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Sent by email to: [REDACTED]

365 Care Limited
95 Abercorn Street
Paisley
PA3 4AT

29 May 2023
2022383249
CS2017360996

Dear Sirs

COMPLIANCE WITH IMPROVEMENT NOTICE

On 30 November 2022 you were served with an Improvement Notice in relation to 365 Care, 95 Abercorn Street, Paisley, PA3 4AT in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. **By 30 April 2023, extended from 27 January 2023**, you must protect the health, welfare, and safety of those who use the service. In particular, you must ensure the completion of, and access for all relevant staff to care plans, risk assessments and up to date reviews. These must:

a. accurately reflect the assessed current health and care needs of the service user,

b. include person-centred information outlining needs, abilities and support required to meet those needs,

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Page 1 of 6

c. demonstrate meaningful involvement and consultation with the person who uses the service and/or their representative,

d. accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks, and

e. accurately reflect the level of staff support required to manage medications and medication recordings (which must comply with your medicine management policy).

In addition, you must:

- f. ensure that those staff allocated to undertake the above assessments and reviews have the skills, knowledge, and experience necessary to do so.

This is in order to comply with Regulations 3, 4(1)(a) & (d), 5(1), 5(2)(a), 5(2)(b) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Evaluation

Care and support plans were improving with appropriate information available to all staff through an electronic care plan mobile application. This was becoming a more reliable source of information. Information about people's views, preferences and life stories was reflected in daily practice by staff.

The language and descriptions used in care plans had improved in accuracy and were overall more individualised. Risk assessments required further action but those completed were useful and accessible.

Care and support remained task/time focussed. However, staff were more aware of the impact these actions had on people's outcomes over time. Staff talked about relationship-based care with a more person-centred focus.

People we spoke to overall expressed continued and increased confidence in their care. One person acknowledged the window of when to expect staff was stabilising and the number of staff involved in their care had reduced. The service was aware of people's preferences with regards to being able to access individual roster information. Care

Planner was now up to date and planned in advance. This meant individual staff could provide this information quickly when asked.

The commitment to care planning and assessment meant there was information about how to help people make choices at, for example, mealtimes. Staff had undertaken

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training and were aware of the need for food and drinks to be available outside of visit times, as some people were not able to access their kitchen to eat or drink when they wanted or needed to.

Care reviews were undertaken six monthly. This meant the service were involving people in some decisions about their service in ways that was more meaningful to them. Including conversations about choice, capacity, legal status, changes to health conditions, mobility, and medications. Recognition was given to supporting legal documentation in relation to capacity and medication management.

We concluded the service had improved to reduce risks with the potential to impact more positively on people's care and quality of life. There was an understanding of the need for the organisation to ensure staff had right skills, knowledge, and capacity for care delivery.

This required improvement has been met.

2. **By 30 April 2023, extended from 27 January 2023**, you must ensure service users' health, safety and well-being needs are met by implementing all relevant aspects of the best practice guidance, 'Safer Recruitment Through Better Recruitment' (Scottish Government, 2016). This must be accompanied by responsive management arrangements which give service users confidence that the service received by them is delivered by well-trained competent and confident staff. In order to achieve this, the action you take must include but not be limited to, the following:

- a. ensuring that current staff are appropriately and safely recruited in line with best practice guidance, 'Safer Recruitment Through Better Recruitment' (Scottish Government, 2016),
- b. carrying out right to work checks and having appropriate arrangements for international recruitment,
- c. ensuring employees communicate well with English speaking clients, families, professionals, and co-workers during work time,
- d. keeping up to date and detailed records of all staff who work for you, and
- e. ensuring staff who require to be registered with SSSC (Scottish Social Service Council) or other professional bodies do this within the timescales set and monitor this effectively.

This is in order to comply with Regulations 3, 4(1)(a) & (d), 7(2)(c), 9(1)(2)(b) & (c), 13, 15(a) & (b)(i) and 17(1)(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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Evaluation

The service had undertaken international recruitment for the adult social care sector. Systems had failed to evidence compliance with safer recruitment or home office guidance including robust right to work (RTW) checks. This meant staff did not always have the skills and knowledge needed to provide safe quality care and support for people using the service. We found staff numbers have reduced and we were more confident about the status of the staff group as recruitment information was more aligned to the principles of safer recruitment. There were records for staffs professional registration and evidence of membership of the Protection of Vulnerable Groups scheme. We continue to cooperate with a SSSC investigation relating to [REDACTED].

The company had a clear understanding as to why safer recruitment was important, and that any failure may place vulnerable people at risk. We were confident new staff would not start work before all preemployment checks had been concluded and relevant mandatory induction and training completed to ensure people were kept safe.

A significant number of staff were interviewed during the inspection. Staff told us they had opportunities for reflection on their individual learning needs through thoughtful supervision. They demonstrated a better understanding of the ranges of competencies knowledge and skills needed to practice safely and independently. Staff confirmed there were discussions about their wellbeing, practice and learning needs, through supervision.

This required improvement has been met.

3. **By 30 April 2023, extended from 27 January 2023**, you must ensure service users' health, safety and well-being needs are met by implementing effective and responsive management arrangements. These must be supported by robust quality assurance systems which give service users confidence that the service received by them is well led and managed. In order to achieve this, the action you take must include but not be limited to, the following:

- a. keep accurate records of all training completed, to evidence that staff, supervisors, and managers all have the required skills, knowledge, and qualifications,
- b. monitor staff competence through training, supervision, and on-site observations of staff practice and take action to improve or reduce poor or unsafe practice,

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- c. engage with service users and staff about the quality of the service and take action to address improvements identified to ensure improved outcomes for service users, and
- d. implement and evidence the effective use of the quality assurance system to demonstrate the routine monitoring of the quality of the service and develop and implement an improvement plan which shows actions being taken to improve support good-outcomes for people,
- e. ensure information about care and support is up to date and regularly evaluated as part of effective quality assurance systems.

This is in order to comply with Regulations 3, 4(1)(a) & (d), 7(2)(c), 15(a) & (b)(i) and 18 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Evaluation

The provider and [REDACTED] negotiated clearer roles and lines of responsibility and accountability. This meant the provider focussed on the financial side of the business and the [REDACTED] took the lead on communication and decisions relating to the current staff group and the delivery of care.

The company had access to a Quality Compliance System (QCS). [REDACTED] ensured all staff had access to core policies and procedures and gained increased knowledge of the company's unused policy framework and content. Quality assurance (QA) sampling including surveys to support self-evaluation and a service improvement plan had been developed to capture the future direction of the service across key delivery areas.

The approaches taken with regards to day-to-day management were now sufficiently detailed to demonstrate a level of growing governance capable of ensuring improved safety of people and the management/minimising of risk. Information at provider level about how the service was performing day to day and week to week was accessible.

This management information was used to inform decisions. Changes made have moved the service from a position of responding to crisis, to using low level effective quality assurance information to create a foundation to forward plan aspects of service delivery.

Opportunities to share feedback was more visible to people. They were clearer about who to call and how to raise issues. This had the potential to drive meaningful change with a willingness to learn from mistakes.

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We concluded there was an improving QA focus delivered namely by [REDACTED]
[REDACTED]. When consistently applied these underpinning QA systems and processes had reduced what was a high level of repetitive and avoidable issues.

This required improvement has been met.

A copy of this notice has been sent to the local authority within whose area the service is provided.

The Improvement Notice dated **30 November 2022** is no longer in force.

Yours sincerely

[REDACTED]

Shona Shelton

Team Manager

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