



website: www.careinspectorate.com
telephone: 0345 600 9527
email: enquiries@careinspectorate.gov.scot
Twitter: @careinspect

Sent by email to: [REDACTED]

Real Care Agency Limited
Jacobean House
Suite 20-22
1A Glebe Street
The Village
East Kilbride
G74 4LY

14 October 2024
2024383338
CS2004069240

Dear Real Care Agency Limited

COMPLIANCE WITH IMPROVEMENT NOTICE

On **5 June 2024** you were served with an Improvement Notice in relation to , 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.

1. By 19 August 2024, extended from 22 July 2024, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support outcomes through a culture of continuous improvement, underpinned by robust investigations when incidents occur and transparent communication with other relevant bodies. This must include, but is not limited to:

- (a) ensure all staff recognise and report incidents;
- (b) records are maintained in the event of any incidents and show actions taken;
- (c) liaise with all other relevant bodies, such as health and social care partnerships or Police Scotland as necessary; and

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(d) submit timeous notifications to the Care Inspectorate as required by our notification guidance entitled: - “Records that all registered care services (except childminding) must keep and guidance on notification reporting”.

This is in order to comply with section 53(6) of the Act and Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

Staff were clear on the organisational process and their responsibility to recognise and report incidences of harm. Improvement had been made to the processes for monitoring and maintenance of records for incidents within the service. This included actions taken from incidents to keep people safe. When we compared the information about incident reporting we received, with other relevant bodies we noted this had improved. This meant peoples’ health and wellbeing was monitored with appropriate professional advice and intervention sought where serious incidents occurred. This provided assurances that the management team had oversight of what was happening in the service to ensure peoples safety and wellbeing.

This improvement was complied with on 30 August 2024.

2. By 7 October 2024, extended from 19 August 2024, you must ensure people experiencing care have confidence the service received by them is well led and managed. You must support outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include, but is not limited to:

- (a) a policy which describes how quality assurance activities will be undertaken, must be put in place and implemented;
- (b) quality assurance activities such as audits and competency checks, are completed to support staff practice and support improvement;
- (c) quality assurance data is analysed to inform the actions required to support positive outcomes for people experiencing care, staff learning, and the service's improvement plan; and
- (d) an effective action plan is in place and is implemented, which sets out specific actions within realistic timescales to address identified areas for improvement.

This is to comply with Regulation 3 (Principles) and Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

A quality assurance policy and process had been implemented which supported improved oversight and governance within the service. Regular audits and competency checks were now taking place which captured evidence of actions taken to support staff and service improvement. The service had implemented a continuous improvement action plan with identified developments from the information gathered

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via their quality assurance processes. As a result, this had improved management oversight of the service. This provided assurances that standards had improved, which had contributed to the improved outcomes for the people supported by the service.

This improvement has been complied with.

3. By 7 October 2024, extended from 19 August 2024, you must ensure people experiencing care have in place a personal plan which sets out how their health and care needs will be met. This must include, but is not limited to:

- (a) personal plans must be made available to all people experiencing care and/or their representatives;
- (b) staff must be aware of the content of the personal plans of the people they are providing support to;
- (c) ensure that an assessment of need is undertaken for people experiencing care and is recorded clearly in their files;
- (d) risk assessments and care plans are in place detailing how care and support needs are to be met;
- (e) daily recordings capture when staff support is provided and show responses when there is a change in need; and
- (f) reviews are undertaken when requested by a person experiencing care, when there is a change in circumstances and/or at least once every six months.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Personal plans were available to people experiencing care and people had copies in their homes. We saw an improvement in the quality of information captured in personal plans to support staff to meet people's health and care needs. We were assured that staff had an awareness of the content of personal plans, and feedback from people experiencing care told us staff knew how to support them. Processes for assessment and risk assessment had been formalised and there was evidence of actions taken to keep people safe. Daily recordings had improved to effectively demonstrate the support provided to people. Where changes had occurred, we were confident that staff were responsive to people's needs and saw evidence of appropriate action being taken. Reviews of personal plans had taken place, ensuring they remain up to date and capture the needs of people supported.

This improvement has been complied with.

4. By 19 August 2024, extended from 22 July 2024, you must improve procedures and practice for medication management to ensure that medication is managed and administered safely. In order to achieve this you must, at a minimum, ensure:

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- (a) the medication policy is updated in line with current good practice to support staff in their responsibilities for medication management;
- (b) staff practice and competency in supporting people experiencing care with medication is regularly assessed;
- (c) all people experiencing care that receive medication support have a risk assessment that is completed by an appropriately skilled person to identify the level of support required;
- (d) staff are able to distinguish the different levels of medication support people experiencing care require and know what steps to take if someone's needs change; and
- (e) ensure that when staff provide support to people with medication accurate records are kept.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

In line with good practice, a revised medication policy was in place which provided clear guidance to staff regarding their responsibilities for medication management and outlined the levels of support provided. We were confident staff understood the principles of safe handling of medication from our observations of staff practice and discussions with them. We saw evidence of appropriate action being taken by staff where a person's needs had changed. The provider had introduced staff competency assessments which were regularly taking place to ensure medication was managed and administered safely. People were kept safe by medication records being audited regularly to ensure accurate records were maintained. This provided assurances that people's health, safety and wellbeing needs were met.

This improvement was complied with on 30 August 2024.

5. By 19 August 2024, extended from 22 July 2024, you must ensure that professional standards are upheld and people experiencing care receive support from staff who are fit and have sufficient skills and knowledge for the work they are to perform in the service. In order to achieve this, you must, at a minimum, ensure:

- (a) there is a clear policy in place and being implemented, for managing instances where a staff member's registration with the relevant professional body lapses or is revoked;
- (b) all staff are registered with the appropriate professional body relevant to their role and responsibilities; and
- (c) the monitoring of registration status must show that effective action is taken in the event of staff failing to maintain their registration.

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This is in order to comply with Regulation 7(2)(c) & (d) (Fitness of managers) and Regulation 9(2)(b) & (c) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

A policy and procedure had been implemented and the management team were clear on their responsibility to effectively monitor staff registration status. Monthly audits were taking place that demonstrated improved oversight of staff registration. We saw evidence of staff being appropriately registered with the appropriate professional body relevant to their role. This provided assurances that people were kept safe through being supported by appropriately skilled staff.

This improvement was complied with on 30 August 2024.

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

The Improvement Notice dated **5 June 2024** is no longer in force.

Yours sincerely

[Redacted Signature]

Jacqueline Young

Team Manager

Direct: [Redacted]

Email: Jacqueline.young@careinspectorate.gov.scot

cc: Local Authority – [Redacted], South Lanarkshire Council

[Redacted] [@southlanarkshire.gov.uk](mailto:[Redacted]@southlanarkshire.gov.uk)

[Redacted]

[Redacted] [@southlanarkshire.gov.uk](mailto:[Redacted]@southlanarkshire.gov.uk)

[Redacted]

[Redacted] [@southlanarkshire.gov.uk](mailto:[Redacted]@southlanarkshire.gov.uk)

Social Care Partnership

[Redacted] [@lanarkshire.scot.nhs.uk](mailto:[Redacted]@lanarkshire.scot.nhs.uk)

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