

# Safe Hands Support Scotland Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 August 2024

**Service provided by:**  
Safe Hands Support Scotland Ltd

**Service provider number:**  
SP2020013517

**Service no:**  
CS2020379966

## About the service

Safe Hands Support Scotland was registered with the Care Inspectorate on the 19 November 2020 and provides a Care at Home and Housing Support service to people living in the Stirling and Clackmannanshire areas.

The service is currently supporting around 50 people. The service is provided by a team of 12 people, one of whom is the registered manager.

The aim of the service is: "To be the choice for care that gives people the freedom to stay in their own homes."

## About the inspection

This was an unannounced inspection which took place from 30 July to 2 August 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 10 people using the service and 6 family representatives
- received feedback from 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with associated professionals.

**Key messages**

People felt supported by staff and said that staff were kind.

To improve outcomes for people the provider must review peoples care and complete accurate and informative care plans and risk assessments.

The service needed further develop their service plan to better reflect improving outcomes.

The service needed to improve consistency of support for people and consider requests for gender specific staff.

**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?	4 - Good
How good is our staff team?	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 overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance need to improve.

Staff were aware of the needs of people and people appeared to value staff contact. People who use the service and their families told us that staff were nice. One person told us "Staff are polite" and we noted during observations that when there were interactions, they were respectful.

When we asked people about their service they said, "I'm very happy." "The staff are very kind." and "I am delighted with the staff." However we heard from some people, and we could see, that interactions with people was often limited, and during care and support, people were not always offered a choice (for example what to eat or what to wear). Some care plans directed staff not to offer choice and this practice did not promote people's dignity and respect.

When we looked at people's care notes, we were concerned that the service used photographs to evidence care tasks. The practice of taking such photographs was not dignified or respectful. Following our inspection, the service agreed to stop taking photographs and instead support staff to follow their code of practice around factual and accurate records of care. We will check practice in this key area at our next inspection.

People benefitted from the relationships that the service had developed with their social care colleagues because the service quickly escalated concerns to the appropriate teams. However, when the concern was about someone's health, for example skin integrity or distress reactions, we could not see the same links with health partners. Health related conditions were not identified in people's care plans. People's health outcomes could be improved if the service sought timely input from health professionals and embedded health related guidance into their care plans.

When people were supported with medication, their plan was clear about how the medication should be given but we could not see how staff recorded either oral or topical medication and we had some concerns about how well staff were trained when there were alternative medication routes (See 3.3 How good is our staff team AFI 1).

Care plans were not person centred or outcomes focussed and were a list of tasks without accompanying risk assessments.

We were not able to see how people benefitted from nutritional support, care plan information was very limited, there were no risk assessments around people's nutrition, people were not always offered a choice of meal and when people did not want anything to eat, staff did not try to encourage good nutrition.

People with specific needs, for example, catheter care, did not have a plan of support to ensure consistency and good practice and where people were at high risk of falls, there was no detail to support staff in relation to moving and handling safely or advice on how to minimise the risk of falling.

There was some ambiguity about the care and support people received because the care plans were not complete. We were concerned that lack of consistency of staff and very limited information in the care plans

meant that people could be at risk of harm from their care and we made a requirement about this. (See Requirement 1)

## Requirements

1. By 27 October 2024, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs. To do this, the provider must, at a minimum ensure that:

- a) They carry out an assessment of people's current needs and wishes to ensure that the planned care meets people's care and support requirements.
- b) Care plans are focussed on outcomes and must provide details about people and the risks to them, taking account of all the needs of people supported.
- c) Recordings are written in a person-centred manner, and are sufficiently detailed and reflect the care provided, this is not limited to, but must include accurate medication recording.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## How good is our leadership?

4 - Good

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

When we asked staff about their support from management, they told us that they felt well supported and valued and liked working for Safe Hands Support Services.

Some people who used the service and their families said the service was very supportive and responsive and gave some nice examples of how the management team had worked well to meet people's needs. Other people said they did not feel supported, and one person said that they "weren't listened to". We looked at people's reviews of their care and support and could see there were regular meetings with people and their families that asked for feedback, however we could not see a plan where this feedback was collated or actioned. Regular spot checks to assess staff practices were undertaken and staff meetings were planned regularly. The service could improve outcomes for people if issues identified through these activities were included in an overall improvement process.

The service had an improvement plan in place that was completed every 6 months using part of the care inspectorate's self-evaluation framework. However, this plan was focussed on the growth of the service and we could not see how improving outcomes for people was part of the overall actions. Actions from spot checks, team evaluations, service user feedback and outcomes from quality assurance activity should come together in an action plan to improve service performance and ultimately, outcomes for people. Because the service did not have a plan to address any changes needed, we made an area for improvement to support better outcomes (See Area for Improvement 1).

The service had a robust complaints policy in place, and this meant that when people raised a concern the service had a procedure to follow on how concerns and complaints should be managed. We could see that although there were very few complaints, the service had not followed the procedure identified in the policy and this meant that people had not had a resolution after raising their concerns. We made an area for improvement about complaint and concern handling (see Area for Improvement 2).

## Areas for improvement

1. So that people can have confidence in the organisation providing their care and support, the provider should ensure that robust and effective quality assurance processes are in place that inform a service improvement plan which is action focused and time specific.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

2. The provider should develop a culture of continuous improvement by completing the review of any concerns and complaints.

The provider should also improve the methods of meaningful engagement with people using the service. Outcomes of engagement should be used to inform development and improvement of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

## How good is our staff team?

### 3 - Adequate

We evaluated this key question overall as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences and outcomes for people may be reduced significantly because key areas of performance need to improve.

Staff recruitment was robust and when we looked at staff induction and training, we could see that the service had made arrangements for training of staff and all staff records that we sampled had kept up to date with training. There were some areas of medication practice that we were unable to see what training staff had received and we had concerns about the service agreeing to additional medication tasks without having the relevant training in place.

We also had some concerns about how staff training developed into practice and although there were spot checks, we could not see an overview of competency related observations as the spot checks did not always cover this. It is important that staff are appropriately trained and then transfer their learning into practice to make sure people are safe and not at risk of poor outcomes. To support better outcomes for people, we made an area for improvement about this (See Area for Improvement 1).

The service supports approximately 50 people across the Stirling and Clackmannanshire areas and the staff group is small. When we asked people about their service and staffing, some people told us that there were concerns about consistency and flexibility. Some of this was about having too many different staff over the week, while others were concerned about receiving variations in their care and support. Some people had asked for a particular gender of staff for more intimate personal care and said this had never been

accommodated. This meant that for a few people, their care was compromised as they chose not to have the full support that had been assessed.

One person said "there is not a lot of consistency." while relatives told us "It can be confusing for older people" and there was "a lack of consistency" both in terms of staff personnel supporting relative and in terms of staff practice. We made an area for improvement about this (See Area for Improvement 2).

### Areas for improvement

1. To ensure that people receive good outcomes, the provider should:

- a) Provide effective, regular supervision to staff to support them to develop and improve through reflective practice.
- b) Make arrangements to enhance staff training through effective workplace assessments and practice learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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)

2. To improve the consistency of support for people, the provider should explore staff deployment in relation to people's individual needs and preferences.

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

"My care and support is consistent and stable because people work together well." (3.19). and  
 "I am supported and cared for by people I know so that I experience consistency and continuity." (4.16)

## 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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate



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