

Real Care Agency Housing Support Service

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Type of inspection:

Unannounced

Completed on:

19 September 2019

Service provided by:

Real Care Agency Ltd

Service provider number:

SP2004005813

Service no:

CS2004080095

About the service

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 is based in premises in the Village area of East Kilbride, South Lanarkshire and operates predominantly in East Kilbride and outlying areas.

What people told us

Prior to the inspection, we sent the service 56 care standards questionnaires to be distributed to people using the service and their relatives or carers. We received 46 completed questionnaires. Comments included:

"I am more than happy with the level of care the Real care are providing...I feel that both mums carers are very attentive and caring".

"I am quite happy with all the carers that have visited".

"Really happy with service".

"I am pleased with all care".

"My carers are all very helpful and caring at all times".

"While my carers are very good my health is very poor, carers are staying at night 20 mins/half an hour past their time. Real care have reviewed my care and will call social work to request more time at tuck".

"I am very happy with the care I receive just now all the carers are very good. I am thankful to know that when I need more help you care there for me (what a relief). The help I have now couldn't be improved".

"I am very happy with the help we are getting".

"The carers I have are great, patient and take me places".

"The care provided by my fathers 2 key workers are very good. (Staff names) are caring, respectful, not only to my dad but to myself and family. They're always striving to help and do more to make my dad more comfortable. Very good, first class service".

"Staff are methodical".

"Have just came back to Real Care from another provider. I have found Real Care meet my needs in a more supportive way by helping me to get out of bed unlike (last provider)".

"My mother could not cope without the service she receives. The care workers are friendly and know how to assist her on good days and bad days. She looks forward to their visits".

"Overall, I am very happy with the care I get and staff are helpful".

"My care worker (name) spoils me to bits, she is a joy, supportive and humorous, I wish all carers were like her, she never rushes like others do, though they are not from your service".

"Evening call can be inconsistent in terms of time, would prefer consistency in times".

"Sometimes I have been sent 2 new starts and I don't like that. One experienced carer and 1 new start would be ok but not happy with 2 new starts".

"I would like to be informed of any change in my rota personally".

Self assessment

We did not ask the provider to submit a self-assessment to us this year.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

Quality of care and support

Findings from the inspection

People have the right to receive care and support that meets their needs and is right for them. We found that people who used the service had care and support provided that enabled them to retain independence and skills, whilst meeting their needs. We saw that staff took the time to engage with people using the service in a respectful and dignified way, they chatted with people and showed genuine care and regard for people. This made a positive difference to the experience of the home care service for those using it, because as people told us, it helped them feel like they were still valued. The level of time provided to service users was a minimum of 30 minutes. This made a huge difference to the quality of interactions that people were able to have.

We found that most people using the service experienced a good degree of consistency in their care staff however, there were some examples where there were quite high numbers of staff attending to peoples' needs. This had been raised with the service previously and a recommendation was made. We saw that the service staff strived to provide consistency, to people using the service however, at times of holidays and staff shortage this was difficult. We are repeating the recommendation in order to maintain a focus on this element of service provision. See recommendation 1.

We saw that the level of care and support provided to people was reflective of their preferences for example, people were supported to have a shower every day where this was their choice. We heard how this enabled individuals to go out and socialise with friends or their local communities, with a degree of confidence that they otherwise would not have.

Where care plans had been reviewed and updated, the quality of these were good, they contained enough detail to enable some background information, information about people's conditions and needs. The care plans incorporated risk assessments, the detail of which was sometimes basic but enough to identify risks and how to manage these.

We saw that information in care plans and tasks lists reflected what people could do for themselves. This demonstrated that the service was working with people's strengths, in order to help maintain their independence. The service needs to ensure their system for delivering copies of care plans into the care diaries in people's homes is more robust. We found that some care plans had been removed from people's homes, by staff returning records for archiving and this was not picked up on. We advised the management team to complete a full audit in order to ensure all diaries were fully intact in service users' homes. The service previously had a recommendation around this which we will repeat and follow up on at the next inspection. See recommendation 2.

The service was keeping a record of missed visits. We encouraged the management team to develop this more so that there is more analysis of trends/patterns that can be used to continually improve practice and performance.

We sampled the out of hours log book. This detailed all calls to the out of hours service and was audited weekly by the office manager although no record was kept of this check. We advised that the registered manager should have a regular overview of the contents of this log book to ensure that any actions taken are appropriate to what they would expect to happen, and any further investigation or discussion that would be beneficial can take place. See recommendation 3.

The service had recently begun to carry out medication audits to ensure good practice of staff in regards to supporting people with medication which we saw as a strength. We saw that the staff handbook advised that staff did not administer medication when in fact they did. We advised the manager this needed to be rectified. There was reference made across various documentation that referred to levels of medication needs, eg A,B,C,D and 1,2,3,4. We encouraged the service to ensure they used one reference system and not to mix between numbers and letters as this had the potential to confuse people. During the inspection we heard about a complex medication situation. We gave advice to the management team in relation to this and other complex situations. They should ensure there are risk assessments in place in order to keep people safe. The service previously had a recommendation about medication practice which we found was not fully met. We have repeated this recommendation and included specific action around risk assessments. See recommendation 4.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The service should ensure that people experience continuity in their care and support. This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am supported and cared for by people I know so that I experience consistency and continuity". (HSCS 4.16)
2. The provider should further develop the care plans and associated assessments for individuals who receive a service in order that they clearly identify individual health care needs and have plans of care that respond appropriately to these. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.23 which states "I am fully involved in all decisions about my care and support" and the Health and Social Care Standard 4.11 "I have confidence in the organisation providing my care and support".
3. The provider should ensure that there is a regular and effective auditing system, to ensure that any issues dealt with by the out of hours/on call staff have been appropriately handled, recorded and reported. There should be a clear tracking system to show that any further actions needed such as, reviews of care or adult protection actions are identified and carried out. There should be evidence that the registered manager is fully informed and aware of the issues dealt with by out of hours/on call.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

4. The service should ensure that medication for people receiving care is managed in a manner that protects their health and wellbeing. In line with best practice, the provider should demonstrate that staff always follow policy and best practice when supporting people with prescribed medications. Additionally, the provider should ensure that there are robust and effective risk assessments in place, to ensure the safety and wellbeing of people in relation to complex medication issues.

This is to ensure that care and support is responsive and consistent with the Health and Social Care Standards, 1.24 which state "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

Grade: 4 - good

Quality of staffing

Findings from the inspection

Staff were positive overall, about working for the organisation, and most told us they felt well supported and equipped to do their jobs to the best of their ability.

We heard how staff felt that training and support had greatly improved since the last inspection, and we were really pleased to see how training compliance levels had increased, meaning that staff were receiving training more regularly and across a wider variety of relevant topics. We heard from staff how much they valued the quality of training provided to them, and they were confident that if they needed training on specialist topics they would be able to access this. We saw that training around specialist areas like dementia, Parkinson's, catheter care for example was provided. This gave us a degree of confidence that staff were equipped to carry out the work they were asked to do.

We saw some innovative practice in relation to the construct of supervision, the management team who provided supervision to staff were using the personal capabilities, helping to promote a reflective culture amongst staff. There was some evidence of staff meetings, offered over two days, to allow as many staff as possible to attend, the agenda and minutes showed some discussion on the importance of accurate record keeping, which was good to see.

The service had started doing spot checks but this needed to be more rigorous/consistent in terms of capturing staff practice and performance and outcomes for people using the service. We also found that the system for completing spot checks could benefit from being more tightly organised so that newer staff were prioritised in order to support them in their roles. We suggested there could be real benefit in the registered manager taking an active role in spot checking staff to ensure practice and also to promote a culture of learning and openness within the service.

We found that staff were well informed around SSSC registration and were being supported through the registration process. The provider had a plan to support staff to achieve any required qualifications. We asked staff if they felt valued, most told us they did saying "thanks goes a long way." Staff who felt valued were motivated to do their jobs to the best of their ability. This was evident from the staff we shadowed.

The service could be more effective in ensuring that staff are informed about discussions from meetings. Some staff told us they think they got minutes of meetings along with their rotas, while others were not sure they had ever seen them. The service could usefully improve the content and structure of meeting minutes to show

actions to be taken, who is responsible and timescales for completion, and ensure that the agenda includes a section for matters arising from the previous meeting. In this way actions can be followed up on.

In order to ensure that people who use the service receive care and support that meets their needs the service could use staff knowledge to contribute to reviews for service users. In this way staff will be able to make sure that the care and support they deliver is what is really needed in order to make things better for people. In addition the service could look to help staff to identify what Health and Social Care Standards they are meeting through their practice as part of the review process, linking up to the structure of supervision and appraisal. This would help staff to fully and effectively understand the standards that apply to their every day work, and feel confident and competent in their roles.

We suggested the service devise and implement exit interviews for staff who are leaving the organisation, this could be useful to help gauge strengths and areas that could be improved, and aid staff retention.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

This quality theme was not assessed.

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

Previous requirements

Requirement 1

In order that people receiving care are supported to mobilise in a manner that is safe and effectively meets their needs, the provider must review all services where support involves assistance to mobilise. They must ensure:

- a. The competency of workers in relation to moving and assistance, is checked in the field following training and on an on-going basis.
- b. All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner,

c. Incident reports are completed in a timely manner and where applicable notification reports are sent to the Care Inspectorate.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users. This is also to ensure that care and support is consistent with the Health and Social Care Standards, which state "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)

Timescale: Immediately upon receipt of this letter and completed by 19 July 2019.

This requirement was made on 6 May 2019.

Action taken on previous requirement

We found that there had been observation of practice of all staff who regularly use the hoist equipment/stand aid equipment. Staff moving and handling training is provided before staff start on shift, which was confirmed by newer members of the staff team and refresher training is also provided. The registered manager/provider is an accredited moving and handling trainer, which enables the service to offer regular training in line with recruitment and needs of staff and service users. The manager intended to carry out further observations of practice with staff going forward, with respect to the wishes and preferences of those service users who use hoisting/stand aid equipment.

We had received some notifications from the service although these were not in relation to moving and handling issues.

We had some concerns around the systems in place for reporting and recording accidents and incidents and saw that this still needed further development. We gave advice to the management team about this, and they were able to develop a more robust policy and procedure for use during the inspection. We will monitor the progress of this at the next inspection as this should work alongside the more stringent monitoring of the out of hours log book that we have made a recommendation around.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The provider should further develop the care plans and associated assessments for individuals who receive a service, in order that they clearly identify individual health care needs and have plans of care that respond appropriately to these. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.23 which states "I am fully involved in all decisions about my care and support" and the Health and Social Care Standard 4.11 "I have confidence in the organisation providing my care and support".

This recommendation was made on 10 September 2018.

Action taken on previous recommendation

We saw that the provider had created a fieldwork manager role in order to improve the quality and consistency of practice in this area. Whilst we could see that some improvement had been made in the few months since this post was filled, there was still some improvement needed. This recommendation is not met and has been repeated.

Recommendation 2

In order to ensure staff are well trained and competent in their roles, the provider should carry out a training needs analysis of staff and implement an individual training and learning programme for staff. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states; "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".

This recommendation was made on 10 September 2018.

Action taken on previous recommendation

This recommendation has been met. We concluded that the service had made excellent progress with this, the training manager has developed and implemented a staff training and development programme that was robust and effective in meeting staff learning needs and took into account different styles of learning. We saw that there was very good reflective practice discussion through supervision, using the personal capabilities framework to assess and monitor staff progress and performance. We look forward to seeing how this continues to progress.

Recommendation 3

The provider should ensure that, when a care plan is reviewed, the individual who receives care or a representative is present to discuss the on-going plan of care, any changes or concerns.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.23 which states "I am fully involved in all decisions about my care and support" and the Health and Social Care Standard 4.11 "I have confidence in the organisation providing my care and support".

This recommendation was made on 10 September 2018.

Action taken on previous recommendation

This recommendation has been met. There was evidence that people were involved in care planning and review, where people lacked capacity to have meaningful involvement there were steps taken, to ensure their next of kin or legal guardian/power of attorney were able to engage and provide feedback. We discussed with the management team about ways they could strengthen reviews by including feedback from care staff.

Recommendation 4

The service should ensure that people experience continuity in their care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I am supported and cared for by people I know so that I experience consistency and continuity". (HSCS 4.16)

This recommendation was made on 1 August 2018.

Action taken on previous recommendation

We found that there was some evidence of good continuity of care for some people, while for other people this was not the case. The service needs to do some work still to ensure more consistent care is provided to all people using the service. This recommendation has been repeated.

Recommendation 5

The service should ensure that medication for people receiving care is managed in a manner that protects their health and wellbeing. In line with best practice, the provider should demonstrate that staff always follow policy and best practice when supporting people with prescribed medications.

This is to ensure that care and support is responsive and consistent with the Health and Social Care Standards, which state "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

This recommendation was made on 15 April 2019.

Action taken on previous recommendation

The service had recently begun to carry out medication audits to ensure good practice of staff in regards to supporting people with medication which we saw as a strength. We saw that the staff handbook advised that staff did not administer medication when in fact they did. We advised the manager this needed to be rectified. There was reference made across various documentation that referred to levels of medication needs, eg A,B,C,D and 1,2,3,4. We encouraged the service to ensure they used one reference system and not to mix between numbers and letters as this had the potential to confuse people. During the inspection, we heard about a complex medication situation. We gave advice to the management team in relation to this and other complex situations. They should ensure there are risk assessments in place in order to keep people safe. This recommendation has been repeated.

Recommendation 6

The service should ensure that any missed visits known about are acted on appropriately. The service should ensure that audit of missed visits includes action to be taken to reduce potential for future missed visits.

This is to ensure that care and support is responsive and consistent with the Health and Social Care Standards, which state "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 recommendation was made on 15 April 2019.

Action taken on previous recommendation

The service was keeping a record of missed visits. We encouraged the management team to develop this more so that there is more analysis of trends/patterns that can be used to continually improve practice and performance. This recommendation has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
1 Aug 2018	Announced (short notice)	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 4 - Good
24 Apr 2017	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 5 - Very good Not assessed
18 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 5 - Very good Not assessed
15 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 5 - Very good 4 - Good
23 Jun 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 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
		4 - Good Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	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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