

# Glasgow East End Carers Respite Service Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

30 August 2019

**Service provided by:**

Glasgow East End Community Carers  
Ltd

**Service provider number:**

SP2004006714

**Service no:**

CS2004074349

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Glasgow East End Carers Respite Service provides care and support to adults and children with a range of complex care and support needs.

The service is independently operated by Glasgow East End Community Carers Ltd which is part of the Carers Trust.

Glasgow East End Community Carers Ltd also provides a housing support service. Together the housing support and care at home services operate 365 days a year and provide a range of care from minimal support to 24 hour care in the people's own homes and within the local community. At the point of inspection, there were approximately 130 people using the care at home service.

The service aims state:

"We are committed to the highest standards of service and care. To help us to achieve this we endeavour to employ rigorous selection procedures for all care staff.

"We aim to provide a holistic approach to care and support by providing a range of services to assist service users to remain in their own homes and promote independence. To ensure that service users are provided with appropriate person centred care package that meets their individual needs."

There had been a further change in the management team since the last inspection. The registered manager had been an employee of with the organisation for a number of years and was familiar with organisational policies and procedures.

## What people told us

We spoke with people who used the service when we visited them in their own homes and when we carried out telephone interviews. We concluded that overall people were very happy with the service provided. People found that there were good levels of involvement with the planning and delivery of care and support. Comments included:

"The service is generally reliable, when making contact with the office they are quick to respond and address issues. I feel very much listened to by the service and was involved with the development of the support plan. I helped provide great level of detail in relation to my relative's postural needs, moving and assisting as well as supports with PEG feeding."

"I have a good relationship with staff who provide the support. I feel involved with the production of support plan and when staff provide 'hands on' support."

"Dad connects well with XXXXX [staff member], he enjoys the visits, shares similar interests - football which they will watch together. Overall very happy with the staff that provide support."

"Perfectly satisfied with the service. My son is content. They help him get organised for the day. The staff are really good with him, I'm also very happy with the staff."

"I have been involved with the induction of new staff, this gave me the opportunity to share experiences of what it means to be cared for and important considerations. This also gave me an opportunity to meet the staff who may be involved in my care."

We also spoke with two care managers who refer people to the service and review the care people receive. Both were very positive in relation to the standards of care and support provided by the service and how the care had meant that there were positive outcomes for people. For example, people being able to maintain relationships and engage with activities within their local community. We heard how feedback from staff working within the service had been influential in devising strategies when supporting a person with behaviours that challenge.

## Self assessment

The service was not required to submit a self assessment on this occasion.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

People shared with us that the service uses a variety of approaches to hear their views. The social events arranged by the service have been a positive development in that it gives people the opportunity to meet others, staff and the management team.

The service had used the information from surveys to make improvements for example introducing team leaders and helping to improve communications between the management team and act as a conduit for checking care was being delivered as planned.

Through meeting people who used the service it was evident that they experienced positive outcomes through staff striking a good balance of helping them maintain levels of independence. People felt involved in planning supports and influencing how support was delivered. Supports have meant that people have positive experiences including maintaining and establishing relationships within the community as well as developing interests.

People's health needs were monitored and staff were proactive in identifying changes, contributing to the development of strategies and approaches to help keep them well. People could be confident that the service involved external professionals to gain advice when they detected changes to individual's health and wellbeing.

People were helped to keep safe through staff carrying out risk assessments and providing a good level of detail which helped ensure that staff were clear of the best ways of using equipment or best approaches to use.

People's rights were protected by staff consulting with them when producing risk assessments and obtaining consent prior to implementing these. When people had mental capacity they were encouraged to sign if they were in agreement.

People were involved in directing and leading their own care and support including working collaboratively with staff within the service to produce a support plan which reflected their wishes and preferences. We found examples of collaborative work being carried out with external professionals and relatives with the production of specific support plans to best meet identified needs. Examples included reflecting how the postural and moving and assisting needs of an individual were best met.

Being supported to take medication as prescribed is important for keeping well. Staff had undertaken training and practice was aligned to the associated support plan. We found an example where staff had approached a person's GP to check the best method of offering the person their medication in an altered form in order that they could fully benefit from this. We make comment about medication audits under Quality of management and leadership.

Financial transaction records were being completed when this type of support was being provided. The service had systems in place including double signatures of staff, reconciliation of receipts with items purchased and audits to ensure that the person's interests were safeguarded.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of staffing

### Findings from the inspection

People using the service were involved with developing the staff members who provided support. For example, there had been input from people experiencing care with newly recruited staff, as part of their induction. We found that there were genuine warm and nurturing relationships between staff and people who used the service. We concluded this through observing staff practice and interviewing people who used the service.

People benefited from a process of matching staff with specific skills and interests to meet their preferences and needs. However, people with larger care packages did not always find that this was consistently carried out. We would like the service to look at the numbers and mix of staff providing support to people who have large care packages in order to offer better continuity of care.

People experiencing care could be reassured that staff received very good training opportunities to ensure that they have the right knowledge and skills and are competent in applying these to meet their needs. Staff received a comprehensive induction training programme and have very good opportunities in shadowing experienced staff. This helped them understand the best methods of providing support and helped create continuity of care.

Spot checks were used to check staff practice and see that people were receiving support that they should expect. This was an improvement from the previous inspection in that they were carried out more regularly and the views of people using the service were sought.

People benefited from a motivated staff group who were focused on meeting their needs. Staff felt supported by the management team and had an opportunity to offer their views on how the service could be developed. A good example had been the recently formed staff committee which meets with the registered manager. Employee of the month and social events were used to recognise the good work carried out by staff. This can be a good way of helping staff maintain motivation with some of the challenges they face in their day-to-day work.

There had been improvement with the introduction of systems which give the management team an overview with regards planned staff supervisions and progress by team leaders in carrying these out. We found inconsistencies as far as staff receiving supervision as per organisational policy. We concluded that this was an area that required further work and shall make a recommendation. (See recommendation 1)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service provider should ensure that there is a consistent approach adopted to ensure that staff receive supervision aligned to organisational policy.

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

3.14 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

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

People experiencing care benefited from the registered manager having a good knowledge of their current needs and unique circumstances. The management team was committed to working towards ensuring that people received a high quality service with good evidence of partnership working with key people to achieve this.

Systems have been developed to help the management team have an overview of key areas and identify particular areas that require improvement. This information should be used to shape an improvement plan which details the priorities to help ensure quality is maintained for people using the service. We looked at progress made with a recommendation made in connection with this area at the previous inspection and concluded further work is required. (See recommendation 1)

The service identified issues with a very small number of staff, who were not performing to the standards that the service would expect, and took action to mitigate further impact on people using the service. This information should have been shared with the Care Inspectorate. We shall make a recommendation in connection with this area. (See recommendation 2)

We looked at the effectiveness of the system used for ensuring care reviews are carried out as per legislative requirement and organisational policy. We found that there had been some progress from last year. However, based upon our findings, there remained a number of care reviews which were significantly out-of-date. We shall repeat the recommendation we made in last year's report. (See recommendation 3)

The service was committed to making further improvement to benefit people using the service. A good example of this was researching an electronic app for scheduling and monitoring staff visits which may help improve communications with any changes to planned supports as well as ensuring people receive support for the time expected. The factoring of travel time should be considered as part of this system.

People could be assured that the service took complaints seriously. Complaint records detailed the nature of the complaint, what investigation was carried out and a written response given in relation to findings and any actions taken. The service could develop this more by reflecting on any lessons learned and how this could be used to further improve the service.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 3

1. The provider should develop a coherent system which helps the management team have a clear overview of performance in key areas including but not limited to missed visits, medication audits, staff supervision and development and people's reviews. This information should also be used to shape the service improvement plan.

This is to ensure care and support is consistent with the Health and Social Care Standards:

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

2. The service provider should ensure that when they identify issues with staff misconduct that this is reported timeously to the Care Inspectorate and includes details of allegations made and actions taken to protect people who use the service.

This is to ensure care and support is consistent with the Health and Social Care Standards:

4.11 I experience high quality care and support based upon relevant evidence, guidance and best practice.

3. Individuals should be involved in reviewing their support plan at least once in a six month period. Plans should be signed by the individual showing that they are in agreement with the plan.

This is to ensure care and support is consistent with the Health and Social Care Standards:

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

**Grade:** 4 - good

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

### Previous requirements

#### Requirement 1

The provider must ensure that people are adequately protected by carrying out robust pre-employment checks, when recruiting staff, aligned to Scottish government best practice - Safer Recruitment Through Better Recruitment. This includes but is not limited to checking professional registers, carrying out Protecting Vulnerable Groups (PVG) checks, uptake of references (one from the most recent or current employer), retaining records of interview and when self disclosure is provided having a risk assessment to reflect the decision-making process by management.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)a.

Health and Social Care Standards 4.24 - I am confident that people who support and care for me have been appropriately and safely recruited.

Timescale: The provider must meet this requirement by 31 August 2018.

**This requirement was made on 26 July 2018.**

## Action taken on previous requirement

The service has introduced a new procedure since the previous inspection which takes account of good practice guidance: Safer Recruitment Through Better Recruitment. We found that each staff file selected contained two written references, provided details why any reference was not in place from the original named referee and a new reference was obtained. PVG checks and a system to check registration status with the Scottish Social Services Council (SSSC) was found to be in place,

The service provider now uses a risk assessment form when issues arise from either self disclosure or when a PVG is returned. We discussed how this could be enhanced by including a reflective account from the potential staff member in how they have addressed the issues and how service users will be protected. Based upon our findings, we concluded that the requirement had been met.

## Met - outwith timescales

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

## Previous recommendations

### Recommendation 1

Individuals should be involved in reviewing their support plan at least once in a six month period. Plans should be signed by the individual showing that they are in agreement with the plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

**This recommendation was made on 26 July 2018.**

### Action taken on previous recommendation

There had been the introduction of a new system to give the management team an overview of care reviews. The frequency is that the service plans to carry out care reviews on a quarterly basis. A number of new team leaders had commenced employment and they had been tasked to ensure that these were in place. We could see that some progress was being made in this area. However, the findings indicated that the recommendation had not been fully met. We have repeated this recommendation under Quality of management and leadership.

### Recommendation 2

The service should be proactive in protecting people from risk and harm. In order to do this, the provider needs to have assessments in place which identify risks and are clear how the service will help to minimise them.

This is to ensure care and support is 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 26 July 2018.**

**Action taken on previous recommendation**

Through sampling risk assessments held within support plans, we found that these reflected the current needs of each person and collaborative work had been carried out with relatives and other key people when producing these. Based upon our findings, we were satisfied that the recommendation had been met.

**Recommendation 3**

The provider should develop a system which reflects post event actions taken by the service. These records should reflect who this was reported to and be used to check if the current risk assessments and support plans are adequate for meeting the needs of people using the service.

This is to ensure care and support is 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 26 July 2018.**

**Action taken on previous recommendation**

Improvements had been made and there was now a system in place which reflected the actions taken post event by the management team. This included involving external professionals and the re-assessment of current supports and associated risk assessments. Based upon our findings, we were satisfied that the recommendation had been met.

**Recommendation 4**

People using the service should have the opportunity to give their opinion about the support they receive from staff. The service should combine the processes of monitoring the practice of staff and supervision, to enable some supervision to be based on observations of competency.

This is to ensure 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 professional and organisational codes. (HSCS 3.14)

**This recommendation was made on 26 July 2018.**

**Action taken on previous recommendation**

Feedback from people interviewed during the inspection revealed that they felt very involved with shaping how support is delivered. Questionnaires and care reviews were also used to capture people's views in relation to staff who provided support.

Based upon our findings, we concluded on balance the recommendation was met.

We have made a recommendation in relation to staff supervision under Quality of staffing.

**Recommendation 5**

The provider should ensure that staff are well trained to carry out their roles and responsibilities. In order to do this, the provider should ensure that it has a staff development strategy and an effective yearly training plan for all its staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

**This recommendation was made on 26 July 2018.**

## Action taken on previous recommendation

The service provider had reviewed the training undertaken by each staff member, identified training which required to be updated and identified further training to help equip staff when providing support to people. Based upon our findings, we concluded that the recommendation was met.

## Recommendation 6

The provider should develop a coherent system which helps the management team have a clear overview of performance in key areas including but not limited to missed visits, medication audits, staff supervision and development and people's reviews.

This information should also be used to shape the service improvement plan. This is to ensure care and support is consistent with the Health and Social Care Standards which state: I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

**This recommendation was made on 26 July 2018.**

## Action taken on previous recommendation

We found that there had been a range of audits developed by the service which relate to the areas identified as requiring improvement at the previous inspection. However, whilst the audits identify improvements, we did find that they consistently effect improvement for example staff supervisions and care reviews. Based upon our findings, we concluded that the recommendation had not been met. See Quality of management and leadership.

## Recommendation 7

The provider should aim to gather evidence using a wide range of sources for example audits, surveys and meetings. The feedback from these sources should be used to improve practice. In order to do this, the provider should:

- a) collate information gathered;
- b) devise action plans to implement any areas identified;
- c) work through devised action plans;
- d) re-visit action plans to ensure they have been completed; and
- e) feedback the outcomes to those who you gathered the information from.

This ensures that support is consistent with Health and Social Care Standards which state: I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

I can be meaningfully involved in how the organisation that supports and cares for me work and develop. (HSCS 4.6)

**This recommendation was made on 26 July 2018.**

## Action taken on previous recommendation

We found that there has been significant progress made since the previous inspection particularly around consultation and feedback of actions taken by the service. Based upon our findings we concluded on balance the recommendation is met.

## Recommendation 8

The service should ensure that people experiencing care contribute to monitoring the quality of the support the service offers and developing plans for the service. This ensures that support is consistent with Health and Social Care Standards which state:

I can be meaningfully involved in how the organisation that supports and cares for me work and develop. (HSCS 4.6)

I am actively encouraged to be involved in improving the service I use in the spirit of genuine partnership. (HSCS 4.7)

**This recommendation was made on 26 July 2018.**

### Action taken on previous recommendation

We found evidence that people contribute to monitoring the quality of the service through spot checks, care reviews and surveys. Another good example included the contribution to staff training and development by people using the service. Based upon our findings, we concluded the recommendation was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Enforcement

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

## Inspection and grading history

Date	Type	Gradings
3 Jul 2018	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
9 Aug 2017	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
20 Apr 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
21 Apr 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
2 May 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
3 May 2013	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 6 - Excellent Management and leadership 5 - Very good
15 Jun 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

Date	Type	Gradings	
30 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
10 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
17 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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