

Aberdeenshire Council – Central Care at Home Service Support Service

Health and Social Care Partnership
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Unannounced

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Service provided by:
Aberdeenshire Council

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About the service

Central Aberdeenshire Care at Home is registered to provide a care and support service to people living in their own homes. The provider is divided into seven teams with each team having their own geographical area - Inch, Inverurie, Kemnay, Westhill, Ellon, Oldmeldrum and Turriff. Each team or locality has its own care team co-ordinators (CTCs). The provider has introduced the Four Pillars model of care and support, which is: critical/complex care, rehabilitation/enablement, end of life care and rural care. There is also a response team which provides support for unplanned care.

About the inspection

This was an unannounced inspection which took place between 25 July and 14 August 2024. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the provider and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke and received questionnaires from 32 service users
- Spoke with five families of people using the service
- Spoke with care staff and management
- Observed practice
- Reviewed documents.

Key messages

- People were happy about the quality of care and support they received.
- Most people knew which staff would be supporting them.
- Most people were happy with the times of visits, though some people would prefer to have different times.
- Staff enjoyed their job and felt supported by management.
- As part of this inspection, we assessed the provider's self evaluation of key areas. We found that the provider has begun to use self evaluation, however, further work is required to develop this approach 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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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.

We shadowed staff in several geographical areas. There was consistency in the organisation and delivery of the care and support. People using the service were very complimentary of the staff telling us for example, 'They are good quines' and 'I enjoy them being here.'

We found staff to be respectful of supporting people within their own homes making sure they knocked and identified themselves on arrival. When leaving someone's home staff ensured people felt secure. People said visits were not rushed, which we saw whilst shadowing. We saw kind, person-centred support, with people being given a choice as to how their support was given. One person told us, 'My carers are all very nice, polite, and thoughtful and attend to me perfectly.' This meant people felt valued and they were the focus of the visit.

People told us that overall, they received their care and support at the agreed time and knew the care staff attending. Within the care plan, there was information on when care would take place and the names of the care team staff. The provider, in the event of an unforeseen delay, would contact people to inform them of this. People told us that they knew who to call if they were concerned their care was late. This meant people were reassured their visit would take place.

Where people wished for a change of time, this would be looked at within the priorities and geographical area. One relative had been waiting for some time for elements of their loved one's assessed care package to be met. This was discussed during feedback with the service manager.

Following the initial assessment from Social Work, a period of service assessment was undertaken, to ensure the care and support met individual outcomes and needs. If people's support needs required changed, this would be discussed with Care Management. This meant people's support needs were reviewed and adapted to changing needs.

There was a weekly meeting with Care Management and the wider Multi-Disciplinary Team (MDT). At this meeting, any concerns about people's health and wellbeing were discussed and support was obtained to support both individuals and the staff. For example, support and guidance from district nurses enabled care staff to provide simple dressings. Therefore, people could be confident, their health and wellbeing were continually reviewed.

We saw medication support be undertaken well, with staff following the correct procedure. Staff received training in the correct procedure, and we could see through minutes of meetings, and supervision that if there were concerns surrounding medication this would be raised appropriately, for example contacting the care manager if an individual was refusing medication.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we have evaluated this key question as very good.

The provider sought regular feedback from people using the service by way of a questionnaire. These covered areas such as timekeeping of visits and outcomes for people. We could see from the report, the provider followed up on comments made by individuals. This meant people were involved in the development of their care and support and were being listened to.

The provider had an overarching service improvement plan (SIP) with each geographical area completing its own SIP. We saw how each SIP fed into one another therefore recognising the different developmental areas in each different team. This showed the provider was considering the needs of people in each separate area. Due to this, the development of the service took account of local communities. The provider may wish to consider how people using the service are kept updated on any improvement projects and the outcomes.

Each geographical area had a care team coordinator (CTC), who managed the referrals and supported staff in delivering the support required. People said they knew who the key contacts were for their support team and knew who to contact if there was a concern.

Managers completed several audits, for example, medication and care plan audits which were undertaken monthly. We saw, through meetings, supervision, and the SIP, if there were areas of concern, this was addressed promptly, for example, people's support requiring additional staff. This meant there was continuous oversight of the delivery of care and support for people's outcomes.

There had been an additional role added to support the management team. The care team support officer (CTSO) worked alongside staff to complete observational practice. The CTSO also supported where there were difficult situations, developing strategies along with the care staff and management. This meant issues were quickly identified and people using the service, were receiving quality care from staff.

How good is our staff team?

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.

Each area had a 'floating rota', which helped to cover absence of staff and to support if people's needs have increased. This meant there was not a reliance on agency staff and people received consistency in their care team.

Staff were very positive about their role and said that the support they received from their peers and management allowed them to provide a high standard of care to people. For example, staff told us they were 'always able to pick up the phone to team members for support and advice' and that there was 'supportive line management always on hand for support.'

Staff were positive about the training given telling us, the provider 'trains staff to a high standard.' Staff who responded to the questionnaire either agreed or strongly agreed they were given all the training needed to do their job well. Staff were given time within their working rota to complete training or were paid to complete training in their own time. We saw comprehensive oversight of staff training, with courses and refreshers pertinent to the role. Staff told us, 'If we have a new client with specific needs, we are given immediate training to deal with the requirements.' This meant people could be confident that staff were competent and skilled.

New staff were provided with an induction programme and information on various topics for example, service vision, Health and Social Care Standards and training. Staff undertook a period of shadowing

colleagues and were also supported by the care team support officer with observational practice. This meant new staff were supported into their role.

Staff received one-to-one supervision regularly along with group supervision and team meetings. We reviewed the paperwork for one-to-one supervision and found these to be of a very good standard. Areas covered included training, professional development, and any concerns about delivery of care and support. Staff wellbeing was reviewed, and should there be support needed, staff were encouraged to use the local authority's wellbeing services. The provider sent staff a questionnaire which had a good response. We could see this linked to the service improvement plan. Therefore, staff felt valued, and their suggestions and comments were heard.

How well is our care and support planned?

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.

People's initial care plan was compiled from information from the care manager. The provider involved people in reviewing their care and support ensuring people were receiving care how they would wish. For example, people were asked 'How I want my care to be delivered.' We saw the information to be person led and detailed. This meant people were receiving support reflective of their wishes.

Staff recorded daily interactions which were again detailed, meaning staff visiting at other times had up-to-date records. There was a sheet for important information, which staff could review for any changes to someone's care and support, for example a course of antibiotics.

People's full care plans and risk assessments were available on the team's site. This meant staff, whether new or current, were able to access updated information. Staff had handheld devices with which they could access care summaries. This system allowed care staff to see if there was any immediate information they needed to know before arriving at an individual, for example if someone was unwell. This meant staff were kept up-to-date regards people's care and support.

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 promote a safe environment for individuals there should be a system in place to regularly refresh and assess staff knowledge and understanding on how to keep people safe from infection.

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);

and

'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 25 January 2022.

Action taken since then

We saw training records for staff on infection control and discussions at team meetings. Staff had sufficient supplies of individual protection equipment (IPE), and we observed staff following infection control procedures whilst providing care and support in people's homes. Therefore, people could be confident, staff were following best practice and guidance to keep them safe from infection.

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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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