

# Seasoned Hands Care Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 May 2024

**Service provided by:**  
Graceguard Services Ltd

**Service provider number:**  
SP2016012686

**Service no:**  
CS2017360594

## About the service

Seasoned Hands Care provides a care at home service to people living in Edinburgh and the Lothians. The service provider is Graceguard Services Ltd.

The service provides packages of care with a minimum one-hour visits. Sixty one people were using the service at the time of this inspection.

## About the inspection

This was an unannounced inspection of the service which took place on 21 May 2024 between 09:00 and 15:00, 22 May 2024 between 09:00 and 15:30 and on 23 May 2024 between 10:00 and 14:30. The inspection was carried out by two inspectors 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire.
- We talked with members of staff and the management teams.
- Observed staff practice and daily life.
- Reviewed a range of documents.

**Key messages**

- People were supported by a small group of staff that they knew well.
- Staff demonstrated a good knowledge of people's needs.
- The provider should make improvements to their quality assurance process and ensure that their systems are used effectively.
- The provider should work with others to implement a comprehensive development plan.
- Staff had been recruited in a way that made sure they were safe to care for people.
- Support plans were of variable quality. We identified key areas for development around the quality of documentation, review and risk management.

**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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

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

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

We visited people at their home address and observed positive and respectful interactions between staff and those being supported. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

Most people were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. One person said, "The carers are mostly consistent; I get on with them all." However, for some people consistency of staff was not always provided they reported not always knowing who was coming "I don't always see the same person, often I don't know who will arrive".

We discussed these concerns with the management team who stated if they wished people could receive a weekly rota so they knew which staff member would be undertaking each of their visits and what time the visit would be. We asked that managers update people's preferences in relation to this.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

People's support plans should give clear direction about how to deliver each person's care and support. The sample of care documentation viewed, lacked detail in relation to information about individual's abilities, routines and preferences. There was a heavy reliance on staff knowledge to provide effective support. We will cover this further under key question five "How well is our care and support planned?". However, people had access to their individual support plans which promoted their rights in relation to information held about them.

Staff were good at understanding when people needed additional support time, assessment for aids and equipment or intervention from other health and community-based services. We recognised that this responsiveness helped facilitate some positive outcomes around health and well-being.

The management team regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's Medication Administration Records and established that staff had given the correct medication to people at the stated times. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

There was a previous area for improvement in relation to topical creams. We concluded that this area of improvement had been met.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Managers were supportive, responsive, visible, and available to staff and people they supported. People receiving support told us, "The managers are always polite"; describing being able to easily speak to someone and telling us that they were approachable and responsive to any concerns highlighted.

People experiencing care should be confident of the provider's commitment to robust quality assurance. The manager had started developing new systems to record quality assurance information, with a view to gaining clear management oversight of the service.

This included tracking of audits for personal plans, reviews, spot checks and medication; however, this information was inconsistently recorded. It therefore did not give the manager sufficient oversight to see what was working well and where improvements were needed. The provider should make improvements to their quality assurance process and ensure that their systems are used effectively.

There was a lack of cohesion between tasks carried out by individual staff and the overall performance of the service. A comprehensive development plan would help consolidate key responsibilities and clarify expectations for all involved.

We spoke to the provider about the involvement of people using the service in the improvement process and the importance of sharing progress with them. To demonstrate a commitment to supporting improvement activity, the provider should work with others to implement a comprehensive development plan. This would help assure people that their outcomes and wishes are the primary drivers for positive change.

We made a previous area for improvement in relation to quality assurance at the last inspection, this has now been revised to a requirement. (**See requirement one**)

## Requirements

1. By 31 July 2024, to ensure that people are confident that the care they receive is well led and managed, the provider must include, but is not limited to:

- carry out assessment of the service's performance through effective audits,
- develop action plans which include specific and measurable actions designed to lead to continuous improvements,
- detailed timescales for completion/review,
- align systems to good-practice guidance,
- include the view and opinions of key stakeholders,
- ensuring staff who undertake quality assurance roles are trained and supported,
- ensure affective management oversight and leadership to drive forward the improvements needed,
- develop a comprehensive improvement plan reflecting the outcomes of quality assurance processes.

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)

This is to ensure the care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes" (HSCS 4.19) and "I use a service and organisation that are well led and managed" (HSCS 4.23).

## How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the people they support. Some concerns were raised around being notified of changes to visit times and care staff at short notice; the manager was aware that communication improvements still needed to be made within identified care teams.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly with relevant checks being undertaken.

Management had developed an induction process for all new staff which included opportunities to shadow experienced staff until they felt competent to work on their own. This ensures that the people they support experience care that is supported by staff who are competent and knowledgeable about the needs and risk of each person they support.

There was no formal end of probation period review for new staff. Managers should complete a comprehensive review of staff's abilities, competencies, skills and knowledge, seeking views from supported people and their families. This would ensure people experience high quality care, from a competent and reliable workforce.

Feedback from staff was mixed in relation to receiving regular one to one supervision or opportunities to meet as a team. This suggested there was little opportunity to evaluate staff's competency or learning and development needs. Some staff told us they had not attended supervision or team meetings in some time. We were concerned that staff did not have access to up-to-date practice guidance or information. This could potentially put people's health, safety, and wellbeing at risk.

We discussed our concerns with the management team, staff supervision takes place on a six monthly basis with checks on competency taking place regularly. The management team had recently introduced four work zones where one care coordinator within the office base will take full ownership of staff and service users within their area, given a central point of contact for communication, staff supervision and competency checks. We will follow up on this at the next inspection.

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Support plans were of variable quality. We identified key areas for development around the quality of documentation, review and risk management.

Support plans lacked sufficient person-centred detail to enable staff to deliver safe, effective, and consistent care. We sampled plans of people who had identifiable conditions; however, the care plans did not reflect this or specify guidance and approaches staff could use to provide effective support.

There was a heavy reliance on staff knowledge and consistency to provide effective support.

Risk assessments also needed development. We found that documentation outlined risk, but failed to add the level of detail that would ensure that staff fully understood how to work effectively with presenting issues.

Reviews of people's needs had taken place; however, review records lacked detail in relation to identified actions where people's outcomes, views and preferences had been recorded. To make certain that people's needs were being met, the service should ensure that people are supported to express their views and that this is properly recorded in people's support plans in order that robust evaluation is well evidenced.

We made a previous area of improvement in relation to reviews of care at the last inspection. We have revised this to an overall requirement in relation to care planning. (**See requirement one**)

## Requirements

1. By 31 July 2024, the provider must demonstrate that personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this the provider must:

- Undertake a full assessment of people's needs.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Where there is a risk identified there is appropriate risk reduction or preventative measures recorded to provide guidance to staff.
- Ensure care plans are reviewed and updated when people's needs change.
- Ensure that there is effective case recording, with appropriate evaluation to determine if actions are required.
- Ensure staff have undertaken training with regard to care planning and care recording appropriate to their role.
- Implement an effective auditing system to review care plans and take action when concerns arise.

This is in order to comply with: Regulation 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS): "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 choices". (HSCS 1.15)

## 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

To reassure people experience safe and effective medicine administration and management in a manner that protects the health and wellbeing of supported people. The service should develop better systems to:

- Make sure that the service maintains appropriate and accurate records of topical medication administration sheets which are reflective of where and when a cream or lotion should be administered. This should also be supported with a clear body map.
- Identify that medicines are administered as instructed by the prescriber.
- Audit medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me" (HSCS 1.19) "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

**This area for improvement was made on 19 January 2023.**

#### Action taken since then

The management team had introduced a topical creams care plan with accompanying body map, this gave clear guidance to staff as to where and when creams or lotions should be administered.

Regular audits of medication administration records were undertaken.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure that people are supported to understand the standards they should expect from their care and support and encouraged to be involved in evaluating the quality of the service they receive the provider should ensure:

- People's views are sought and recorded as part of regular review processes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

**This area for improvement was made on 19 January 2023.**

#### Action taken since then

Elements of this area for improvement had been met, however we have made a further requirement in relation to overall care planning. Further information can be found under key question five "How well is our care and support planned?"



This area for improvement has been met.

### Previous area for improvement 3

To ensure people experience safe care and support where management have good oversight and monitoring of the service, internal quality assurance should be improved. This would include:

- Quality assurance systems in place support a culture of continuous improvement. There are processes in place to capture and evidence, complaints, concerns, feedback, reviews of care, personal planning outcomes and monitoring of practice.
- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.
- A comprehensive improvement plan reflecting the outcomes of quality assurance processes is compiled and forwarded to the Care Inspectorate by 28 February 2023.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.1)

**This area for improvement was made on 19 January 2023.**

#### Action taken since then

The manager had started developing new systems to record quality assurance information, with a view to gaining clear management oversight of the service. However, this did not give the manager sufficient oversight to see what was working well and where improvements were needed. Further information can be found under key question two "How good is our leadership?".

We have revised this area for improvement and made a requirement in relation to quality assurance.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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