



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	26 March 2025
Agenda Item	9
Title	Care at Home Service Inspection Report
<p>Summary</p> <p>This paper provides an overview of the report from our recent Care Inspectorate inspection for our Care at Home service which was published on 26th of February 2025.</p>	
Presented by	Lee McLaughlin, Head of Adult Services: Communities and Wellbeing
<p>Action Required</p> <p>Performance and Audit Committee members are asked to note the positive progress and comment on the report.</p>	

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE AND AUDIT COMMITTEE

26 March 2025

Report by Chief Officer

Care at Home Inspection Report

PURPOSE OF REPORT

1. To provide Performance and Audit Committee members with an overview of the findings from our recent inspection of our Care at Home service which was undertaken by the Care Inspectorate in January 2025, and their report published on 26th February 2025.

RECOMMENDATION

2. Members of the Performance and Audit Committee are asked to note the report

BACKGROUND

3. The Care Inspectorate is the scrutiny body which supports improvement and ensures the quality of care in Scotland meets high standards. In evaluating quality, they use a six point scale where 1 is unsatisfactory and 6 is excellent.
4. The Care Inspectorate undertook an unannounced inspection of our Care at Home Service from the 21st of January until the 30th January 2025. Their findings were published on 25th February 2025.
5. In preparation for the inspection the Care Inspectorate reviewed information about the service, including previous inspection findings, registration information, information submitted by the service including the self evaluation documentation and intelligence gathered since their last inspection which took place in January 2024.

REPORT

6. During the inspection, Inspectors spoke with 42 residents, 8 family members or friends and 36 members of staff and management during the inspection.
7. Key messages from the inspection were that:-
 - People using the service were treated with dignity and respect.
 - People were supported to live safely and independently at home.
 - Staff were kind, caring, and compassionate.
 - Staff development and support had improved.
 - Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
 - Improvements were needed in care planning to promote people's health and wellbeing.
 - Leaders had introduced new systems to improve the service and needed time to fully embed them into practice

8. The inspection focused on 4 areas and awarded grades are shown in the table below, along with previous inspections under the same framework for comparison.

	January 2025	January 2024	November 2019	November 2018
How well do we support people's wellbeing?	4 (Good)	3 (Adequate)	3 (Adequate)	4 (Good)
How good is our leadership?	3 (Adequate)	3 (Adequate)	3 (Adequate)	3 (Adequate)
How good is our staff team?	4 (Good)	3 (Adequate)	3 (Adequate)	4 (Good)
How well is our care and support planned?	3 (Adequate)	3 (Adequate)	3 (Adequate)	3 (Adequate)

9. The report noted that one of the three areas for improvement – shown below - made during the previous inspection had been met.
- *To support people's wellbeing, the provider should ensure that staff have ongoing access to training and development relevant to their role.*
10. The Care Inspectorate stated that “*The service had successfully improved staff training, supervision, and observations of practice*”.
11. It was the view of the Inspectorate that sufficient progress had not been made in the remaining two previous areas for improvement which resulted in two requirements being placed on the service.
- Requirement 1. By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience
 - Requirements 2. By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing.
12. The service has developed an action plan (Appendix 1) to ensure the required improvements can be made within timescales.

CONCLUSIONS

13. This most recent inspection demonstrates the focus on continuous improvement being delivered through the progression of the service redesign. Whilst the redesign is reaching its conclusion, the service now needs time to develop staff teams in their new roles and embed new processes to ensure the requirements placed on the service as an outcome of this most recent inspection can be met.

14. The service is currently performing to a good standard, showing noted improvements across all areas. Most notably in how well it supports people using the service and to the staff who provide these supports.

RECOMMENDATIONS

15. Members of the Performance and Audit Committee are asked to note the report

REPORT AUTHOR AND PERSON TO CONTACT

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14 March 2025

Chief Officer, IJB: Julie Murray

BACKGROUND PAPERS

PAC Paper 27.03.2024 – Item 10. Care at Home Inspection Report
https://www.eastrenfrewshire.gov.uk/media/10194/PAC-Item-10-27-March-2024/pdf/PAC_Item_10_-_27_March_2024.pdf?m=1710946126823

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CI Inspection- Action Plan – February 2025

Requirements	Actions Planned	Timescale	Responsible Person
<p>1: By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people’s home care visits.</p> <p>Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience.</p>	<ul style="list-style-type: none"> • Implement a KPI target in relation to continuity of care for service users • Establish ‘continuity’ as a standing agenda item at Scheduling team meetings • Establish 2 x Daily huddles to support effective communication • Establish regular joint team meetings with Scheduling team and Community Co-ordinators to support effective communication and feedback from frontline staff in relation to continuity and timings of service provision • Promote the use of scheduling and monitoring system data to support staff’s visibility of service performance in relation to continuity of care and service timings. • Develop and implement an e-learning programme for scheduling staff to ensure awareness of the range of varying needs of people who are supported by our service • Ensure continued focus on service performance at established monthly management monitoring meeting 	<p>By 14/03/25</p> <p>Completed</p> <p>Completed</p> <p>Completed</p> <p>31/03/25</p> <p>30/04/25</p> <p>Completed</p>	<p>Senior Home Care Manager</p> <p>Team Manager- Service Support</p> <p>Team Manager- Service Support / Scheduling & Monitoring Officer</p> <p>Team Manager- Service Support / Scheduling & Monitoring Officer</p> <p>Team Manager- Service Support / Scheduling & Monitoring Officer</p> <p>Team Manager- Service Support / Learning and Development Officer</p> <p>Senior Home Care Manager</p>
<p>2: By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people’s wishes and needs to promote their wellbeing.</p> <p>To do this, the provider must, at a minimum:</p> <p>a) ensure people’s needs and wishes, and potential risks of harm, are highlighted in care plans;</p> <p>b) ensure information in care plans, including task lists, is accurate and up to date;</p> <p>c) ensure people have regular reviews to promote accuracy and inclusion.</p>	<ul style="list-style-type: none"> • Develop a Standard Operating Procedure for required documentation within service user’s homes • Develop standardisation of format and content of care plans • Further develop Community Co-ordinators skills in relation to care planning • Review the tracking mechanism used to ensure visibility that care plans and reviews are developed and undertaken in accordance with regulatory timescales • Progress the development and roll out of enhanced care planning documentation for service users • Develop and implement a check/audit process to assure the quality of the plans developed 	<p>31/03/25</p> <p>31/03/25</p> <p>30/04/25</p> <p>30/04/25</p> <p>30/04/25</p> <p>30/04/25</p>	<p>Senior Home Care Manager</p> <p>Senior Home Care Manager</p> <p>Team Managers - Service Delivery</p> <p>Senior Home Care Manager</p> <p>Team Managers - Service Delivery</p> <p>Senior Home Care Manager</p>

East Renfrewshire Council Care at Home Service Support Service

Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

Telephone: 01418 007 182

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
East Renfrewshire Council

Service provider number:
SP2003003372

Service no:
CS2005096979

About the service

East Renfrewshire Council Care at Home Service is registered to provide a care at home service to adults and older people living in their own homes. The provider is East Renfrewshire Council.

There are a range of services available, including:

A home care service that supports people to live independently in their own homes. The nature of support is dependent on people's assessed needs, and may include assistance with personal care, medication, and nutrition.

A telecare service that aims to promote people's independence and safety at home and enables people to summon assistance in an emergency at any time.

At the time of this inspection, the service was providing home care to 502 people with approximately 3,000 people being supported by telecare.

The service is based at the Barrhead Health and Care Centre. There is a registered manager who coordinates the overall running of the service. Home care team managers and community co-ordinators manage teams of home carers who provide direct support to people using the service.

About the inspection

This was an unannounced inspection which took place between 21 and 30 January 2025. Three inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- visited 42 people using the service and eight of their friends and family members
- spoke with 36 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service were treated with dignity and respect.
- People were supported to live safely and independently at home.
- Staff were kind, caring, and compassionate.
- Staff development and support had improved.
- Improvements were needed in the scheduling and monitoring of people's home care visits to promote greater continuity.
- Improvements were needed in care planning to promote people's health and wellbeing.
- Leaders had introduced new systems to improve the service and needed time to fully embed them into practice.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good because there were a number of major strengths which, taken together, clearly outweighed any areas of improvement.

We observed kind, compassionate, and good-natured interactions between people and staff during our visits to people using the service. People were generally supported by staff who knew their needs and wishes well and treated them with respect. A person told us "I look forward to my visits. The staff are friendly and accommodating". A review of the service's annual satisfaction surveys confirmed that people were, overall, pleased with the quality of care they received, and this had benefitted their health and wellbeing.

People were often supported to achieve positive outcomes. Support to remain living independently at home, and active members of the community, was particularly important to people. A relative explained "The care is invaluable in keeping my [loved one] at home which means a lot to them and us as a family".

The service had a greater focus on people's reablement since our last inspection. A multi-disciplinary approach involving occupational therapists (OTs), physiotherapy, and home carers had been established to promote people's recovery from injury or ill-health. A person told us "I was housebound for a while. The care has helped me get stronger and I'm now back attending church and meeting friends". Another relative praised the joint-working between OTs, who provided specialist assessments and equipment, and home carers providing support, to support their family member's improved mobility. This collaborative approach had enhanced people's physical and emotional wellbeing.

Further collaboration was noted in the service's approach to managing people's medication. A pharmacy professional was now employed by the service and provided specific, ongoing training and advice to staff. Staff felt more confident in this area, and data from quality assurance evidenced that there were significantly fewer medication issues in the service. This helped to keep people safe and well.

There was an established telecare service which promoted good outcomes for people. Telecare successfully enabled people to use digital technology to remain safe at home, and to summon telephone or physical assistance in emergency situations. Telecare was well resourced and organised, received many compliments from people using the service, and provided vital reassurance and interventions for people when needed.

The service listened to the views of people and families through satisfaction surveys and holding reviews. Where people provided critical feedback, the service developed action plans to address these issues at an individual level. And, where people raised issues that may be applicable to service delivery as a whole, these points were included in the wider service improvement plan. This evidenced that people had a level of influence and meaningful opportunities for inclusion in service development to improve their experiences.

We noted that some people continued to have issues with the organisation and management of their visit schedules, which should be more consistent. We made a requirement under key question two, and will complete a follow-up inspection, to ensure improvements are introduced and sustained.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate because there were some strengths which just outweighed areas for improvement. We recognised the service is undergoing transition and planned to build on strengths to improve positive outcomes for people.

We received generally positive feedback about the service's management who were seen as visible, approachable, and supportive. Leaders had worked hard to develop and implement an improvement plan to raise standards within the service, which had some success. For example, there was a stronger focus on promoting people's outcomes, and greater collaboration with health professionals that had enhanced people's health and wellbeing.

Management included the views of people, relatives, and staff in service improvement planning. There were annual satisfaction surveys, review meetings, and frequent team meetings held to gain people's feedback, which was valued. Critical feedback was listened to and appropriate actions taken to rectify issues, which evidenced meaningful inclusion.

Leaders had developed robust governance and quality assurance systems to monitor important areas - such as accidents, incidents, medication issues, reliability of visits, and complaints - and made improvements when needed. We noted a reduction in accidents and incidents, medication errors, and complaint activity which aligned with our own findings that people's experiences of the service had improved.

We were impressed by the professionalism and dedication of management and all staff during a period of severe weather that occurred on inspection. A contingency plan was implemented effectively to ensure that people, and staff, were supported during this highly challenging time.

Whilst comprehensive improvement planning, and a clear motivation to achieve these improvements, was evident throughout our inspection, some significant outstanding issues remained which required attention. The scheduling of visits was inconsistent for some people using the service. Those people experienced visits at unreliable times and from a larger pool of workers than they would reasonably expect. Without more effective management intervention, this presented risk of poor outcomes and experiences.

The service had invested resources in improving the management of schedules. There was a new digital system that provided valuable information to promote continuity. New posts had been created to improve the scheduling and monitoring of visits. This will ensure there is a significant focus on this area. However, whilst these posts had been filled at the time of inspection, they were recent appointments, and not enough time had elapsed to evidence sustained improvements for people. We required the service to improve the scheduling and monitoring of people's visits to promote greater continuity, and we will complete a follow up inspection to ensure positive changes have been made (see requirement one).

We heard from several people and relatives that they would like more contact with service management. There were times when people attempted to contact the service with limited success due to high volume of calls. It was promising that a new position, community co-ordinators, had been developed within the management team. A central role of this position is to visit people, families, and frontline staff in the community to listen to feedback and improve people's experiences. Similarly, the service had employed more office-based staff to handle calls which should improve communication. We were satisfied that leaders

understood the service strengths and areas for improvement and, now with a stronger management and staffing structure, needed time to implement these changes to further benefit people's wellbeing.

Requirements

1. By 5 May 2025, the provider must ensure there are suitably trained staff and systems in place to improve the scheduling and monitoring of people's home care visits. Staff with scheduling responsibilities should have adequate training, support, and performance review to improve the continuity that people using the service experience.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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).

How good is our staff team?

4 - Good

We evaluated this key question as good because there were a number of major strengths which, taken together, clearly outweighed any areas of improvement.

East Renfrewshire Council Care at Home Service recruited staff safely and in line with national guidance. We observed that staff were recruited with relevant checks, references, and professional registrations. People using the service could therefore be assured that staff were recruited well, and this promoted suitability for their role.

The service had several recruitment campaigns to increase staffing levels throughout the year. A recent campaign included people using the service, relatives, and staff which offered a more personal approach, and gave people an opportunity to be included in service development. Whilst some vacancies remained, the service had enhanced its staffing levels to better meet people's needs.

The induction programme for new workers was thorough with a blend of face-to-face training, shadowing opportunities, and input from professionals in occupational therapy and pharmacy. This comprehensive induction helped prepare staff to understand their role and meet people's needs.

Training and development opportunities had improved since our last inspection. Workers now had access to a more comprehensive programme of classroom and e-learning courses which enhanced their knowledge and practice. Training was delivered by both internal and external professionals to offer varied perspectives. More frequent supervision meetings and observations of practice ensured that staff implemented learning from training into their practice, which promoted good outcomes for people.

Staff had the opportunity to voice their views through regular team meetings and an annual survey. We observed meetings and reviewed the analysis of surveys which showed the service valued staff opinion, recognised good practice, and made improvements when more critical feedback was given.

Wellbeing of staff continued to be a focus of the service. There were various initiatives, such as employee assistance programme and employee benefits scheme, to promote staff health and wellbeing. A fresh

approach to absence management had been adopted to support workers on long-term absence back to work through various supportive mechanisms. This has reduced absences and boosted staffing levels in some areas.

People were generally supported by the right number of appropriately trained staff during their visits. Staff demonstrated good understanding of people's needs and wishes, and we observed warm and caring interactions between workers and people receiving care. Feedback from people about staff was positive with reference to staff's compassionate and dedicated approach. We have made a requirement under key question two, around the management of scheduling, to further enhance people's experiences.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate because there were some strengths which just outweighed areas for improvement. We recognised the service is undergoing transition and planned to build on strengths to improve positive outcomes for people.

Personal plans, often referred to as care plans, are important documents that capture people's wishes, needs, risks, and how people want to be supported. Good care plans illustrate people's needs and aspirations whilst giving staff clear guidance on how to support people to achieve them. We found that care planning for the service was inconsistent.

Some people had comprehensive plans that fully highlighted their needs and wishes. There was ample information for the reader to understand the person's health and social needs. Staff had thorough guidance on how to support people effectively, considering and overcoming any potential risks, in these examples.

Other plans, however, were limited. They were reduced to the specific tasks that staff had to complete on their shift, with minimal reference to people's wider needs and wishes. Whilst many experienced staff knew people well, this lack of detail presented risk to people being supported by new or agency workers.

The service had recognised this issue as an ongoing development area. They planned to recruit supervisory workers, known as community co-ordinators, who would spend time visiting people, understanding their care and support, and updating plans. However, there had been a delay in the recruitment and induction of these workers. Community co-ordinators had been recruited at the time of inspection and needed time to implement these changes to evidence better practice. We gave a requirement, with specific timeframes, for these improvements to be made to promote positive outcomes for people (see requirement one).

We were pleased to see that the majority of people using the service had a review of their care and support. This was to ensure people were receiving appropriate support and were satisfied with their service. Feedback from people, captured in review minutes, was generally positive about their experiences with the service. Critical feedback was listened to, and actions were taken to improve standards. However, reviews did not always result in care plans being updated. These appeared to be separate processes and meant that some care plans did not have fully accurate information, again, presenting risk of error. We asked the service to continue this positive improvement of holding frequent and robust reviews, and now focus on linking them to updated care plans. This will reduce potential risks and further enhance people's experiences.

Requirements

1. By 5 May 2025, the provider must ensure people have appropriate personal plans, known as care plans, that captures people's wishes and needs to promote their wellbeing.

To do this, the provider must, at a minimum:

- a) ensure people's needs and wishes, and potential risks of harm, are highlighted in care plans;
- b) ensure information in care plans, including task lists, is accurate and up to date;
- c) ensure people have regular reviews to promote accuracy and inclusion.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

To promote people's health and wellbeing, the provider should continue to improve the consistency of staff and timings of visits. This will ensure people who experience the service are supported by people they know and have confidence in.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 area for improvement was made on 30 January 2024.

Action taken since then

There was not sufficient progress in this area. This area for improvement was not met, and a requirement was given to support improvement in the scheduling and monitoring of people's visits.

Previous area for improvement 2

To promote people's wellbeing, the provider must improve the quality of personal care planning.

This should include, but is not limited to, ensuring plans are person-centred, fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 30 January 2024.

Action taken since then

There was not sufficient progress in this area. This area for improvement was not met, and a requirement was given to support improvement in care planning.

Previous area for improvement 3

To support people's wellbeing, the provider should ensure that staff have ongoing access to training and development relevant to their role.

This should include, but is not limited to, implementation of regular training, direct observation of practice of all staff, and regular support and supervision to be carried out with a sufficient monitoring system in place.

This is to ensure that care and support is consistent with the Health and Social Care standards (HSCS) which states 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).

This area for improvement was made on 30 January 2024.

Action taken since then

The service had successfully improved staff training, supervision, and observations of practice. This area for improvement was met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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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