

Care service inspection report

Full inspection

Professional Carers Support Service

6 Elizabeth House
Unit 31
Royal Elizabeth Yard
Kirkliston



HAPPY TO TRANSLATE

Service provided by: Professional Carers (Wirral) Ltd

Service provider number: SP2015012481

Care service number: CS2015336898

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.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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	4	Good
Quality of management and leadership	4	Good

What the service does well

Clients knew the staff providing their support. They also knew the manager and some had met the owner. The manager had regular contact with each client, and often their relatives, to check that their needs were met and they were satisfied with the quality of their care.

The service was successfully supporting people to stay at home in line with service objectives and people's outcomes.

Staff were happy in their work and worked well together as a team. They said they had enough time to get to know each client, to carry out their tasks and to spend some time talking with them at each visit.

All of the people we had contact with including those who completed pre inspection questionnaires told us they were happy with the quality of the service.

What the service could do better

The service should continue to develop methods to involve service users and relatives in improving the overall quality of the service.

We asked the service to make some minor amendments to some of its policies and procedures to account for the Scottish context or good practice.

We recommended further training in adult support and protection for the manager.

We made a number of other suggestions to further improve this good service.

What the service has done since the last inspection

This was the first inspection of this service.

Conclusion

We saw that the service was committed to providing high quality, person centred care and to continuous improvement.

1 About the service we inspected

Professional Carers is a family run business, with its headquarters (and main operation) in the north-west of England.

This service was registered with the Care Inspectorate on 28 July 2015 to provide a care at home service to adults and older people with physical and learning disabilities; sensory impairment; mental health problems including dementia, living in their own homes.

The service is managed from an office base in **Kirkliston**, on the outskirts of Edinburgh and is currently delivered to clients in South Queensferry, Ratho and Kirkliston.

The owner had appointed a manager to run this service.

The aims of the service are:

- To support clients to maintain their independence and quality of life.
- To deliver a service of the highest quality that will improve and sustain the client's overall quality of life.
- To respect each client's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices.
- To ensure that each client's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or barriers.
- To identify, train and match carers as closely as possible with the client, in order to meet their needs.
- To work in partnership with clients to develop staff members to become experts in meeting their needs in a manner that the client wants.

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 4 - Good

Quality of management and leadership - Grade 4 - Good

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 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 which took place on 22 June 2016. We returned on 23 June 2016. Feedback was shared with the owner and manager on 20 July 2016.

As part of the inspection, we took account of the completed annual return and self-assessment that we asked the provider to complete and submit to us.

We sent fifteen care standards questionnaires to the manager to distribute to people using the service. Twelve people sent us completed questionnaires.

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

- Meeting six clients when accompanying staff on their care visits.
- Detailed discussion with the manager and senior carer.
- Discussion with three social care workers.
- Observation of an assessment of a new client and discussion with three relatives.

We looked at:

- A sample of client care plans, reviews and risk assessments.
- Staff recruitment files.
- Team meeting minutes.
- Quality assurance surveys.
- Accident and incident records.
- The Certificate of Registration.

- Insurance certificate.
- Professional Carer's website.

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

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.

We received a fully completed self assessment document from the service which was completed to a good standard.

The service identified areas they thought they did well, some areas for development and any changes they planned within given timescales.

We graded this service the same or lower that the grades suggested by the service through their self assessment. A copy of the quality grading tool we use to evaluate a service's performance was given to the manager for future reference.

Taking the views of people using the care service into account

We sent out pre inspection questionnaires and received twelve prior to the inspection. The results showed that:

- 100% of respondents were happy overall with the quality of their support.
- 100% agreed that they had a personal (care plan) which detailed their needs and preferences.
- 100% agreed that the service regularly checked with them that it met their needs.
- 100% agreed that staff had the skills to support them.
- 100% agreed that staff had enough time to carry out their agreed care.
- 100% knew the staff who provided their support.
- 100% agreed the service asked for their opinion about how it could

improve.

- Two people did not know about the service's complaints procedure.
- Two people did not know that they could also make a complaint to the Care Inspectorate.

We spoke with six service users whilst accompanying staff on their morning and lunchtime visits.

Comments are included under the quality statements.

Taking carers' views into account

Six of the care standards questionnaires we received were completed by relatives on the client's behalf. We met three relatives of a new client during the initial introduction/ assessment meeting.

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 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

Information about Professional Carers was given to clients when commencing the service. This included a brochure and details of services provided (and those that are not available): information about the charges; contact names and telephone numbers including a twenty-four hour contact number; details about making a complaint and a charter of rights. There was also a brief introduction to other key policies, such as safeguarding and confidentiality.

Clients and relatives were regularly consulted about their own care arrangements. Managers checked client's satisfaction with the service and their staff and asked if this continued to meet their needs and expectations. A note of visits, discussions and any agreements were kept and any actions for follow-up. For example, one client had asked for a staff rota for a week ahead and this had been provided.

We saw detailed care plans. There was clear identification of the support needs and the outcome that the service was working to support. Staff member's signed to confirm that they had read these. We saw records of regular reviews (updates) where clients and or their relatives had the opportunity to discuss the care and support provided. Care plans were updated and kept in client's homes and staff completed daily records.

Professional Carers carried out an annual quality assurance survey to check the level of satisfaction with all aspects of the service. We saw an analysis of findings from the first survey carried out for this new service (March 2016). All (twenty-four) clients had been sent questionnaires seeking their views and six had been returned. The results were considered and collated into a report. We noted that the satisfaction levels were high. For example, people confirmed that they always or nearly always saw the same care worker; that staff were always or usually on time and that they never spent less time than they were supposed to. Results from satisfaction surveys were shared with clients/families. In this way, people were reassured that the service acts on suggested areas for improvement. For example, in response to one person's comment that carers are sometimes in a rush, written guidance for staff stated that clients must not feel rushed or pressured and that staff should speak to the manager if they need more time to travel to a visit or if tasks take longer than anticipated. (The service did not usually carry out visits of less than 30 minutes). The service planned to repeat its survey in September 2016.

The people we met were all satisfied with the service. Thank you cards were on display in the office.

Comments we received from people using the service included:

- "I am very happy with my care."
- "Professional carers work by their name which is very apt. Excellent company."
- "Keep up the good job, thank you."
- "I am very satisfied. I like to have male carers. I've met the other carers and I'm happy with them."
- "I am very pleased with the company. I have met the owner and the manager. It tells you a lot about the company if they come to visit you."

Areas for improvement

We clarified the need to hold care plan reviews at least once in every six months, as set out in Regulations. Review records should include who was consulted and their comments. Where a review is held without the client present, the reason why they were not in attendance should be recorded.

The service planned to develop a client newsletter.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

Care was person centred and individual. Following a referral from the Service Matching Unit, an assessment of needs was carried out. This determined the level of support needed with everyday living and the specific support required. This formed the detail of the care plan and any risk assessments, for example: moving and handling.

The service aimed to maintain client's independence. People were encouraged to do as much for themselves as possible. The service worked hard to ensure people had the right equipment to do so, for example, requesting assessment for any necessary adaptations and aids such as grab rails and walking aids. We observed that staff were competent using hoists and that they coped well where the space for such equipment was very limited.

Specific health care needs were recorded along with details about how these needs were to be managed. For example, support with diabetes. Staff were responsive to changing needs and followed guidance and advice from health care professionals.

The manager had very good oversight of any concerns about people and changing health needs. We saw that staff kept close contact with managers and passed on any issues.

There were systems to record accidents and incidents.

We saw that staff did not rush clients and they made sure they asked if there was anything else required. We saw staff checked that people were sitting comfortably, had everything they wanted to hand, had hot or cold drinks and were warm enough. Clients were encouraged to eat well, but personal choice was respected. We observed one client request less jam on her toast and this was adjusted. Finger foods were left to prompt/tempt people.

Staff allowed time to chat to people, even for a short time, and nobody was rushed. On the day of our visit, there were some changes to the timing of appointments due to heavy traffic because of the Royal Highland Show. Staff explained the issue in a respectful way. We saw that staff put clients first and they forfeited their breaks in order to deal with the traffic problems. One client said he was going out for the afternoon. He asked what would happen if he was not in for a visit. The care worker said she knew he liked to go out. She explained that she would visit, unless the office had instructed her otherwise.

We heard staff deal with behaviour that was verbally and physically challenging. They were respectful and encouraging. They explained what they were doing and why it was important, for example, getting a hand and body wash. They were calm and good-humoured but used a reasonable level of persuasion to try to ensure they met the detail of the care plan, for example, applying prescribed creams to protect someone's skin. Staff knew the clients well, were empathetic and understood that behaviour was influenced by a range of factors, including stroke, dementia, discomfort/pain. Records were maintained to ensure that care plans could be reviewed and revised as necessary.

There were systems for recording medication prompts or administration of medication. We noted that because staff knew the client's very well, they noticed a mistake with one person's medication (blister pack). This was reported to the office who took this up with the pharmacy.

There was a good knowledge of infection control.

There was a good understanding of adult support and protection (safeguarding) and staff demonstrated they knew what to look out for and how to report any concerns.

There were systems to record and audit any financial transactions.

The service had recognised that social isolation was a factor in people's quality of life. Staff encouraged people to socialise, for example to attend a local day service or take up other opportunities in the community. Some people chose

to 'top-up' the service by paying for social visits/time. For example, one person was assisted to visit to a local garden centre. The service had organised two successful social events at the office.

In pre-inspection questionnaires clients told us that they were confident that staff had the skills to support them. They also told us that care staff were considerate and caring in their approach to providing care/support.

Most people were allocated a small team of carers (three or four). They confirmed that they knew the people who provided their care. Staff worked flexibly and any absence was covered within the team, maintaining consistency. The service did not use any agency cover.

Comments from people using the service included:

- "The staff make time to chat, which is important. But they are working and still doing their job."

Comments from staff included:

- "In this job we always get to see the care plan before we provide support."
- "Clients are human, they can have bad days, we brush it off."
- "If clients have more than one care provider - we fit around them."
- "Often we support family members too. Sometimes there are difficult situations and family tensions."
- "People are vulnerable and if I had any concerns of abuse I would raise this with the manager - but I haven't had to."

Areas for improvement

We recommended that the manager attend adult support and protection training at level 2/3 with the City of Edinburgh Council (see Recommendation 1).

Comments from people using the service included:

- "Some of what they write (in the folder) is fairy stories."

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Managers should attend adult support and protection training at level 2/3.

NCS 4 Care at Home - Management and Staffing. The service operates in line with all applicable legal requirements and best-practice guidelines.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - 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 recruitment records and induction training for staff. We found that the service had robust systems in place to ensure safe recruitment practices were followed.

Checklists recorded receipt of two references and a PVG scheme record. The service held an introductory meeting before offering a formal interview for posts. The manager said that they made great efforts to get the right people. They selected staff who they felt would be well matched to the client. Staff were not confirmed in post until all aspects were complete. There was usually a three-month probationary period. There was very good record keeping. We heard that the owner routinely checked all staff files.

Induction training was carried out by the owner and manager. This covered a range of topics including: principles of care; person centred approaches; health and safety, moving and handling; dementia; safeguarding; infection control. Additional and specific training was available as required.

Currently one member of staff was qualified. We saw staff had one to one supervision in line with the service's policy. During the first six weeks there was weekly contact with the manager. Thereafter, supervision was a mixture of on-site and office based.

The manager had recently registered with the Scottish Social Services Council (SSSC). The manager planned to begin studying for a management qualification, in order to meet a condition of her registration.

The senior carer was shortly to apply to register with the SSSC as a supervisor in a care at home service. Managers were aware that care workers will be required to begin registering with the SSSC from 2017.

We saw the service had "What can you expect from your care worker" leaflets from SSSC on display in the office. These are also available at: <http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications?task=document.viewdoc&id=231>

The service was aware of the SSSC's code of practice which all care employers and all care staff are obliged to adhere to. See: <http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-of-practice>

Staff comments included:

- "The training is good but maybe they could do more about diabetes. We can research conditions if we need to know more."

Areas for improvement

Whilst the service had job descriptions for care worker it did not have a person specification. We suggested that this could be developed with clients and families.

The manager might find the SSSC's induction tracker useful. This can be adapted to this service: <http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/67-social-services-workforce/68-guides-and-resources/1018-induction-planning-and-tracking-tool>

The service had plans for staff to obtain qualifications and was looking into funding options. The senior carer would work towards SVQ Level 3 and carers SVQ Level 2 in Health and Social Care.

We suggested that the interactive resources on the SSSC's Learning Zone would be useful for staff preparing for SVQ assessment. See: <http://learningzone.workforcesolutions.sssc.uk.com/course/view.php?id=17>

We would like to see the development of team meetings for greater discussion, sharing and learning. For example discussion of the national care standards; working through the Dementia skilled: improving practice resource from SSSC.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths

From talking to clients, staff and managers we found that respect for people using the service and for each other was demonstrated in practice. The organisation's values were understood and collectively held across the staff group. These were in keeping with the principles of the National Care Standards.

Clients were encouraged and supported to express their views. Their preference for male or female workers was accommodated.

Staff treated clients as individuals and explored what worked best for them. We saw staff act in a professional, warm and inclusive manner, explaining, consulting, listening and negotiating with clients. We saw they were responsive to people's needs and interacted positively with people.

Managers and staff spoke to clients in a respectful manner taking into account their communication needs, e.g. volume, tone, pace, complexity of information, need for reassurance. Staff also spoke about clients with compassion and understanding. A number of staff had been carers within their own family and they related their own high standards and expectations to their work for Professional Carers. The staff survey confirmed that they felt the organisation care about its clients.

On-site supervision, regular contact with clients and client satisfaction surveys ensured that staff practice was professional, competent and compassionate.

We heard that the team was working well together. Staff said that they had chosen to work for the organisation as it had a very good reputation.

The staff survey findings also confirmed that employees felt the organisation care about them, communicated well with them and appreciated their work.

Future plans, for example with staff development and pay, were shared with staff.

Comments from people using this service included:

- "My team of carers are excellent, they are very friendly. They are caring and understanding. I look forward to their visits."
- "My carers are very good with me."

"Carers are all lovely and I'm happy."

Staff comments included:

"This company allows you time for people and doesn't overload staff with visits. We are listened to. We can get support and can say if something is distressing. We usually get staff together to discuss and we share concerns and support each other, for example we check in with colleagues, offer lifts. It is not the same in other companies. This is a small service and we work well as a team. If we ask for time off I get an answer quickly."

Areas for improvement

The service should continue to promote a very good culture of respect for clients, families and each other. This would be enhanced through regular reference to human rights based approaches, the national care standards and the SSSC Codes of Practice.

Comments from people using the service included:

- "Sometimes I cannot make out what the Polish people are saying."

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service Strengths

The service was small and all of the staff knew the manager and the owner of the service.

The staff worked alone or in pairs and had a degree of autonomy in their day-to-day duties. We saw they were competent in their tasks and in building relationships with clients and families. The manager had confidence in the staff team. She said that staff were inquisitive and followed up on issues, asking "why is this like this?"

Staff confirmed that they felt listened to. The service had recently carried out a staff survey to ask staff their views about the quality of the service to clients and their satisfaction as an employee. This included a look at whether they felt part of the team; how well the service communicated with them; how well supported they were in their role and if they had opportunities for training and job development. The findings showed a very good level of employee satisfaction.

Areas for improvement

The service was considering developing mentoring roles for staff, for example, experienced care workers would take on some additional responsibility for inducting new staff.

The service might benefit from the 'Step into Leadership' materials developed by the SSSC, available at:
<http://www.stepintoleadership.info/>

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide"

Service Strengths

The service stated that maintaining quality was its topmost priority. Its quality assurance policy stated: "Our main aim is to provide the highest quality care" and that "the long-term goal is to obtain the highest possible level of satisfaction from service users and relatives."

To achieve this, the manager (and sometimes the owner) carried out:

- On-site supervision / spot checks,
- On-going contact with clients and family members,
- Audits,
- Annual surveys.

The Owner and manager maintained very regular communication. The owner was a frequent visitor and carried out audits of staff files and office systems.

The owner covered during the manager's absence. There was a twenty-four hour management on-call system.

We were satisfied that the owner and manager had developed a good understanding of the Scottish context for policies and procedures. We noted that these were reviewed and up-to-date.

The service worked well with us and demonstrated a commitment to continual improvement.

We reminded the service that the certificate of registration should be displayed in a prominent position. This was completed during the inspection.

Professional comments included:

- "The manager is always personable on the phone and in face to

face meetings. She will always try to match packages of care where possible."

Staff comments included:

- "This company is not greedy - it is about quality. They don't overload staff with visits."
- "We would like to grow the service incrementally, but maintaining quality it most important."

Areas for improvement

We directed the managers to good practice guidance for involving people. We would like to see that clients and families could contribute to the development of the service. For example, in other services we inspect, people can:

- influence policies and procedures,
- take part in completing the Care Inspectorate self assessment,
- suggest the wording of job advertisements,
- suggest interview questions, take part in short listing or interviewing for staff,
- take part in staff induction/training.

We acknowledge that some will not wish to participate and suggested that the service keep a record of the involvement opportunities that had been offered.

The service planned to seek feedback on the quality of its service from professionals, such as social workers, district nurses, physiotherapists.

We did not see that a record was maintained of the manager's supervision meetings, including areas for development and any agreed actions and priorities. This would be expected.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

We investigated one complaint we received about this service. The complaint was not upheld.

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

This service does not have any prior inspection history or grades.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.