

# Aberdeenshire Council – South Care at Home Service Support Service

Health and Social Care Partnership  
25 Gordon Street  
Huntly  
AB54 8AL

Telephone: 03456 081 208

**Type of inspection:**  
Unannounced

**Completed on:**  
15 May 2024

**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
SP2003000029

**Service no:**  
CS2018370744

## About the service

South Aberdeenshire Care at Home is registered to provide a care and support service to people living in their own homes. The service is divided into 9 teams with each team having their own geographic area: Huntly, Aboyne, Banchory, Mid-Deeside, Mearns (Laurencekirk), Portlethen, Coast, Alford and Stonehaven. Each team has their own care team co-ordinators and care staff. The provider of the service is the Aberdeenshire Local Authority.

The service has introduced the Four Pillars model of care and support, that is: critical/complex care, rehabilitation/enablement, end of life care and rural care.

## About the inspection

This was an unannounced inspection which took place on 29 April, 1, 2, 3, 6 and 7 May 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 40 people using the service and three of their family
- spoke with 29 staff and management
- reviewed documents.

We received five emails from people who used this method of providing their feedback on their experiences.

Prior to the inspection, we asked the service to issue surveys to people in the service, to staff and to supporting professionals:

We received 49 responses from people who use the service, 44 responses from staff and five from supporting professionals.

**Key messages**

- People were very happy with the quality of the care and support service they received.
- People said that they knew the carers who supported them and they were confident that they knew what they were doing.
- Staff were respectful of being in people's homes.
- Managers were accessible to staff and to people who use the service.
- There was a culture of inclusion - people were encouraged to have their say.
- Staff enjoyed their job and said they felt valued.
- Staff said that the training was very good and helped inform how they did their job.
- Care notes and risk assessments were detailed and reflective of people's needs.

**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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

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

People expressed very high levels of satisfaction with the service they received. We spoke with people from each of the 'geographic' areas and found that there was consistency in the care and support provided, and in the positive outcomes people experienced.

People praised the professionalism of the staff. Staff were respectful of delivering a service in someone's home. This reassured people and reduced their anxieties about their home becoming the staffs' 'workplace'.

The turnover of staff was low and this meant there was stability in the teams of staff in each area. This contributed in people getting to know the staff team and forming positive relationships. People were confident that staff knew them and how best to provide the service that was right for them.

Staff had access to people's care plans and risk assessments prior to supporting them for the first time. This meant that people were reassured from that initial visit, that staff knew how to support them with the care and support they needed.

The length and time of visits was agreed with the person, the service and care management. People said that the visits almost always happened at the arranged time. In the event of unforeseen circumstances that delayed their carer, people were telephoned and informed their carer was running late. People said because of this communication, they were not left anxious that their visit was not going to take place.

The care package and the time allocated, and the frequency of visits, was arranged prior to people received the service. People told us that the visits by carers were never rushed, and carers said that they almost always had enough time to deliver the care and support that people needed. In the event of carers finding that the agreed care package was insufficient, managers were quick to organise additional time to be added to the care package. The staffs' awareness of their role and their responsiveness meant the people's care and support adapted to their changing needs.

Care reviews took place regularly and people said that the review process was very useful in helping them have their say. People were happy they could contribute and that they were listened too. This contributed to people feeling involved and still in control of what was happening in their lives.

Some staff said that when some people are added to their workload, that the person did not always have the necessary items that is needed to support the good care and support. For example, carers have found no incontinence garments, wipes, washing foam. It is not the care staff responsibility to ensure that the necessary items are in place for the person, however, staff had been responsive to this deficit and ensured they had backup supplies. We felt this showed that staff were understanding and would go the 'extra mile' to ensuring that the service people received was respectful and compassionate.

**How good is our leadership?****5 - Very Good**

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

The management team was fully recruited, and the structure appeared appropriate for the type of service. Each team or locality had its own care team co-ordinators (CTCs). The CTCs were accessible and available to the staff who provided the care and support, and to the people who received it. People were aware of who the CTCs were and what their role entailed. Staff said that if they had any query or worry the CTCs were very good at providing the necessary support and advice. A few staff members said, 'Although we are lone workers for a lot of the time, we never feel alone'.

Managers completed a number of audits, and this helped them assess compliance with safe practice. A review of medication administration sheets was completed at the end of the medication cycle. This meant that managers had an overview of any practice concerns. However, it was positive that carers were completing peer reviews of review of medication compliance throughout the cycle. This helped identify issues quickly and ensure that the necessary support and corrective measures could be taken.

There had been a recent additional role added to the management team. The care team support officer (CTSO) worked alongside staff to ensure that observations of practice and compliance to guidance and that people's expectations were being maintained. The management team were committed and determined to ensure that people received a consistently very good service by having effective oversight.

Staff were very happy that the manager attended the team staff meetings. They said that this meant she could hear firsthand what was working and what needed changed. Staff all said that the manager and her team were very supportive and understanding. We felt that the positive role modelling demonstrated by managers, helped strengthen the positive and committed attitude of the whole team.

**How good is our staff team?****5 - Very Good**

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

Staff were very positive about their work. They all recognised the importance of their role, in particular, in supporting and enabling people to live in their own homes.

Staff felt very supported by managers and their peers. They said that there was always someone to speak with if there were any questions. All staff said that this open communication helped them feel supported and less vulnerable when working on their own. We felt that this respectful and supportive staff culture, had contributed to the very high levels of job satisfaction.

Staff were very positive about the training they received. This was a mix of online training and face to face. Palliative care and first aid training were singled out by staff as being very good. Some staff spoke about how this training had helped them recently in their role. Many staff spoke about the determination and need to 'get it right' for people who were receiving end of life care. Staff showed genuine care and compassion for the people they support.

New staff said the induction process was very good. They felt supported and included from their first day. The induction period was flexed to the needs of the staff member. This meant that if someone needed additional time to feel confident in their skills and knowledge, this would be accommodated. Managers wanted a confident and capable staff team and wanted people to have ongoing consistency in the standards of care and support they received.

Staff were happy about the levels of oversight on their practices. They said that it reassured them to be adhering to safe systems and to ensure there were no concerns with their practice. Staff were committed to getting things right for people and it mattered to them to feel valued and praised.

Staff supervisions took place at regular intervals. Staff said these were very useful because it gave them the opportunity to discuss any challenges they were having, any training deficits or any career development needs. We felt that the ways in which staff were included and contributed to the service, demonstrated a management team that valued and respected the staff. This helped keep morale high and staff turnover low.

## How well is our care and support planned?

**5 - Very Good**

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

Each person had a folder that contained their care plans and risk assessments. These folders were left in people's own homes, and this meant that people could read about their needs and planned care and make their own assessment on the accuracy of what was documented.

People's initial care plans were made up from the information provided by care managers. However, the care plans and assessments were added to as more details and information were established by staff. As staff got to know people better, they could make their own assessments on the accuracy of the information contained in the care file. This meant that the care files accurately reflected the needs of people.

Staff had access to electronic care summaries via a 'buddy'. This was an electronic device that provided any changes to people's health or care needs. For example, if someone was unwell and had an infection. This helped ensure that staff were prepared before they entered the person's house.

If someone new to the home care service was added to staff's workload, they would be able to read all of their care plans and risk assessment on the teams site. Staff said that prior to this system coming in, they would often only know the 'basics' about people before the first visit. Staff recognised that knowing the details about someone's care prior to that first visit, increased their confidence.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.