

Carluka Dignity Care Housing Support Service

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Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Carluka Dignity Care Ltd

Service provider number:
SP2023000167

Service no:
CS2023000264

About the service

Carluk Dignity Care offers home care, 24-hour live in care and supported living packages. The service supports people with learning disabilities, autism and complex needs, mental health difficulties and frail elderly, including those with dementia and stress and distress. The service was registered with the Care Inspectorate in August 2023.

At the time of inspection the service was supporting three people.

About the inspection

This was an unannounced inspection which took place over three days from 09:30 and 16:00 between the 18 and 28 February 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this first inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

To inform our evaluations of the service we:

- spoke to two people being supported by the service,
- spoke to two relatives of people supported
- spoke with staff and management
- reviewed documents

Key messages

- People's needs were being met to a good standard.
- Staffing levels were sufficient to meet people's needs.
- Documentation within the service should be fully completed and dated.
- Audit protocols and other documented checks and balances need to be put in place prior to service expansion.

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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

4 - Good

We found strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as good.

We spoke to people who were supported and some relatives of those who received support. They told us that the service supported them to a high standard. People were generally familiar with the staff that supported them and were provided with their supports in line with their needs, wishes and preferences. This meant people were supported well and spent their time doing things they enjoyed and activities that promoted their wellbeing.

Relatives we spoke to were complimentary of the service. They told us they felt staff appeared competent and professional in their approach and that people were treated with dignity and respect. People and relatives we spoke to commented: 'The service has done well to manage [my relative's] stress and distress' and 'The service treats [my relative] well, professionally and with dignity'. Another person we spoke to responded positively when we asked about the quality of the care and support provided and the quality of staff. Staff appeared to understand people's needs well and provide them with a good level of care and support at the agreed times.

The service clearly had a good knowledge of people's needs and were proactive in advocating for them so packages of care provided met their needs. When carrying out visits during the inspection it was evident that some supported people had planned activities to attend which they enjoyed. This evidenced the service proactively supported and promoted people's independence and choices. When speaking to people supported and relatives, it was made clear that people's needs, wishes and preferences were fully considered and were the focus in planning their supports.

The service only had a small number of people it was supporting at the time of inspection. In order to maintain current grades and be considered for further improvement the service should develop systems and protocols to formalise its approach. This should be done as the service grows to ensure service quality continues at the good standard seen at this visits. However, for the small number of people being supported at the time of inspection outcomes evidenced were of a good quality.

How good is our leadership?

4 - Good

We evaluated this key question as good as there were a number of strengths in the leadership team which outweighed areas for improvement.

The service had no formal audit tools in place to ensure that all key aspects of the service were regularly monitored. Spot checks on staff practice and care planning audits were carried out informally and not recorded as such. When supporting only a few people, coupled with the level of positive feedback, this was sufficient at the point of inspection to assure service quality. However, moving forward and before the service grows, formal documented audit processes should be put in place to ensure a high quality, monitored service can continue to be provided. It was also noted that details and dates on service documentation were not always clearly reflecting full names and dates of updates and interactions. An effective audit system, and ensuring documents are fully completed and dated, would mean people's wellbeing, health needs and related staff practice would be monitored, appropriately evidenced and aligned as the service gets busier (see area for improvement 1).

On requesting information from the service during inspection it was identified that the service did not maintain a service improvement plan. We encourage services to do this so they can identify what they do well and what could be improved. This is developed using information from staff, learning from incidents and feedback from people supported and their relatives. This was discussed with the management team as something that could enhance the service quality and ensure core areas of service provision are regularly considered for improvement. This ensures people supported receive a regularly evaluated service that strives to meet their needs. The relevant guidance links were shared with the service so that an improvement plan could be developed (see area for improvement 2).

Areas for improvement

1. To ensure people receive the safest and best care the service should formalise its audit processes, to include but not be limited to documented staff practice observations, care plan audits and medication audits. The service should also ensure dates on all service documentation are accurate and forms fully and properly completed.

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

2. To ensure the service has good oversight of areas of service provision it needs to improve upon, a service improvement plan should be developed in line with best practice. This should be subject to regular review and include an associated, monitored action plan.

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff told us they were receiving good quality support from managers. They took part in planned supervision meetings and were encouraged during these meetings to discuss their training and development needs as well as any personal issues that may have that impacted on their work. Discussions with staff demonstrated the caring and considerate approach the service management had taken in a person-centred way when dealing with significant issues for staff and people supported. Staff also told us that the team were very supportive of each other and worked well together. A full training package was available to staff. These findings were supported by positive comments made about staff knowledge and quality of care when talking to people supported and their relatives. The majority of staff felt that there was good communication with management and found them approachable and supportive. It is important in providing a high-quality service striving to keep people healthy and well that staff feel well supported and receive appropriate training.

When checking the service staff registration with the Scottish Social Services Council (SSSC) we found that a number of staff were not properly registered and not on the correct part of the SSSC register. This had been a genuine oversight of the service and this was corrected during the period of inspection. This need to be

registered would also apply to any nurses working in the service and their Nursing and Midwifery Council (NMC) registration. The NMC register was checked and was found to be up to date. There had been no negative feedback about staff performance and no reason to assume this oversight had put anyone at risk. However, this is an area the service should remain on top of. The service should always ensure people are properly registered with their professional body within the relevant timescales and continue to ensure this on an ongoing basis, through appropriate checks, that staff remain properly registered (see area for improvement 1).

Areas for improvement

1. To ensure people are safe, social care staff working in the service should be registered with the Scottish Social Services Council (SSSC) on the correct part of the register. The relevant registers should be subject to regular checks to verify staff's continued registration and ongoing ability to work in regulated care.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Everyone supported by the service had a personal care and support plan that detailed their care needs. These were updated frequently and available to all appropriate staff. It was noted that the entries we sampled in care plan documentation were detailed and descriptive. The information provided was clear and individualised. It is important a good level of detail is provided so that anyone who needs to access the support plans would be able to effectively and easily identify key information in maintaining someone's health and wellbeing. We found that good quality care plans were in place and provided a good level of information to provide care, support and ensure people's needs were being met.

People had six-monthly review meetings. Documentation sampled provided a useful summary of people's health, wellbeing, and overall experiences. We noted that dates and people's full names in attendance at review meetings were not fully documented. It was impressed upon the service management that full formal reviews at request, as needs change a, at a minimum period of six-monthly involving a wide range of input should take place as stipulated. Evidence of when they take place and who attended should be clear in all associated documentation. This evidences that review time periods are adhered to and that the review reflects accurately people's needs and any changes in care and support.

Risk assessment documentation sampled appeared to be out of date and had not been recently reviewed. We noted that some risk assessment documentation sample appeared to be out of date. The information provided seemed current but the dates of the risk review noted on the documents were in the past. It is important, particularly as the service grows, that risk assessments are reviewed and updated in line with documented and necessary risk review dates. To keep people safe it was suggested that risk review dates should be conducive with the level of risk identified and, as a minimum, be reviewed as needs or risk changes and six-monthly in line with the minimum expected care review frequency (see area for improvement 1).

Areas for improvement

1. To ensure people are kept safe risk assessments should be regularly reviewed in line with need and dated accordingly evidencing that all risk documentation is always current and in date.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'My care and support meets my needs and is right for me (HSCS 1.19).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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