

Glasgow East End Community Carers Support Service

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Type of inspection:
Unannounced

Completed on:
25 July 2023

Service provided by:
Glasgow East End Community Carers
Ltd

Service provider number:
SP2004006714

Service no:
CS2004074349

About the service

Glasgow East End Community Carers is registered to provide a support service care at home to children, adults and older people with physical disabilities, learning disabilities (including autism) and mental health needs in their own homes and in the community.

The service operates from an office base in the east end of Glasgow. The service supports people who live predominantly in the east end of Glasgow.

Glasgow East End Community Carers provides a range of care from minimal support to 24 hour care. At the point of inspection, there were approximately 185 people using the care at home service.

About the inspection

This was an unannounced inspection which took place between 12 - 25 July 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with 14 people using the service and interviewed two people by telephone.
- Met with four relatives and spoke with three relatives/representatives on the telephone.
- Interviewed two external professionals involved with people being supported.
- Spoke directly with 10 support staff, a lead coordinator, two team leaders, the deputy manager and registered manager.
- Reviewed documents.

Key messages

- People using the service and their relatives were happy with the support provided.
- The service was responsive to people's changing needs and took a flexible approach to match people's preferences.
- People experienced positive outcomes as a result of the support provided.
- The management team had worked on developing systems which helped give them an overview of people's needs. Further work was needed in this area.
- Support plans and reviews needed further development.
- Additional supervisors had been employed within the service; further work was needed to help develop them and help take the service forward.

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?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question, as there were major strengths in supporting positive outcomes for people with very few areas of improvement needed.

Staff formed genuine, warm and nurturing relationships with the people they supported.

Support was provided in an unhurried way by staff. People were involved in making decisions around their support. This included making choices on what they would like to be prioritised.

Staff demonstrated skills to help empower people building on their abilities to actively participate in support.

People's privacy and dignity were promoted by staff when providing personal care. Staff understood the importance of, and maintained, confidentiality when discussing the needs of people they supported.

Staff struck a good balance when supporting people - encouraging individuals to participate and use or retain the skills that they have. Feedback supported this:

"XXX [staff member] has encouraged Mum to go outdoors into the garden - she has the confidence to support Mum when she negotiates the outside steps."

"They [staff] encourage me to do what I can."

People's wishes and preferences were taken account of when support was being planned and carried out. However, we received feedback that there could be improved consistency when staff supported an individual with personal care.

People benefited from flexibility within the service, for example times of support changed in order to suit people.

The service provided was overall very reliable and any changes which needed to be made were shared in advance. People receiving support and relatives shared that they knew how to make contact with the office if their needs or circumstances changed.

People shared how support had a positive impact in developing confidence and self esteem.

Feedback from external professionals indicated that staff were focused on ensuring people were kept well and staff were motivated to deliver care and support in a personalised way.

Staff detected changes in people's health and wellbeing and responded appropriately including reporting and referring to external agencies for additional input or advice. Staff had received training which helped equip them to meet the health and wellbeing needs of people they supported. This included "condition specific" training for example how to support people with autism.

Staff encouraged people to eat and drink well. There had been involvement from dietician services and recommendations had been followed by staff for an individual who needed a texture modified diet.

Having the right medication at the right time is important for keeping well. People benefited from staff administering medication as prescribed and recording appropriately. Staff ensured that people had access, and used, equipment to keep them safe such as community alarms. People were helped with the transition of returning home from hospital by staff maintaining contact following admission.

We heard of the positive outcomes experienced as a result of support provided - people's confidence increased, reduction in anxiety, building up a social network, engaging with their community.

Records associated with financial transactions when this type of support had been provided were found to be in place.

How good is our leadership?

4 - Good

We made an evaluation of good as there was a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes.

The management team used a range of audits to gather information on key areas of the service and to check if people were being kept safe.

There had been a transitional phase in developing new electronic support planning and management information systems. These systems needed improvement to better capture outcomes achieved as a result of support provided.

Accidents and incidents were recorded with information on actions taken post event. We concluded that further work should be carried out to provide a greater level of detail of resulting actions taken to keep people safe and take a "lessons learned" approach.

The management team had notified the Care Inspectorate of a number of significant incidents. However, we cross-referenced and found that incidents of an adult protection nature whilst reported to Social Work had not always been to the Care Inspectorate (see area for improvement 1).

The Birdie electronic system, once fully developed, will allow access to support plans and risk assessments for people using the service and their relatives. Some risk assessments needed further development to reflect measures adopted to protect people particularly when staff handle finances (see area for improvement 2).

The management team was regarded as supportive and accessible by staff - this helped make them feel valued. However, we concluded that team leaders needed further development to ensure that the quality of their work, support to colleagues and standards were maintained.

People were encouraged to share their views on key aspects of the service. This information had been used by the management team to assess their current performance and identify areas that they should prioritise for improvement. This was at an early stage with plans for ongoing review and monitoring in place.

Areas for improvement

1. The service provider should ensure that any adult support protection incident is reported to the Care Inspectorate in line with the guidance - Records that all registered care services (except childminding) must keep and guidance on notification reporting (amended 30 April 2020).

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

2. To ensure people are adequately protected, the service provider should develop robust risk assessments when staff support people including handling of finances. These should detail measures in place to protect both the person being supported and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

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

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 2 October 2019.

Action taken since then

There have been changes to the management and supervisory teams since the previous inspection. Through sampling reports produced and staff interviews, we concluded at this point this area of improvement had not quite been achieved.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

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

This area for improvement was made on 2 October 2019.

Action taken since then

Systems had been, and are currently being, developed to cover the areas outlined and good progress had been made in relation to having an overview. However, we were not confident that the quality of reports produced by the management team was consistently accurate, for example support plan material and people's reviews. We concluded the area for improvement had not been met at this point in time.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

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

This area for improvement was made on 2 October 2019.

Action taken since then

Appropriate notification had been made to the Care Inspectorate in relation to this area.

This area for improvement has been met.

Previous area for improvement 4

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

This area for improvement was made on 2 October 2019.

Action taken since then

There was a system for identifying when reviews were due. The management team had identified that this area needed to be taken forward. There had been variable progress through sampling records associated with each team leader.

This area for improvement has not been met and remains in place.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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