

Family Friends Support Service

23 Lawers Road
Broughty Ferry
Dundee
DD5 3TQ

Telephone: 01382 535 888

Type of inspection:
Announced (short notice)

Completed on:
15 August 2024

Service provided by:
Family Friends, a partnership

Service provider number:
SP2016012734

Service no:
CS2016347819

About the service

Family Friends is a small, private support service, which provides care at home support to older people living in their own homes and the wider community, in and around the city of Dundee.

Family Friends was registered for business with the Care Inspectorate on 28 February 2017.

At the time of our inspection the service was providing support to 18 people living in and around Broughty Ferry.

The aim of the service is to 'provide a quality care service to help enable people to remain in their own homes and support carers by providing respite, particularly for those clients living with dementia.'

About the inspection

This was a short notice announced inspection which took place on 13, 14 and 15 August 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 eight people using the service and two relatives;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Staff were very good at developing meaningful relationships with people.
- People and their families were very happy with the service they received.
- Managers were committed to providing a good service to people requiring support.
- People benefited from staff who worked well together.
- People were supported by staff they knew well and provided continuity of care.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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 staff team?	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.

Care and support arrangements were tailored to meet people's outcomes, and people were fully involved in making decisions about their care. Care plans were comprehensive and contained details about how people's needs should be met in accordance with their wishes. Care plans were reviewed and adapted regularly. People were seen as experts in their own lives and this person-led approach ensured that they had control over how their care was delivered.

People should expect that their health and wellbeing benefits from their care and support. People were fully involved in making decisions about their physical and emotional wellbeing through their personal plans. Plans clearly identified the support that people needed to maintain their health and wellbeing, for example, people were supported to attend appointments or go to social events. The service was flexible and adaptable to meet people's needs. This promoted independence and helped people to maintain their skills and abilities.

People were supported by a consistent team of staff who knew them very well. People described how care staff supported them in ways that were meaningful to them. This familiarity enabled staff to quickly identify changes in people's health or presentation which ensured that people got the right care and support at the right time.

People felt that their care visits were always punctual and reliable. People told us, "The staff always turn up at the same time. They're very good. I get a phone call if they're running late, but that rarely happens and they're usually on time" and "I'm very well looked after. They're really helpful with anything I need". This gave people confidence and reassurance that the service would turn up when expected.

The service supported people to take their medication safely and effectively through prompting by staff. People were supported to take their medication independently and this enabled them to have as much control as possible over their own medications.

There were good records maintained within people's files of the daily care provided. This included information such as support offered, nutritional intake and how they generally presented. This enabled staff to build a picture over time of what was typical for the person and to adjust support if required. People found communication with the service to be very good. One person said, "if we have any issues, we just phone and it's sorted but we see the manager at least once a week and she always asks how things are going which we appreciate." This meant that people's care and support was consistent and stable because staff worked together well.

People told us that they had recently had a formal review of their care and support. At these meetings with the manager, they had felt able to talk about their experiences. We saw records which demonstrated reviews were happening regularly and there were feedback sections completed about people's experiences.

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

People should expect that the skill mix, numbers and deployment of staff meets the needs of people. 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.

There was a small team of staff who had been employed by Family Friends for a long time and worked very well together. We sampled four staff recruitment files and found that relevant safety checks were being completed. Protecting Vulnerable Groups (PVG) checks were completed and two references, including one from their most recent employer, were sought before staff commenced employment. This meant that risks to people were minimised.

The staff team were highly valued by people experiencing care. This was reflected in the feedback from people receiving care and their relatives. We observed kind and caring interactions between staff and people, and saw laughter, encouragement and inclusion being supported. Some comments we received included: "The staff are all excellent, they're flexible if I need a bit of extra help", "I'm absolutely delighted with the care I get, I can't imagine life without them" and "The carer staff are all very polite and respectful. I couldn't ask for more."

This assured us that the staff team were caring and compassionate in their daily practice.

The management team regularly monitored the staffing arrangements required to safely meet people's needs. These were regularly reviewed and updated to ensure that there were sufficient staff working within the service. We found no evidence of any missed visits and people had confidence in their care team. People told us that staff always turned up when expected. This ensured people were supported by staff they knew well and provided continuity of care.

Morale across the service was high, all the staff we spoke to said they were very happy at their work. They told us that they felt well supported in their role and had good access to training opportunities. This supported people to have a positive experience of their care as the staff team were enthusiastic and satisfied at work.

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 ensure that staff have access to supervision at regular intervals. This is to ensure that staff have opportunities to access support and guidance from the managers and that any training or practice issues can be identified at an early stage.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 November 2019.

Action taken since then

Staff told us that they received regular, formal supervision from either the manager or team leader. Minutes of these meetings were held in staff files. Both staff and the management team told us that they found these meetings valuable as it gave staff the opportunity to access support and discuss professional development.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that records are kept of staff training requirements, this should include:

- (1). All essential and core training that all staff must complete.
- (2). When training updates are required to be completed, and actual dates of completion.
- (3). Details of training providers.
- (4). Details of training and certificates of essential training necessary for registration with Scottish Social Services Council.

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 12 November 2019.

Action taken since then

Staff had access to a range of training opportunities, both online and in person. These ranged from mandatory training such as moving and handling or medication to more specialised learning opportunities in dementia care, nutrition and continence promotion.

The manager maintained oversight of training requirements and dates for renewal of mandatory training.

This area for improvement has been met.

Previous area for improvement 3

The provider to devise, implement and fully embed robust quality assurance arrangements for all areas of the service, and that evidence improving outcomes for service users.

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 12 November 2019.

Action taken since then

The manager had implemented a quality assurance policy and was in the process of fully embedding quality assurance throughout all aspects of the service to improve outcomes for service users.

We discussed improvements that could be made to the service improvement plan and self evaluation. We signposted the manager to good practice frameworks and tools.

Although this area for improvement has been met, we will follow this up again at our next inspection.

Previous area for improvement 4

The provider should ensure that risk assessments are in place for all identified risks, that give clear guidance to staff for management of these. Where lap belts or equipment is used to secure a person's safety restraint risk assessments should also be in place.

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

This area for improvement was made on 12 November 2019.

Action taken since then

Where risks for people had been identified, risk assessments were in place with clear guidance for staff on how best to manage them.

We saw a risk assessment for one person who had a hospital bed with restrictive sides. This helped staff as it identified potential hazards and evaluated the likelihood of harm.

This helped to keep people safe.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 iarrrtas.

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.