

# Care service inspection report

Full inspection

## Real Care Agency Housing Support Service

12 Hunter Street  
The Village  
East Kilbride  
Glasgow



HAPPY TO TRANSLATE

Service provided by: Real Care Agency Ltd

Service provider number: SP2004005813

Care service number: CS2004080095

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership		N/A

### What the service does well

The service involves people in their care and support where possible. Care staff offer good, reliable support to people using the service and the service regularly checks that people using the service are happy. Information received from people using the service is audited and used to improve the service provided.

### What the service could do better

The service should continue to develop the good work it has started since the last inspection, such as home visits, 'Promoting excellence - the education framework for all care staff working with people with dementia and the Scottish Social Services Council (SSSC) 'The Framework for Continuous Learning in Social Services'.

The provider should process the legal status of service users as soon as possible.

The provider should review the information provider to service users.

### What the service has done since the last inspection

One requirement remains outstanding.

The service has introduced a new person-centred and outcome focussed support plans for service users.

Good progress continues to be made in implementing 'The Framework for Continuous Learning in Social Services' and staff accessing 'Promoting excellence' - the education framework for all care staff working with people with dementia.

### Conclusion

The service provides people with good quality care and support. People using the service indicated that they were happy with the support provided and felt that care staff met their needs well.

# 1 About the service we inspected

Real Care agency is a service, which provides care at home, and housing support services to people who live in their own homes. The service supports people who have a wide range of support needs.

The service aims "to provide high quality care to help support people who live at home for as long as possible and is their wish to do so".

The service has moved to new premises in the Village in East Kilbride. The provider is hopeful that this will lead to a higher profile in the community.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - N/A**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one Inspector. The inspection took place on Monday 18 April 2016 between 10.15am and 4.10pm. We gave feedback to the manager on 18 April 2016.

As part of the inspection, we took account of the completed annual return that we asked the provider to complete and submit to us. We sent eighty-six care standards questionnaires (CSQ) to the manager to distribute to service users and relatives. Thirteen service users and five relatives sent us completed questionnaires.

We also asked the manager to give out thirty-three questionnaires to staff and we received sixteen completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- The manager
- The office manager

We looked at:

- Care plans
- Home visit questionnaire
- Staff files
- Training records

- Staff supervision records
- Service user survey summary
- Client feedback summary
- Training matrix
- Training programme
- Training plan
- Staff meeting minutes
- Service user agreement
- Service user handbook
- Accidents and incident records
- Adult and support and protection
- Risk assessments
- Complaints procedure
- Registration certificate
- Employers liability insurance

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become

apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us, for each of the headings that we grade them under. The provider identified what they thought they did well, some areas for development and any changes it had planned. The service provider told us how the people who used the care service had taken part in the self-assessment process.

## Taking the views of people using the care service into account

We sent eighty-six care standards questionnaires (CSQ) to the manager to distribute to service users and relatives. Thirteen service users and five relatives sent us completed questionnaires.

All the completed CSQs either agreed or strongly agreed that overall they were happy with the quality of care and support.

Ten people indicated that they did not know about the service's complaint procedure and eight people indicated that they didn't know they could also make a complaint to the Care Inspectorate.

One person indicated that they did not know the names of the staff providing the care.

One person indicated that the service did not ask for their opinion on how it can improve.

We received the following comments in the completed and returned CSQ:-

"I am extremely pleased with the care and attention I have received to date with Real Care Agency carers".

"I am happy with all the carers and service I receive from Real Care Agency".

" Overall happy with the service".

" Happy with care, couldn't be happier".

" Never had to complain".

" I am happy with all the care received from Real Care Agency".

" I am happy with all aspects of care and support from Real Care".

### **Taking carers' views into account**

We sent eighty-six care standards questionnaires (CSQ) to the manager to distribute to service users and relatives. Thirteen service users and of five relatives sent us completed questionnaires.

Two people indicated that they did not know about the service's complaint procedure and two people indicated that they didn't know they could also make a complaint to the Care Inspectorate.

We received the following comments in the completed and returned CSQ:-

"My relative is very happy with care given. All carers treat my relative very well. My relative has no complaints".

"All staff are very caring, supportive and helpful".

"I 'am very satisfied with the care my relatives receives. It has made a huge difference to my relatives life".

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

From the evidence we were presented with, we concluded that the service was performing at a very good level in areas covered by this statement.

The service generally met the health and welfare needs of service users.

We found the service was delivering good quality care resulting in good outcomes for people using the service.

- People using the service had good support plans that identified a range of care needs;
- We found that care plans reflected individual needs;
- We saw detailed and informative risk assessments which informed staff on the tasks to be carried out how;
- We thought that the majority of the care plan were written in a person-centred way e.g. "it is best to speak face to face in a louder tone."
- The information we found in care plans was person centred, written in the first person and outcome focussed.

- We saw good evidence that staff received training in e.g. Moving and Handling, Food Hygiene, dementia and administration of medication;
- We saw good evidence that advice and assistance continued to be obtained from the community medical and nursing services, as required e.g. Community Nurse, G.P.;
- The manager is an accredited Moving and Handling trainer.

We looked at an analysis of the services in-house questionnaires with comments. We were pleased to see that the findings and comments for the survey were generally very positive. e.g.

- " Overall the carers are excellent and worth their weight in gold ".
- " Caring , trustworthy and patient ".
- " Friendly and kind ".
- " Send rotas regularly or give them to carers for delivery ".

We also found very good evidence that the service was responding individually to concerns raised by service users and was proactive in addressing concerns e.g. A moving and handling assessment has been arranged following concerns raised by a service user, and a home visit has been arranged to discuss how the service can be improved as requested by a service user.

### **Areas for improvement**

The provider should continue to monitor and maintain the very good quality of care.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We found at this inspection that the information we found in care plans was person-centred, written in the first person and outcome focussed.

We did, however, think that the information could have been clearer in terms of the specific care that was to be given, where a catheter was in place and more information could have been provided for staff on what to look for to prevent pressure sores.

The specific detail was discussed with the manager during the inspection. We also suggest that care plans should be signed by the service users (or the relevant Power of Attorney (POA), to confirm they have been involved in the development of the care plan and agree with the contents.

We were satisfied that the recommendation made at the last inspection in relation to care plans being person-centred, has been met and will be removed.

We made a requirement at the last inspection where we said there was no information in the care plans, we looked of the legal status of service users. We were advised that the service was still in the process of gathering this information.

At this inspection we received a list from the provider to confirm the number of Service Users that have a Power of Attorney (POA) in place, that they have a copy of POA certificate or have contacted and confirmed with Social Work that a POA is in place. We found that the service had seven out of twenty-eight copies of POA certificates in place. It was good to see the service was making steady progress to address this requirement and this will be reviewed at the next inspection. This requirement was not met and is restated (see requirement 1).

We signposted the service to the web site [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk) to access 'Preventing Infection in Care at Home' for information and guidance.

We signposted the service to the Scottish Social Services Council (SSSC) website for 'Step into leadership' Leadership learning pathways for Scotland's social services for information and guidance.

We signposted the service to the Institute for Research and Innovation in Social Services (iriss) publication 2015 'achieving effective supervision' for information and guidance.

We signposted the service to 'Reflective Writing Guidance notes for students' April 2001 [www.shef.ac.uk/uni/projects](http://www.shef.ac.uk/uni/projects) for information and guidance.

We signposted the service to the Joint Improvement Team publication 'Talking Points Personal Outcomes Approach Practical Guide' for information and guidance.

## **Grade**

5 - Very Good

## **Requirements**

### **Number of requirements - 1**

1. The provider must ensure that where decisions are being made on service users behalf, that the person making that decision has legal authority to do so and this is appropriately recorded.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement for a provider to make proper provision for the health and welfare of service users;

Timescale for Implementation: The provider must do this within 6 months of the publication of this report.

National Care Standards care at home Standard 9:Private life and Standard 11:Expressing your views, has been taken into account when making this requirement.

### **Number of recommendations - 0**

## Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.”

### Service Strengths

We found that the service issued service users with a 'Service Users Handbook' and a 'Service User Agreement' which covered the majority of information as set out in the National Care Standards.

### Areas for improvement

We thought that the 'Service User Handbook' and 'Service User Agreement' should be reviewed and rewritten to take account of the National Care Standards Standard 1: Informing and deciding and Standard 2: The written agreement.

We would like to see the information given to service users to include the charges and the service they cover and any charge to service users and how service users can pay this.

We would also like to see information on how to access the most recent Care Inspectorate report. We will review this at the next inspection.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

### Service Strengths

We looked at a selection of staff recruitment files and we found the following:

#### Recruitment Policy

We found that Real Care had robust systems in place to ensure safe recruitment practices were followed through the implementation of Real Care Recruitment and Selection Policy and Procedures.

#### Application Procedure

We found a fully completed application form in all of the files we sampled.

#### Understanding the Service Aims

We found good evidence that Real Care provides staff with appropriate information on Real Care aims and objectives.

#### References

We found that two references were in place one of which was from the previous employer.

#### Physical and Mental Fitness

A confidential health questionnaire and declaration was in place in all the files we sampled.

### Necessary Skills

The quality and detail of the interview records that we sampled was good with mainly hand written notes recorded on a standard format .

### Protection of Vulnerable (PVG) Groups Checks

It was good to see PVG and Disclosure checks were in place.

### Register Check Recording

We found that appropriate register checks were taking place. e.g SSSC, NMC.

### Assessment

Overall, we found the Real Care recruitment practices to be performing at a very good level.

### Areas for improvement

The provider should continue to monitor and maintain the very good quality of recruitment. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

As part of the recruitment process a concern had been identified following a disclosure in a Protection of Vulnerable Groups (PVG). Where the provider has discussed the circumstances and is satisfied with the explanation given and has decided to offer employment then the circumstances and the reasons for arriving at that decision should be fully recorded.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

#### Service Strengths

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this statement.

The service have a professional, trained and motivated workforce.

From the sixteen Care Inspectorate staff questionnaires (CSQ) returned all of the staff said they have sufficient training to do their job such as e.g. adult protection, first aid, food hygiene, peg feeding and dementia.

All completed CSQs indicated that staff knew about the services policies and procedures in health and safety, confidentiality, accidents and incidents, complaints, equal opportunities, whistle-blowing, restraint, harassment and bullying, racial equality and participation.

All completed staff CSQs indicated that their training needs were being met and they had opportunities to gain an appropriate qualification. Staff indicated that they had a copy of the Scottish Social Services Council (SSSC) Codes of conduct. They also indicated that they had the opportunity to meet up, had regular supervision and the service asks them for their opinion on how it can improve

Staff made the following comments in the completed and returned CSQs:-

"I enjoy working for Real Care. I have been employed for a number of years. I think the service we provide is high quality".

"The training has helped a great deal when caring for service users. Great courses have been put in place for training".

"I always feel confident I have the skills and knowledge to support the service user due to staff training provided by my employer".

"Great company. Training is up to scratch".

" I like working in my job".

We saw that the service had a 'Training and Development Policy'.

We saw very good questionnaires completed by staff who had attended training to check understanding and learning e.g. infection control, dementia, food hygiene etc. The staff files that we saw had an individual training plan, individual personal development plan and had copies of all certificates of training attended.

Staff were aware of whistleblowing, confidentiality and adult protection and were familiar with the national care standards and the Scottish Social Services Council (SSSC) codes of practice.

The manager had undertaken an SVQ 4 in Management.

We saw that some staff had obtained a Scottish Vocational Qualification (SVQ) level II and/or III in Health and Social Care and a rolling programme was in place for the majority of staff to achieve an SVQ Level II in Health and Social Care, equivalent or above to register with SSSC in 2018;

We said at the last inspection that the supervision records we saw contained limited care practice information, however, we were delighted to find that the provider had met with SSSC and was planning to roll out the 'The Framework for Continuous Learning in Social Services' for staff. We look forward to evaluating the services progress at future inspections.

We were pleased to see that the provider has developed a new system of supervision and appraisal which takes the above into account. However, we did suggest that the information in the new format could be more reflective in places and this is reported on further under Areas for Improvement.

We thought that it was very good to see that some staff had the opportunity to complete 'Promoting excellence - the education framework for all care staff working with people with dementia workbooks. We look forward to seeing how this improves practice going forward.

We would like to see this being rolled out for all staff. This is reported on under Areas for Improvement.

### Areas for improvement

The provider should continue to monitor and maintain the very good quality of staff.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We have said under areas for strengths that it was good to see that some staff had the opportunity to complete 'Promoting excellence'. However, we would like to see this being further rolled out and developed. We suggested that this could be incorporated into induction as self-directed learning which could be discussed as part of the new Supervision and Development process.

We also suggested that it is important that the provider informs staff that it is an element of the Scottish Social Services Council (SSSC) Codes of Practice 6:- "As a social service worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills", that staff take equal responsibility for their own learning and development.

It was good to see that questionnaires were in place to discuss staffs understanding of training completed. However, we did not see that these were signed off by a qualified person to confirm that staff had been formally assessed as competent to practice.

We would also like to see more discussion in supervision with staff on how they had put this training into practice with examples of how this had improved outcomes for service users.

E.g. A supervision record said "likes to work with service users who are more challenging and brings out the best in me", however, we did not see any examples to evidence this statement.

This was discussed in more detail with the manager during the inspection.

We signposted the service to the Care Inspectorate web site 'The Hub' which provides a 'one-stop-shop' for knowledge, innovation and improvement  
[www.hub.careinspectorate.com](http://www.hub.careinspectorate.com)

We signposted the service to the The Knowledge Network, Scottish Social Services Council and NHS Education for Scotland for 'Promoting Excellence' - the education framework for all social services staff working with people with dementia for information and guidance [www.knowledge.scot.nhs.uk/dementia](http://www.knowledge.scot.nhs.uk/dementia)

We signposted the service to Social Services Knowledge Scotland  
[www.ssk.org.uk](http://www.ssk.org.uk) for information and guidance.

We signposted the service to the Scottish Social Services Council (SSSC) website for 'Step into leadership' Leadership learning pathways for Scotland's social services for information and guidance.

We signposted the service to the Institute for Research and Innovation in Social Services (iriss) publication 2015 'achieving effective supervision' for information and guidance.

We signposted the service to 'Reflective Writing Guidance notes for students' April 2001 [www.shef.ac.uk/uni/projects](http://www.shef.ac.uk/uni/projects) for information and guidance.

We signposted the service to the 'The Improvement Hub' website (<http://ihub.scot/>) the new improvement resource for health and social care with a suite of programmes and a dedicated team, all in place to support health and social care services to improve, for information and guidance.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

### 4 What the service has done to meet any requirements we made at our last inspection

#### Previous requirements

1. The provider must ensure that where decisions are being made on service users behalf that the person making that decision has legal authority to do so and this is appropriately recorded.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - a requirement for a provider to make proper provision for the health and welfare of service users;

Timescale for Implementation: The provider must do this within 6 months of the publication of this report.

National Care Standards care at home Standard 9: Private life and Standard 11: Expressing your views, has been taken into account when making this requirement.

This requirement was made on 15 April 2015

Please see comments under Quality Theme 1 Statement 3.

**Not Met**

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings
15 Apr 2015	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 4 - Good
23 Jun 2014	Unannounced	Care and support 4 - Good

		Environment Staffing Management and Leadership	Not Assessed 5 - Very Good 4 - Good
24 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
21 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 3 - Adequate
5 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 3 - Adequate
15 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 4 - Good
28 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate 3 - Adequate

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

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هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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