

Pin-Point Health & Social Care Support Service

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Type of inspection:
Unannounced

Completed on:
12 April 2024

Service provided by:
Nova Payroll Management Services
Ltd

Service provider number:
SP2014012262

Service no:
CS2014324191

About the service

Pin-Point Health & Social Care is a care at home service registered to provide support to adults in their own homes. Support ranges from a few hours per week to 24-hours per day.

The provider is Nova Payroll Management Services Ltd. At the time of the inspection, the service was supporting approximately 130 people living in their homes across Aberdeen City and Aberdeenshire. The service has been registered since 12 June 2015.

About the inspection

This was an unannounced inspection which took place on 3 April 2024, 4 April 2024, 10 April 2024 and 11 April 2024. 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:

- spoke with 10 people using the service and 13 of their family and friends
- spoke with 25 staff and management
- observed practice
- reviewed documents
- spoke with relevant professionals.

Key messages

- Personal care needs were being met to a good standard.
- Personal plans indicated the best way to support people.
- Staff were knowledgeable and skilled in their roles.
- Quality assurance and auditing systems were improving outcomes for people.
- Some carers needed to improve the way they communicate with people.
- Office staff needed to communicate more openly with carers, to ensure people are getting the right care.

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?	5 - Very Good
How good is our staff team?	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 made an evaluation of good, for this key question. As several important strengths taken together clearly outweighed areas for improvement.

People appeared clean, tidy and well presented. People and their families spoke positively about how carers assisted them to wash and dress. A family member said, "he is always clean and looks good after his care visit." This indicated that people's hygiene needs were being met. Carers tended to personal care needs respectfully. For example, a carer emptied someone's catheter whilst engaging in meaningful conversation. As a result, people's hygiene needs were being met in a dignified way.

Support plans provided clear guidance around how people should be cared for. For instance, someone's plan indicated chosen days for hair washing, which products to use and how they like their hair brushed and pleated. Another plan had simple instructions around assisting with a hoist, whilst not distressing the person. Plans were therefore respectful of people's abilities and wishes. Furthermore, the "highlights" section provided an instant overview and included, health, mobility, personal care, medication and nutrition. As a reminder, this was beneficial to carers before making visits. This meant staff were aware of people's immediate needs and how these should be met.

Carers had good understanding of supporting people who may become distressed. They spoke about remaining calm and using distraction techniques. Staff were observed changing a continence pad for a person who finds this stressful. They were gentle and provided on-going reassurance, whilst also distracting through conversation. Care needs were met without the person becoming upset.

Management had good oversight of people who may require extra support and support plans provided guidance around how best to assist. We concluded that people were consistently receiving care and support that was right for them.

Staff were praised around their interactions with people. A family member said, "I can't praise the Pin-point staff enough, they are all nice and well mannered". However, this was not the experience for all people. Some people spoke about communication issues with carers. Staff also indicated that a minority of their colleagues communicate poorly with people. As a result, people found it easier to talk to some carers rather than others. The management team were working towards improvements through speaking with people and increased spot checks of practice (see 'how good is our leadership?'). The service must continue to improve how all staff interact and communicate with people to enhance people's overall experiences of care. **(See Area for improvement 1)**

Areas for improvement

1. To support people's health, social and emotional needs, the provider should ensure all carers are communicating and interacting with people positively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and

'I feel at ease because I am greeted warmly by people and they introduce themselves' (HSCS 3.6).

How good is our leadership?

5 - Very Good

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

An established management team were in place. Staff felt management were approachable when they went to them for advice. Quality assurance systems and processes were embedded into practice. We concluded the provider was efficiently monitoring and leading the service.

The provider was striving to improve outcomes for people. For example, they identified recruitment issues in rural areas were due to people being non-drivers. Following this, they supported five carers to successfully pass their driving test. They now have more carers to assist in remote areas. The service is developing this further by incorporating a salary sacrifice scheme towards driving lessons and test. This would make advertised jobs more attractive to potential staff. In turn, more carers would be available to support people.

The service improvement plan was detailed and based around positive results for people. Action plans were in place to drive continuous improvement and reduce risks. People and relatives' views were being sought through surveys and feedback. This meant the service was promoting a culture of improvement. Any complaints were being logged and investigated by the management team. Lessons learned were then researched and communicated to staff. This showed the service was transparent and responsive. Consequently, supported people were benefitting from the service's learning.

Management were undertaking spot checks of staff to evaluate practice. This oversight provided assurances that carers were engaging well with people. Following inspection feedback, the provider increased spot-checks to enhance monitoring of carer's communication skills (see 'how well do we support people's wellbeing?'). This showed a proactive culture to improve people's satisfaction with care visits.

Management provided care for people when they were on call. During this time, they were able to hear people's personal views whilst supporting them. For example, a supported person told management which carer they wanted whilst their regular carer was on holiday. This information was used to provide preferred support during this time. This meant people's lives were being enhanced through their thoughts and opinions being listened to.

The leadership team had good oversight of people's needs. Management of areas, such as nutrition, falls and medication, were checked and reviewed regularly. Effective systems were in place to improve outcomes for people. For instance, medication administration records were being audited consistently. The provider had recently improved this process, auditing paper records along with electronic records. Medication errors were reduced because of this.

How good is our staff team?

4 - Good

We made an evaluation of good, for this key question. As several important strengths taken together clearly outweighed areas for improvement.

Carers were observed working as a team to meet the needs of people. Two carers transferred someone from their living room to bedroom using a standing aid. They continued to interact with the person, whilst working together to move them. As a result, people were being assisted to transfer and mobilise safely.

Staff were positive about working alongside their colleagues. One carer said, "our team is great, and we work hard with each other to get things right for our clients." This meant staff were effective in meeting people's needs. However, whilst most staff worked well together, there were some aspects of teamworking that could be developed. This was discussed with the management team who were already looking at ways of improving teamworking. This included, developing communication skills of carers (see 'how well do we support people's wellbeing?').

Management were viewed positively by staff. Someone said, "office and management are approachable and nice" whilst someone else said, "my line manager is always available to help me. They will go above and beyond for you when needed". This meant staff felt supported to care for people correctly. However, some carers informed of communication issues with the office. Issues between office and carers could impact upon people getting the right care. The provider should enhance communication between office staff and carers to ensure positive outcomes for people. **(See Area for improvement 1)**

Rotas were made in advance of scheduled care visits. This meant staff were aware of where and when they were working. This provided organisation around care visits. People spoke highly of many carers and liked the familiarity of regular staff they could get to know. This meant people were supported by staff they were accustomed to. However, people said that there was some inconsistency of carers, particularly at weekends. One family member said "the weekends are hard. There is sometimes nobody that he knows and although his care is fine, he does get anxious." Management were aware of this and were looking at ways of providing more consistency with care staff. We were assured this would be improved and we will review this at future inspections.

Staff were attending training which was relevant to their role. Management were keeping track of this to ensure training needs were up to date. Carers spoke about feeling confident in caring for people. They were knowledgeable around a broad range of topics including, adult support and protection, moving and handling and safe hygiene. Therefore, staff had good understanding of their roles. Consequently, they were well equipped to meet people's care needs. Furthermore, management were in contact with the staff team. Staff were attending supervisions and team meetings and management were sending out e-mails with service updates. As a result, staff felt informed and supported by management. This meant that people were being assisted by staff who were knowledgeable.

Areas for improvement

1. To support people to get the care that is right for them, the provider should ensure office staff are communicating effectively with carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work together well' (HSCS 3.19); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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