. This was related to the area for improvement made at the last inspection which has been repeated here, with the full expectation that once the additional documentation is implemented this will further improve medication record keeping practice. See area for improvement 1.

## Areas for improvement

1. Where people require staff to administer their medication, the provider should ensure that there are arrangements in place to do this safely.

In order to do this, the provider should provide staff with printed medication administration recording sheets that include the name of each medication given. The provider should ensure that information about the medication that people are prescribed, the indications for their use and their side effects are available within people's support plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I receive high quality care and support that is right for me' (HSCS 1.1);

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

'I have confidence in the organisation providing my care and support' (HSCS 4.1); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

## How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a very good range of quality assurance activities and analysis within the service. This included regular oversight, tracking and targeting of resources to address areas that may be falling behind. Issues were captured through staff supervisions and meetings, with useful discussion and work around performance indicators to ensure things like the frequency of reviews, quality visits with service users and feedback from new staff and direct observations were taking place and being used to inform how the service worked. This meant that people using the service could be confident in how the service was led and managed.

There was an effective system for tracking of continuity of carers and timing of visits, broken down into staff teams and individuals, and used to highlight if there were issues that needed to be addressed.

Complaint information was kept on file and there was very good identification around any areas that the service could learn from. There was very good inter-agency working with other professionals within the partnership, and management were viewed positively by those professionals we spoke with, in terms of how they engaged and took on constructive feedback.

Incidents and accidents were recorded appropriately and there was very good evidence of how these were tracked and escalated as needed. This helped to ensure people were kept safe. Staff reported that they knew about raising concerns in relation to adult support and protection (ASP) and some staff were able to give examples of times they did this and how this made the person safer. Other staff commented that they sometimes didn't hear back about this but they knew there had been something done. We suggested some work with staff around hearing about ASP investigations could be useful.

There was a robust service focused continuous improvement plan that looked at key aspects of service delivery. There was a strong emphasis on people's health and wellbeing. Outcomes for people using the service were beginning to be captured. It could be helpful to include some learning from adverse events within the plan so that the service continues to embed a learning culture and transparent approach.

## 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

Where people require staff to administer their medication the provider should ensure that there are arrangements in place to do this safely.

In order to do this the provider should provide staff with printed medication administration recording sheets that include the name of each medication given. The provider should ensure that information about the medication that people are prescribed, the indications for their use and their side effects are available within people's support plans.

This ensures that care and support is consistent with the Health and Social Care Standards:

1:1 I receive high quality care and support that is right for me, 1.24 Any treatment or intervention that I

experience is safe and effective.

4: I have confidence in the organisation providing my care and support, 4.27 I experience high quality care and support because people have the necessary information and resources.

**This area for improvement was made on 15 April 2019.**

#### **Action taken since then**

There had been some progress with the area for improvement. We saw that people who were assessed as requiring administration of medication did have pre-printed medication administration records (MAR) available for staff to complete.

There was work about to be completed that would allow for clearer recording on the medication people were prescribed, its uses and side effects. We advised on the policy and procedure that it could usefully include some guidance for staff around what action they should take in the event of a MAR chart not being available where, for example, family members also assisted with a person's medication.

We expected these proposed changes would be implemented very soon after we concluded this inspection and look forward to seeing this embedded in practice at the next inspection when this area for improvement will be followed up.

## **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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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