

## Ailsa - My life Edinburgh Support Service

Floor 3  
Sugar Bond  
2 Anderson Place  
Edinburgh  
EH6 5NP

Telephone: 01312023235

**Type of inspection:**  
Unannounced

**Completed on:**  
28 August 2024

**Service provided by:**  
Ailsa Care Services Ltd

**Service provider number:**  
SP2004006718

**Service no:**  
CS2023000322

## About the service

Ailsa My Life Edinburgh is registered as a Care at Home Service providing care to people within the City of Edinburgh area. The service provides personal care to adults living in their own homes, with the majority of care packages lasting a minimum of one hour.

104 people were using the service at the time of our inspection.

## About the inspection

This was a short noticed announced inspection which took place between the period of the 20 and 27 August 2024. We visited the registered office on 20 August, reviewed evidence remotely the following days and visited people in their own homes on 23 August 2024. We provided feedback to the manager on 28 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 5 people and one of their relative when visiting people in their own homes
- Received comments from 24 people (people using the service and their relatives through our online questionnaires.)
- Communicated with 14 staff and management.
- Observed staff practice and daily life.
- Reviewed a range of documents.

## Key messages

- We observed positive, respectful, and natural interactions between staff and those being supported.
- Overall, supported people and their relatives described the quality of care delivered as very good.
- There was a high level of staff consistency, resulting in meaningful working relationships being established.
- People's personal plans were of a good quality, however we identified some improvements could be made to give greater clarity on people's support needs and personal preferences, specifically around supporting people with their mobility.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

## 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?	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?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

People told us that they found the support staff to be very kind and polite. Through the positive working relationships established, people told us they felt treated with dignity, respect, and compassion, demonstrating the principles of the Health and Social Care Standards.

Staff demonstrated a good knowledge of people's needs, through detailed agreed personal plans which were current and reflected people's health and wellbeing needs. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified. We did identify the need to make improvements to further enhance guidance around supporting people with their moving and handling, specifically when using a hoist and this is detailed more in Key Question five of this report.

Visiting times were consistent which enabled people to plan their day well. People described the communication from the office as generally good. Some felt there could be improvements at times, but this was more historic than of late. People valued good communication.

Overall, people were happy with the quality of care they received from the service. Comments from people we spoke with included: "We started full time live in care for my dad who is nearly 90 in February. It has been a brilliant experience so far. The carer is excellent".

## How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Leadership was supportive, responsive and visible, which enabled staff to voice their concerns, share ideas and explore ways to promote resilience. Staff knew their contribution was valued and recognised by the management of the service. This helped keep people motivated, remain adaptable and to focus on how best to provide care and support.

Managers utilised a variety of quality assurance systems which provided oversight of the care delivered to people. This included the auditing of visiting times, staff consistency and observations of practice.

Very good systems were in place to monitor aspects of service delivery. This included a comprehensive self-evaluation tool which was based on the Care Inspectorate's inspection framework, underpinned by the Health & Social Care Standards. The self-evaluation and improvement plan was reflective of the inspector's findings.

The manager was responsive to feedback from people. A satisfaction survey had been issued earlier in the year and this gave people the opportunity to give their views and suggestions on ways the service could be further developed. The findings were positive and any areas for potential improvement and development were actioned upon.

All the above contributed to a well written improvement and development plan which was in a traffic light format. This enabled the manager to track the SMART objectives set.

The reporting of notifiable events to the Care Inspectorate had been inconsistent at times. We did have confidence however that the service responded to incidents and accidents appropriately to ensure people remained safe and had access to health professionals when required. We reminded the manager of the relevant guidance to follow.

### How good is our staff team?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

Staff felt supported in their role and had confidence in management should they have to raise any concerns. This was captured through the service's own satisfaction survey completed earlier in the year. Likewise echoed the feedback from the staff we met when visiting people.

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people.

Regular supervision was used constructively and supported staff's personal and professional development. There were clear records of learning being planned and undertaken, which inform learning for each member of staff. Staff were aware of their responsibilities for continuous professional development to meet any registration requirements. The manager monitored the frequency of supervision meetings to ensure they were consistent for all staff.

Management had developed a clear 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 delivered by staff who are competent and knowledgeable about the needs and risk of each person they support.

Staff completed a range of online and face to face training courses. Competency based training was also delivered and included administering medication and supporting people with their moving and handling. This gives people confidence their care and support is delivered by competent staff.

Some staff had identified they would like training in specific areas, including but not limited to Parkinson's, diabetes, and mental health. This was an area for improvement the manager was aware of and was exploring options.

### How well is our care and support planned?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

We sampled 14 personal plans belonging to people and found these were generally completed to a good standard. People's personal plans gave staff clear direction about how to deliver each person's care and support. The sample of care documentation viewed provided a good overview of the person's life history, what was important to them, their choices, wishes and preferences. This ensures the care and support delivered to people were person centred and meaningful to them.

Personal plans were electronic which enabled carers to have quick access to information to guide them on how best to support a person. Regular six-monthly reviews were held and provided an overview of care being delivered and captured the discussion held and actions agreed.

Whilst the plans were generally detailed well, we did identify some gaps in information for staff to be fully aware of in terms of relevant guidance. This should include but not limited to supporting people with their moving and handling and using hoists. Although we had no concerns about moving and handling practices, having assessments, risk assessments and plans in place would enhance the guidance for staff to follow. Please see area for improvement one.

## Areas for improvement

1. To ensure care and support consistently informs all aspects of the care and support people experience and in the way the person prefers and needs, the manager should ensure there is sufficient detail to inform and guidance staff on moving and handling people safely. This includes, but not limited to moving and handling assessments, risk assessments and guidance plans.

This is to ensure care and support is consistent with the Health and Social Care Standards: (HSCS) which state: "My personal 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) "My care and support meets my needs and is right for me". (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected". (HSCS 1.23)

## 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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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Compass House  
11 Riverside Drive  
Dundee  
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[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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