

Castle Care - Angus Housing Support Service

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Type of inspection:
Unannounced

Completed on:
24 May 2024

Service provided by:
Castle Care (Scotland) Ltd

Service provider number:
SP2013012212

Service no:
CS2016352751

About the service

This service was registered as a support service with the Care Inspectorate on 28 September 2017 and is provided by Castle Care (Scotland) Ltd and provides a service to people living in Forfar and the surrounding areas within the County of Angus.

Castle Care aims are to:

'Take pride in providing a person centred approach giving you real choice and control over your care needs. You are the best person to determine how your needs should be met. We will work with you to achieve the personal outcomes you require'.

About the inspection

This was an unannounced inspection which took place on 21 and 22 May 2024. 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 15 people using the service and their families
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People experiencing care reported a high level of satisfaction.
- Personal plans had improved and were detailed and person centred.
- Staff worked well together as a team and felt supported by management.
- Quality assurance processes needed developed in order to drive improvements.
- Staff treated people with dignity and respect.

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?	4 - Good
How good is our staff team?	4 - 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?

4 - Good

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

There was a high level of satisfaction among people experiencing care. People told us that staff were always friendly and supportive. Some said, 'I can't fault the staff, they are very attentive', 'We always have a laugh, it brightens my day' and 'They're all brilliant'. Staff clearly knew people well, and this enriched the lives of people experiencing care. People told us carers were reliable and compassionate. As a result, people were comfortable and felt at ease.

People experienced an emphasis on social engagement during visits, and staff used every opportunity to engage with people in a meaningful way. There was appropriate use of banter and some genuine, kind and caring interactions between people. We were told, 'the fact the carers are so chatty and friendly has really helped me accept care'. This meant people looked forward to their visits and were able to build positive relationships with carers.

Staff were respectful, and acknowledged they were working in people's homes, knocking before entering, and following specific house rules. We were told, 'Staff always take their shoes off, this is very important to me'. This promoted people's dignity and formed the basis of a good working relationship between the provider and people experiencing care.

People were encouraged to be independent. For example, carers encouraged people to undertake tasks for themselves, such as putting on their own socks and shoes. This enabled people to maintain a sense of purpose and self-worth.

People told us that the provider was reliable. Staff were on time, however, if there was a delay anticipated, people were informed. People liked the carers supporting them, and they were generally supported by a consistent staff team. This meant people had consistency with their care and could get to know staff well. We were told, 'it's good, as I get to know them'. As a result, people felt reassured and safe.

People told us they felt well informed and that communication was good and 'I always get a quick response if I contact the office'. This meant people were considered and felt involved in their care.

The service had developed supportive relationships with external professionals. We were told, 'Castle care always promote our advice, and they are very approachable'. Staff recognised people's changing health needs, and shared this information quickly, with the right people. As a result, people benefitted from input from relevant professionals, to maintain their health and wellbeing.

People using the service were encouraged to take good care of themselves, by eating and drinking well. People were given choices at mealtimes, and staff used a variety of methods to help them make choices. This supported people's nutritional and fluid intake.

Aspects of the medication process did not comply with the service registration. Some people had medication administered, rather than prompted. We discussed this with the management team and the actions necessary to rectify this process. We had confidence that the management understood and would take the relevant action, promptly. **(See area for improvement 1)**

Areas for improvement

1. In order to maintain people's health and wellbeing, the provider should ensure that people have their medications administered appropriately, as prescribed. The provider should ensure this complies with the conditions of their registration.

This is to ensure that care and support is consistent with the 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 good is our leadership?

4 - Good

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

Reviews had taken place six monthly, and were attended by people who received care, and those who were important to them. There was evidence to support that staff were proactive in discussing changes to people's care provision, and taking appropriate action as necessary. This meant people's views were taken into account to enhance their care experience.

Accidents and incidents, such as falls, were documented and reported appropriately, with clear actions taken to reduce further risks to people. The manager had good oversight of this but it was noted that two accidents had not been reported to us. However, measures to safeguard people had been put in place, and therefore the risk to people was low. We discussed this with the manager, who took prompt action, and we had confidence that this would improve. We will follow this up at our next inspection.

People spoke positively about the manager of the service. We were told, 'I can come into the office and chat to the manager. She deals with any issues' and 'I can put my views across and voice my opinions'. People were reassured that any concerns were welcomed and responded to appropriately.

A service improvement and development plan was in place, with key priorities identified for the year. This meant management had a clear understanding of what was working well in the service and what improvements were needed.

Although management audited all key areas of the service, there was no clear, written quality assurance system in place. This meant there was no evidence on how the outcome of these audits were used to develop the service. This is important as it drives improvement and leads to positive outcomes for people. We discussed this with the manager who took prompt action to start to develop a monthly quality audit process. We were confident that this was seen as a priority for the service and an ongoing development. We will follow this up at a future inspection.

Staff meetings were being held every three months and were well attended. We were told, 'Everyone is quite vocal, and everyone speaks up. I feel my views are considered and they listen to what I have to say, and changed things for the better'. This meant staff felt supported in their roles.

Management had created a relaxing room in the office, for staff to spend time, and there was an open-door policy to come in for a chat and socialise, as well as share good practice. Everyone spoke positively about 'Bacon roll Thursday'. Management had worked hard to create a friendly, informal environment in the office for staff. This meant management gave consideration to ensuring staff's wellbeing.

Team leaders monitored staff competence through the use of observations of practice audits. Findings from these audits were used to improve practice. Staff told us that their competence was regularly observed, and we could see this through records we viewed. This meant people could be confident that ongoing assessment aided staff competence and development.

A complaints policy was available and accessible to everyone, and any complaints were dealt with timeously. The manager had used anonymised, previous complaints, to discuss in training sessions. This meant that complaints were seen as a process staff could reflect and learn from, to improve standards of care for people.

How good is our staff team?

4 - Good

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

Staff were working well together as a team. We were told, 'It's a good team', 'The guys here are amazing' and 'The team is united'. People were being supported by a motivated staff team, some of whom had worked at the service for a long time. The service had also recently been successful in recruiting to fill the remaining vacant posts. This meant people were supported to meet their needs using a consistent approach.

Staff were working hard, and demonstrated values that were in keeping with the health and social care standards. People were supported at their own pace, and told us they didn't feel rushed. Staff used a warm, friendly approach and were engaging in conversations with people. This meant that there was a sociable atmosphere, with people being treated with dignity and respect.

The manager had good oversight of all training, and compliance had significantly improved. Training was carried out both online, and face to face, and covered topics such as safeguarding, dementia, working in a person centred way and fluid and nutrition. This meant people could be confident that staff had the knowledge to care for them, in order to maintain their wellbeing.

Staff recruitment had been carried out appropriately and in line with current guidance as set out in the Scottish Social Services Council and Care Inspectorate guidance; 'Safer recruitment through better recruitment 2023'. Three monthly checks were completed to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were keeping people safe.

Staff supervision was being carried out on a regular basis. We were told that this had improved, and that these meetings now felt 'meaningful'. The manager had also supported staff with their continuing professional development. This helped to maintain a positive staff morale.

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.

Personal plans had improved, and were comprehensive and person centred, with lots of detail. People's daily routines were clearly documented, and it was easy to see how to support people to meet their needs from the information. This meant people received the care and support they needed in their own homes to be safe and comfortable.

We observed that some care plans had more 'About me' information than others. This was raised with the manager, who advised they are in the process of completing this for everyone. However, staff demonstrated they had good knowledge of people's background, wishes and preferences, in order to meet their needs.

People were fully involved in decisions about their care and support. People and their families told us they felt included, and that their voice was heard. We were told, 'They always take things on board and look for solutions' and 'I get reviews and I am listened to'. The service were committed to involving people in their own care.

People had personal plans in place that were regularly reviewed and evaluated. The provider had undertaken care file audits, and this was important, to ensure care plans and risk assessments were up to date. As a result, people's care was right for them and met their needs and preferences.

The service held detailed information regarding people's health needs. The service displayed good practice with the addition of a diabetic protocol for relevant people. This provided staff with clear instructions how to offer support to people with this condition, and how to respond to any significant changes. This helped promote people's safety and wellbeing.

Staff had good knowledge of the people they supported. This meant they could identify any changes for people, and ensure that appropriate referrals were made to other professionals, where necessary, to maintain their wellbeing.

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes. This ensured that current risk measures in place were appropriate.

Legal powers were documented in people's care plans and a copy of legal documents evident. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

The service acknowledged that they will work towards supporting people with Anticipatory care plans moving forward. We will follow this up at our next inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 15 January 2024 the provider must ensure that all staff have completed all mandatory and core training in order to ensure that staff are competent and safe to carry out their roles and responsibilities.

This should include but is not limited to:

- a) Ensure that all staff receive a comprehensive induction when they start working with the organisation, to ensure that they understand their roles and responsibilities.
- b) Complete Moving and Handling training prior to working alone with service users.
- c) Have an understanding of Adult support and protection.

In order to comply, the provider should:

- a) Demonstrate that all staff receive appropriate induction and training to carry out the work they are to perform.
- b) Improve the quality assurance of staff training and update requirements to ensure that managers are aware of the training needs of staff.
- c) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

This is in order to comply with:

The Social Care and Social Work Improvements Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 15 (b)(i)

This requirement was made on 24 November 2023.

Action taken on previous requirement

All new staff undertake a full induction, with an experienced member of staff overseeing progress. Staff complete an induction pack and undertake a competency questionnaire on completion, for management to review. Staff work three shadow shifts, or can request more, if required to feel competent. New induction is in the process of being developed. The manager will start a new process to speak to staff after shadow shifts to identify any further support needs. This will be evidenced in written documents and kept in staff files.

New staff recently recruited, completed online moving and handling training in addition to practical training, before they worked on their own. This was completed on shadow shifts.

Safeguarding training was completed by all staff sampled on an eLearning system. Discussions with staff evidenced that staff had good knowledge around adult protection issues and how to report concerns.

Managers had good oversight across all training and compliance had significantly improved. A variety of appropriate topics were covered in relation to clients being supported. The manager allocated two courses for staff to complete each month and monitored this closely for compliance.

There was positive feedback from staff regarding the new training process implemented and they told us they have enough training to ensure competency in their role.

Training needs were discussed at supervisions. Training was on staff meeting's agenda item alongside continuous, professional development.

Staff observations carried out were positive, and we evidenced staff carrying out care and support procedures in line with the service current policies.

Met - within timescales

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 ensure that that people benefit from effective quality assurance processes, the provider should review and develop quality assurance processes to ensure that formal auditing and monitoring of all areas of the service evidence how the service has responded to, and actioned improvements when required.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4:19)

This area for improvement was made on 24 November 2023.

Action taken since then

Care file audits were carried out although actions from these did not clearly outline how they had effected change or improvements.

Actions from meeting minutes viewed were discussed and taken forward to their conclusion thereby informing improvements.

The quality assurance process was not clear. Systems such as training, care files, staff files, were being audited, however there were no records of any findings from any audits or actions identified. Therefore, we couldn't see how the quality assurance process was leading to developments and better outcomes for people. This was discussed with the manager on day two of inspection and she was aware that this was an ongoing development. We had confidence that the manager understood the importance of quality assurance, including people and staff in this process, and for it to be an embedded, ongoing process to drive improvements forward.

This area for improvement has not been met and will be followed up at future inspection.

Previous area for improvement 2

To ensure that people benefit from organisations working together, the manager must ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18)

This area for improvement was made on 24 November 2023.

Action taken since then

On viewing the services accident and incidents reports, it was noted that two accidents were not reported to us, although all actions were taken to report to local authority and relevant others. Appropriate measures had been put in place to reduce risk to people. All other notifications were completed in line with accident and incident records viewed. Regular notifications received for all other reportable events.

We discussed this with the manager and were confident she understood the importance of reporting all events timeously. The non-reporting of the above accidents did not lead to poor outcomes for people.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure that people are safe, the provider should recruit staff through robust and safe recruitment procedures, as set out in Scottish Social Services Council and Care Inspectorate Guidance; Safer Recruitment through Better Recruitment 2016 .

This should include:

- a) Maintain accurate and clear documentation of each stage of recruitment process.
- b) Carry out checks on identity, and right to work checks.
- c) Ensure that appropriate references have been sought.
- d) Carry out PVG/Disclosure checks.

e) Ensure that staff are registered with SSSC within the required period.

This is to ensure that care and support is consistent with the 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)

This area for improvement was made on 24 November 2023.

Action taken since then

Staff files were well organised and clearly documented the recruitment process that had been followed by management.

Two references were in place for the staff files checked. All references were from previous employers.

Protection of vulnerable groups checks (PVG's), were carried out prior to new staff starting dates, and the numbers recorded in their file.

The manager had good oversight of Scottish Social Services Council staff registrations and checked these three monthly, as evidenced on spreadsheet viewed. The manager demonstrated knowledge around current staff group registrations and which new members had applied and were awaiting registration to be processed.

The two staff who did not appear to be registered when checked at planning stage, no longer worked in the service.

Identity checks had been completed with copies in each file. We saw evidence in staff files with notes to say that original documents had been viewed.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people and their representatives are fully involved in their personal support plans, the manager should ensure that people receive a review of their care and support at six monthly intervals, as is required, and that there is a written record of people's views and any actions agreed.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 24 November 2023.

Action taken since then

Personal plans were person centred, identifying the next of kin and who should be involved in the care of the person.

Family members and clients had been involved in personal planning.

Personal plans viewed included contributions from all relevant people with input from clients.

Reviews had been carried out six monthly. Clients views were recorded, as were any identified actions. All identified actions had been carried out.

This area for improvement has been met.

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