

# Care service inspection report

Full inspection

## Bedtime Angels Home Care Ltd Support Service

8 Landsdowne Gardens  
Hamilton



HAPPY TO TRANSLATE

Service provided by: Bedtime Angels Home Care Ltd

Service provider number: SP2015012622

Care service number: CS2015342773

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

Bedtime Angels is a small service delivering care and support to older people in the Lanarkshire area and in parts of Glasgow. The service works well to support individuals in a person centred way to maximise their potential and achieve the best possible outcomes.

### What the service could do better

The provider should continue to develop policies, processes and service delivery in line with legislation, the national care standards and good practice guidelines.

### What the service has done since the last inspection

Bedtime Angels registered with the Care Inspectorate in February 2016 therefore this is the first inspection.

### Conclusion

The service offers person centred support with care needs to individuals in their own homes. Service users and families responded positively to the impact the service has on their daily lives and the reassurance that it offers to family

members. We would encourage the service address the areas of improvement outlined in the report and to continue to develop in line with legislation, the National Care Standards and good practice guidelines

# 1 About the service we inspected

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

This service registered with the Care Inspectorate on 10 February 2016.

Bedtime Angels is a new and developing service which provides care at home support to less than ten service users in their own homes across Lanarkshire and the in parts of Glasgow. Each visit is at least one hour and the working hours are between 8am and midnight. Overnight care to service users is also available on request.

The key aims of the service is uphold service user's choices in their home care and to provide reassurance to family members.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

In this service we carried out a medium intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

We wrote this report following a short notice inspection. This was carried out by one inspector. The inspection took place on 27 April 2016 between the hours of 9.15am and 6pm. We gave feedback to the Manager on the 27 April 2016. As part of the inspection, we took account of the completed self-assessment forms that we asked the provider to complete and submit to us.

We sent eight care standards questionnaires to the manager to distribute to service users. Two service users and carers sent us completed questionnaires.

During this inspection process we spoke with:

- The Manager
- Shadowed a carer
- Service user

In this inspection we gathered information from various sources including the relevant sections of policies, procedures, records and other documents including:

- methods of consultation including welcome pack, newsletter, personal plans, staff training records, supervision and accident reports.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)



## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** No

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment process.

## Taking the views of people using the care service into account

The views of service users and carers are reflected within the report.

## Taking carers' views into account

The views of service users and carers are reflected within the report.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

##### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

##### Service Strengths

At this inspection we thought that the service was performing at good level in areas covered by this statement.

Bedtime Angels is a new and developing service which provides care at home to a small number of individuals in their own homes across Lanarkshire and some areas of Glasgow. It is evident that the manager's aims and objectives are to collaboratively assess and provide person centred care. The service users and the carers that we spoke with, or received questionnaires from, expressed high levels of satisfaction with regard to were very positive about the quality of care and support provided.

The sample of personal plans that we examined demonstrate that service users and their representatives are actively involved in compiling written agreements and developing the care plans. Having a written agreement lets people know what their rights are and what to expect from the service. The personal plans we looked at reflected service users' needs, choices and personal preferences in good detail overall.

The service has issued some newsletters to service users as a means of sharing

information and seeking their participation in events. In addition, there is a website which provides some background information on the service, how to access support and how to make contact.

The service has adopted a variety of methods to maintain this regular contact to assess the quality of care and staffing performance. The Manager is also very involved on a day-to-day basis with the service users and their families.

We were able to view some feedback offered by service users and their relatives:

- 'a huge thanks for today. Dad really loved it. [staff names] you are so brilliant with him I can't tell you the relief all round. So grateful. Thanks again'
- 'many thanks for all your help and your continued patience'

### Areas for improvement

We would encourage the service to continue to strive for meaningful participation of service users and their relatives/carers to be embedded in the culture and ethos of the service. The service should review how it captures service user, relatives, staff and other stakeholders views on all aspects of service delivery and demonstrate levels of satisfaction and also how feedback has been considered and applied to improve the quality of care and support provided by the service. In order to achieve this, the provider must:

- a) Ensure that people are aware of all the methods in which they can participate
- b) Ensure that care plans reflect people's needs and abilities. This must include people who have communication difficulties and dementia
- c) Ensure that individuals are afforded choices in all aspects of daily life in a way that dignity and respect is maintained
- d) Ensure that people invited to reviews of care have the legal authority or permission of the service user to attend and discussions at review meetings are clearly recorded
- e) Ensure that the complaint procedure is made available and gives accurate details of the regulatory body and contact information

We suggested to the manager that evaluation and/or questionnaire forms could be improved by providing a range of levels of satisfaction as opposed to yes or no responses.

**Grade**

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

"We ensure that service users' health and wellbeing needs are met. "

#### Service Strengths

At this inspection we thought that the service was performing at a good level in areas covered by this statement.

Bedtime Angels is a new and developing service which provides care at home to a small number of individuals in their own homes across Lanarkshire and some areas of Glasgow. The manager assesses all prospective service users and information booklets are provided to all new service users. The manager collaboratively compiles care plans with service-users and their relatives. The care provision and personal plan are reviewed one month after the care starts and thereafter at 3 monthly intervals. At the point of review, service users and their families are invited to evaluate the quality of care and staff performance.

Built on the ethos of providing person centred care, we saw evidence from records sampled that service users and their relatives are actively engaged in developing and reviewing the personal plans. We were able to provide further guidance on how to improve the standard and content of these documents in line with the National Care Standards, legislation and good practice guidelines.

All care visits are scheduled for a minimum of one hour and people are supported with a variety of care needs which enables the service user to become more familiar with the carer and build a trusting relationship. The service users and the carers that we spoke with, or received questionnaires from, expressed high levels of satisfaction with regard to were very positive about the quality of care and support provided.

The manager identifies a main carer for each service user and there is a strong focus on providing continuity of care.

"Bedtime angels provides a highly professional - and at the same time, caring and compassionate care at home service. We are very pleased and greatly

reassured by the standard of care and companionship provided for my mother who lives alone and suffers from dementia".

## Areas for improvement

### Consent

The provider must ensure that signed documents such as consent to share mandates and written agreements are signed by the appropriate person; for instance Power of Attorney's should only be giving consent when these powers have been invoked. Even so, the individual should be encouraged to participate in all aspects of decision-making where possible.

### Personal Plans

The personal plans contained a statement of the person's desired personal outcomes and we would suggest that the personal plans contain a clearer link with how this service provision is supporting the individual to achieve these desired outcomes. We directed the service to good practice guidance such as 'Talking Points Personal Outcomes Approach Practical Guide' for information and guidance (<http://www.jitscotland.org.uk/wp-content/uploads/2014/01/Talking-Points-Practical-Guide-21-June-2012.pdf>) and 'Beyond Life Histories' ([www.helensandersonassociates.co.uk/media/86863/beyondlifehistories.pdf](http://www.helensandersonassociates.co.uk/media/86863/beyondlifehistories.pdf)).

We encouraged the manager to improve the presentation of personal plans to provide a clear structure of contents, information to be consistent throughout the plan and for important information to be easily identifiable (for instance the record of allergies).

### Risk Assessments

We found that some of the risk assessments and related action plans had not been included in the personal plans. The manager should ensure that risk assessments and management plans should be incorporated into the personal plans.

### Reviews

We were able to see that reviews of personal plans are being carried out however we would encourage the manager to ensure that these meetings are documented to reflect the areas discussed, changes to the personal plans and the views of all parties present.

### Communication with acute health services

In the event that a service user is admitted to hospital it is evident that lack of communication between the service and assessing professionals can result in poor outcomes for service users. The service endeavours to liaise with the assessing departments with little success. Therefore we discussed the benefits of tools such as the 'My Care Passport' or the 'Hospital Passport' to encourage the hospital staff to liaise, as appropriate, with the manager regarding the individuals circumstances with a view to assessing and facilitating a safe hospital discharge.

#### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

### Service Strengths

Information contained with Quality Theme 1, Quality Statement 1 in relation to participation also applies to this statement.

### Areas for improvement

Information contained with Quality Theme 1, Quality Statement 1 in relation to participation also applies to this statement.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**



### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

#### Service Strengths

At this inspection we thought that the service was performing at a good level in areas covered by this statement.

We looked at a sample of staff employee files and we are satisfied that safe recruitment practices have been followed to ensure that residents are kept safe. We were able to offer some suggestions on further good practices in safe recruitment in line with the Scottish Government guidelines, 'Safer recruitment through better recruitment' - <http://hub.careinspectorate.com/media/242396/safer-recruitment-through-better-recruitment.pdf>

The induction programme is designed in line with the Scottish Social Services Council 'effective induction' guidance and is mandatory for all new staff. Staff are not able to commence working with service users until all training has been completed and they had been deemed competent. This training informs new staff of the service's expectations and their role in promoting and maintaining client's dignity, independence and wellbeing. We concluded that the training offered enabled staff to have sufficient and up to date knowledge to allow them to take up their role with confidence. New carers are placed on a 3 month probationary period and we saw evidence of performance being assessed by the manager.

The service operates one small team of carers to provide home care support to less than ten service users. Each service user has a main carer identified with a view to building trusting relationships and developing the knowledge of the individual's needs, strengths and preferences. The manager introduces carers to service users prior to commencing the service. It is evident that service users enjoy a very good level of continuity which is essential for good outcomes.

Training opportunities are provided for mandatory and vocational areas for

personal development. The service uses face to face and online resources. The manager undertook the Train the Trainer Course in Moving and Handling of People and therefore provides this training to all staff. We discussed the dementia training staff had received and how this aligned with the Dementia Framework set out by the Scottish Social Services Council (SSSC) and NHS Education for Scotland. The manager will explore this resource and we will monitor the progress made at the next inspection.

The manager measures staff competency by accompanying them and observing practice and also by obtaining feedback from service users and their families.

The staff we observed demonstrated a comprehensive working knowledge of the people they support. When observing staff practice it was our conclusion that staff are motivated to support service users to meet the individual's support in a respectful manner whilst providing an enjoyable and meaningful social experience. We observed a carer advocating for a service user and actively seeking solutions to improve the health and wellbeing of the service user. The service user spoke positively of the carer's practice.

Team meetings are held regularly and the minutes reflect that these offer the opportunity for appropriate information sharing, peer support, shared learning and signposting to good practice. In order to facilitate good attendance at these events the manager had introduced media links (Skype) to enable staff to participate. We note that the service intends on introducing a 'carer of the month' award and will monitor the outcome of this initiative at the next inspection. The manager expressed a positive commitment to making sure that staff are supported to provide a very good service and it was clear that this work is on going.

The manager is registered with the Scottish Social services Council (SSSC) with conditions to achieve SVQ4 Leadership and Management for Care Services and SVQ4 Social Services and Healthcare. Whilst the register has yet to open for carers, the manager has sourced funding to support carers to achieve SVQ2 and SVQ3.

Staff told us they felt supported and listened to that the manager is approachable.

"We are very happy with the genuinely caring and thoughtful and professional carers".

### Areas for improvement

#### Training

We recommend that training is also tailored to support the individual needs of service users such as stress and distress training. The provider must ensure that service users who exhibit symptoms of stress and distress or whom staff report as having behaviours that challenge them has a personal plan to guide staff. In order to achieve this, the provider must:

- a) Ensure there is a personal plan which sets out the triggers that may contribute to stress and distress.
- b) Include in the personal plan signs of stress and distress and how this is displayed in each individual.
- c) Include guidance for staff on how to support residents by early intervention, minimising distress and helping residents feel calm, safe and secure.
- d) Ensure that staff are guided on when and how to document when residents show signs of stress and distress.

#### Supervision

Staff supervision should be developed to afford the staff the opportunity to reflect on their practice and learning opportunities. We suggested to the manager to develop in their own understanding of reflective practice in order to facilitate reflective supervision with other members of staff. We directed the manager to good practice guides for supervision:

- Scottish Social Services Council 'The Framework for Continuous Learning in Social Services' ([www.sssc.uk.com](http://www.sssc.uk.com))
- Institute for Research in Social Sciences 'Insights:achieving effective supervision (2015)' (<http://www.iriss.org.uk/sites/default/files/iriss-insights-30-23-06-2015.pdf>).
- 'Reflective Writing Guidance notes' ([www.shef.ac.uk/uni/projects](http://www.shef.ac.uk/uni/projects)).

#### Recruitment

The service would benefit from involving service users in recruitment by capturing the preferred attributes and qualities of any prospective new staff members working with an individual to ensure the best match.

### Staff feedback

The service should consider how it engages and seeks feedback from staff to identify and drive innovations at the service; for instance staff questionnaires.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

### Service Strengths

Information contained with Quality Theme 1, Quality Statement 1 in relation to participation also applies to this statement.

### Areas for improvement

Information contained with Quality Theme 1, Quality Statement 1 in relation to participation also applies to this statement.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

### Service Strengths

At this inspection we thought that the service was performing at a good level in areas covered by this statement.

Following the registration of the service, we are able to confirm that the service is complying with the conditions of registration. The only outstanding area is in relation to the Manager's qualifications. We are able to confirm that the manager is in the process of completing the SVQ4 Leadership and Management and SVQ4 Social Services and Healthcare. These qualifications should be gained prior to February 2017, in line with the conditions of registration.

The service has compiled policies and procedures for mandatory areas such as protection policies, medication policy and infection prevention. We will continue to monitor the development of these in line with current legislation and best practice.

There have been no notifications to date and although we never discovered any notifiable events. We directed the service to remain mindful to the 'Notification Guidance to the Care Inspectorate'.

The personal plans include other healthcare professionals such as the GP. It is clear that the manager is keen to develop links with other professionals and we would encourage this in view of the national policy for integrating health and social care services.

Manager is developing links with other care at home services to share ideas, good practice and for support.

## Areas for improvement

The manager has a very hands on approach to managing staff and liaising with service users and families. We would encourage the manager to develop quality assurance systems to demonstrate the review and evaluation of service delivery and staff performance.

We would encourage the manager to consider introducing different methods to obtain the views from service user, family and other stakeholders on all aspects of service delivery, staff performance and of the management. These views would enable the manager to demonstrate levels of satisfaction and identify areas for improvement.

We would encouraged the service to involving service users and their families in the Care Inspectorate self-assessment process.

The service should develop the accident policy and procedures to differentiate accidents from incidents. Staff should be made aware of this policy and procedure and the records should demonstrate good reporting and action plans where necessary.

We recommend that the provider should ensure that all copies of the complaints procedure have the correct details for the Care Inspectorate.

## Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## 4 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 5 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 8 Additional Information

There is no additional information.



## 9 Inspection and grading history

This service does not have any prior inspection history or grades.

## To find out more

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