

# Angus Health & Social Care Enablement & Response Team Support Service

Kinloch Care Centre  
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**Type of inspection:**  
Unannounced

**Completed on:**  
24 May 2024

**Service provided by:**  
Angus Council

**Service provider number:**  
SP2003000043

**Service no:**  
CS2004079355

## About the service

Angus Health and Social Care Enablement and Response Teams provides short-term enablement and an emergency response service to encourage and support people living in Angus to live as independently as possible in their own homes. The service works with independent care providers to establish new support arrangements for people who require longer term support.

The service has been registered since 27 November 2017 and is provided by Angus Council.

## About the inspection

This was a full inspection which took place on 20, 21 and 22 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 nine people using the service and six of their family representatives;
- spoke with ten staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People were supported by staff who treated them with kindness and respect.
- The service supported people to regain skills and independence after discharge from hospital or a period of illness.
- People told us that the service supported them to remain at home for longer.
- Care planning and recording administration needed to improve.
- The service was going through a large review at the time of this inspection, impacting on staff moral.
- The service was introducing new IT processes, which impacted on staff time in attending to administration tasks.

## 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?	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?

5 - Very Good

We evaluated this key question as very good. An evaluation of very good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

The aim of the service was to provide a short-term enablement service, supporting people to regain skills and confidence after a discharge from hospital or a period of illness and/or to assess for a longer-term mainstream service, if required. People using the service, and their relatives spoke highly of the service and the staff who supported them. People told us; 'I cannot fault the service; it's been an absolute life saver' and 'Everything they do is done to a good standard; they always treat me with respect'. We also heard appreciation that the service was not ended abruptly, and that people were supported to gain their independence and had confidence about their ability to cope before the service ended. Relatives told us; 'I like the way the service tapers off naturally, it was not stopped abruptly, this helped my relative to feel he had got his independence back and would cope when the service ended.', and 'my relative's confidence is so much better since they were discharged from hospital with this service'.

People were supported at a relaxed pace. People told us that they were not rushed, and this was evidenced during our visits out with Social Care Officers (SCOs) during our inspection. We saw that care was delivered at a relaxed pace with positive and respectful interactions between staff and people using the service and their families.

The service used technology to prompt and remind people to take their medication, for people who required this. A review of the service was underway, which was looking at the possibility of supporting and supervising administration of medication in the future for people who required more supervision.

Weekly multidisciplinary meetings were held with other peripatetic professionals such as Occupational Therapists, Speech and Language Therapists and District Nurses. This enabled senior staff regular opportunities to discuss any concerns or need for additional assessments or services. Senior staff were also able to request equipment or adaptations and get these in place quickly. This supported people to regain and maintain their independence and ensure their safety during their recovery.

The service was increasing its support to people at the end of their lives and who wanted to remain at home. The service worked closely with district nurses and other professionals to support people receiving end of life care. As part of the service review, the service was looking at ways of increasing this area of support.

Support plans and risk assessments were not detailed enough and did not consistently set out if Power of Attorney (POAs) or other involved people had been consulted during reviews or changes to people's support. We discussed the importance of ensuring that this information was recorded within support plans and have reinstated a previous area of improvement from our last inspection. We will monitor this at our next inspection.

**(See area for improvement 1).**

Office spaces were clean, tidy and well organized. Appropriate anti-viral/bacterial wipes were freely available in office spaces and instructions for staff to ensure that they wiped down computers and telephones after use. Staff were observed to use appropriate personal protective equipment (PPE) when out

on visits, which were worn correctly at the point of use.

### Areas for improvement

1. The Provider should improve systems of communication and consultation with individual's Welfare Power of Attorneys (WPOA). This should ensure that all staff are aware of their responsibilities in recording and consulting with WPOA in any decisions about the care and support to be provided.

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

**"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).**

### How good is our leadership?

**5 - Very Good**

We evaluated this key question as very good. An evaluation of very good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff told us that managers were always available to them, and often worked alongside them when required, at short notice. They stated, 'my managers are very approachable and are very helpful if there are any problems,' and 'All the seniors and managers are very good. If there is any problems, you can go to them, and they are on to it straight away'. This also meant that seniors were keeping up to date with issues out in the service area, as well as observing staff practice at these times. All the staff we spoke to referred to managers and senior staff positively.

Staff told us that they could seek advice and guidance from managers whenever they needed to. Senior social care officers worked alongside Social Care Officers (SCOs) in the area hubs and therefore had regular access to each other. We observed this during our inspection and also the transfer of information regarding issues or concerns with service users. This meant that problem solving was ongoing on a daily basis, however, we discussed with managers the importance of recording this information within support plans or supervision records in order to evidence how or when decisions/changes had been made to people's support or with staff.

The service was in the process of a large scale review, which was impacting on staff morale. Managers were meeting with seniors regularly to keep the team updated with changes or updates from this review. Some staff felt that they were not updated often enough, and we discussed how managers could increase support to junior staff during this process.

Quality assurance processes such as stakeholder engagement and satisfaction questionnaires evidenced that satisfaction levels for the enablement and community alarm service were high. Some people reported some alarm calls were not responded to. We heard that the community alarm system was being transitioned from an older analogue system to an updated cloud-based system. Additional safety measures meant that missed calls, due to issues such as power failures were saved and return calls made to those affected, and people who had been identified as very vulnerable automatically received a visit to ensure their safety. The system had been highlighted as a high risk area for improvement for the service, and was anticipated to be fully in place within three months. We will monitor this at our next inspection.

Weekly multidisciplinary meetings took place between seniors and other external peripatetic professionals. In addition, monthly managers meetings took place to ensure that appropriate information was shared, and changes made promptly to people's support in order to improve outcomes for people using the service.

Audits of support plans needed to improve. Information had been added to audit tools to ensure that they contained up to date information, regarding relevant others such as POA and involved relatives. However, these audits had failed to pick up that this information was missing, or had not been checked within support plans or review documentation.

We discussed the importance of ensuring that audits are carried out robustly and that necessary changes are made to support plans **(See area for improvement 1)**.

## Areas for improvement

1. Managers should increase audits of support plans, and ensure that audits are effective in ensuring that relevant people such as Powers of Attorney (POAs) and involved relatives are identified and included in reviews and discussions of people's support.

Staff should fully understand people's support outcomes, and how these should be achieved, and that this information is clearly set out in support plans.

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

**'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.'**  
(HSCS 2.12)

and;

**'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and preferences'.**  
(HSCS 1:15)

## How good is our staff team?

**5 - Very Good**

We evaluated this key question as very good. An evaluation of very good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff worked well together, and it was clear that staff got on well together and maintained positive professional working relationships. Staff we spoke to stated, 'I like that there is no issues within the team, we all get on really well together' and 'I really like my job, every day is different, we get good support from the other SCOs and team managers'.

Staff were effectively deployed and the service benefitted from being able to deploy staff from different areas to cover for staff during periods of annual leave or sickness. The service had recently developed a staff bank, which was mostly staffed by the council's own staff. This meant that these staff had benefitted from the same training and development which promoted consistency and safety for people using the service.

Staff training and development processes were in place and maintained, which meant that staff were

monitored with regards to mandatory training requirements. Staff training was up to date, however, some staff stated they would benefit from more opportunities for specific training relating to conditions that they are required to support people with such as diabetes, and palliative care. This training was available from time to time and we discussed with managers the importance of refreshing and updating this training, and of ensuring that newer members of staff had opportunities to access this. We will monitor this at our next inspection.

Although policies were in place to ensure that staff received regular supervision and at least an annual observation of practice, we found that staff were confused about how often they should receive this. We observed that staff supervision was not always carried out at the intervals stated within Angus Council policies and some staff had not received an observation of their practice for some time. We discussed with managers how supervision could be enhanced to ensure that this was brought back in line with current policies and procedures.

**(See area for improvement 1).**

Staff told us that they had good support from managers who were available to them whenever they needed guidance or support. We heard that managers often had informal meetings with staff in the office hubs, however, these were rarely recorded. We reminded managers to ensure that informal meetings with staff should also be recorded to ensure that these discussions were evidenced in decision making and in their personal records.

Recruitment of staff was carried out in line with 'Safer Recruitment through Better Recruitment guidance' which ensured that appropriate checks were made of staff prior to employment. This ensured that people were kept as safe as possible, and that only appropriately qualified and registered staff were employed.

## Areas for improvement

1. In order to ensure that staff are supported, and that appropriate checks are carried out to ensure that they are maintaining their training and continuous professional development as required of their professional codes of practice; managers should ensure that staff supervision and observations of staff practice are effective and carried out as set out in the service own policies and procedures.

**This is in order to ensure that support is consistent with Health and Social Care Standards (HSCS) which state that:**

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)**

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from regular assessments and reviews of their care and support. At the time of our inspection, people starting with the service received a 72 hour and then a ten-day review to ensure that people were getting the right level of support. The service was then reviewed on an on-going basis as people improved, or it was decided that a mainstream service was required. The service continued to

provide support until a mainstream service was able to take over, which ensured seamless support from one service to another and ensured that people's wellbeing during this process.

There was very good involvement of peripatetic professional supports, such as Occupational Therapists, District Nurses and Speech and Language Therapists. Staff had direct access to, and were able to refer directly to these services via regular weekly multidisciplinary meetings. This meant that additional assessments or equipment was able to be put into place quickly, and people had the correct support at the right time to ensure their safety and wellbeing.

Risk assessments were carried out prior to the service starting in order to keep people and staff safe. Although generic environmental risk assessments were in place; we found that specific risk assessments, for example, people at high risk of falls, were not carried out within the sample that we looked at. These are important as they inform staff of specific risks and how to manage these safely when supporting people. Risks were reduced by frequent discussions and weekly meetings between Social Care Officers (SCOs) and Senior Social Care Officers (SSCO) within the central hubs, however, without accurate documentation, there was an increased risk that staff, especially new or unfamiliar staff could miss important information. **(See area for improvement 1).**

Care plans were in place but did not consistently, or clearly set out the support people required with enough detail. Although support plans set out basic information that staff required to carry out support, they did not provide enough detail to ensure that all; especially new or unfamiliar staff were clear about the supports agreed. Staff worked well together which reduced risk, however, new staff could have difficulty following plans accurately. **(See area for improvement 1 in section two of this report).**

People benefitted from regular reviews of their care and support, however, the service should improve the recording of people's views using the service. Care plan, and audit documentation had improved to include the details of Powers of Attorney (POA) and relatives; however, this was not consistently completed/ recorded within support plans, which meant that staff may not always be aware of POAs or other representatives. It was not clear if POAs or other family members were invited to attend review meetings. We spoke to relatives who agreed they had been involved appropriately, but recording systems did not accurately reflect this. **(See area for improvement 1 in section two of this report).**

We discussed the importance of having this information within all support plans and review documentation with managers. We also took into consideration the implementation of several new IT systems, currently being introduced into the service, which when fully implemented, should improve the recording of all relevant information. We have continued a previous area for improvement, and will review this again at our next inspection.

## Areas for improvement

1. In order to reduce risk and keep people safe, managers should ensure that specific risks, where appropriate, have been identified and clearly recorded within people's risk assessments.

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



'My care and support is provided in a planned and safe way, including if there is an emergency or unplanned event.' (HSCS 4.14).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The Provider should improve systems of communication and consultation with individual's Welfare Power of Attorneys (WPOA). This should ensure that all staff are aware of their responsibilities in recording and consulting with WPOA in any decisions about the care and support to be provided.

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

**"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" (HSCS 2.11).**

**This area for improvement was made on 18 November 2019.**

#### Action taken since then

We found that this area for improvement is partially met. Documentation had improved to include the details of POA, however, this was not consistently completed within support plans, which meant that staff may not always be aware of POA or other legal representatives. People were reviewed regularly but we found that in some cases it was not clear if POA or other family members had been invited to attend these meetings.

We spoke to a number of relatives who all agreed that they were involved appropriately, however, recording systems did not accurately reflect this. We discussed the importance of having this information within all support plans and review documentation with managers, and took into consideration the implementation of several new IT systems currently being introduced into the service, which when fully implemented, should improve the recording of all relevant information including details such as POA and family members.

We have continued this area for improvement and will review this at our next inspection.

#### Previous area for improvement 2

The Provider should improve the assessment process to ensure decisions are made on up-to-date information. This should also include the involvement of the Welfare Power of Attorney (WPOA) in any decisions made based on the assessment.

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

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13).

This area for improvement was made on 18 November 2019.

## Action taken since then

We found that this area for improvement was partially met. Documentation had improved to include the details of POA, however, this was not consistently completed within support plans. Families will soon have access to the new 'PASS' online system which will provide family or legal representatives the ability to log in and see if their relatives' care notes, and check that they have received their planned care. Staff used a referral prompt sheet with added checks of adding in POA or Guardianship information, however, we found that this was often not checked on files we sampled or recorded.

Regular meetings were held to discuss all service users and share relevant information between staff and managers and it was clear that staff knew about relevant people, however, this information was not always recorded. The service was in the process of introducing new technology around documentation and was also undergoing a review of the whole service which impacted on some areas of documentation due to the temporary need to replicate this information across several systems.

Due to these difficulties, we have re-stated this area for improvement.

## 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
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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