

Strachan Care Services Support Service

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Type of inspection:
Unannounced

Completed on:
19 September 2024

Service provided by:
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Service provider number:
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CS2016347970

About the service

Strachan Care Services provides a care at home service for adults, including older people, within their own homes. The service may also provide services to one young person, under the age of 16. The service operates within the towns of Carnoustie, Monifieth and Wellbank.

About the inspection

This was an unannounced inspection which took place on 17 and 18 September 2024. Feedback was provided on 19 September 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 six people using the service and three of their families
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People spoke positively regarding their care and support.
- Training and induction for staff had improved.
- Quality assurance processes needed to develop further to become embedded into practice.
- Staff worked well as a team and felt supported by the manager.
- Safer recruitment guidance was not being followed when recruiting new staff.
- As part of this inspection, we assessed the service's self-evaluation of key services. 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

4 - Good

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

People experienced warmth, kindness and compassion in how they were supported and cared for in their own homes. Supportive and encouraging relationships between people and the staff had been developed. People told us, 'I have banter with some of the staff', 'The staff are 99% perfect' and 'The staff are all nice, I get on with them all'. People were encouraged to be as independent as possible. As a result, people maintained a sense of purpose and self-worth.

Staff were on time for people's visits, and we were told that they didn't feel rushed during their care. Staff knocked before entering people's houses and acted professionally at all times. People were respected and treated in a dignified manner and told us they were happy.

Where people had meals prepared as part of their service, they were offered choice. Meals were prepared appropriately, necessary aids were considered, and people were enabled to remain as independent as possible during mealtimes.

The importance of relationships and contact with family and friends was promoted. Relatives told us, 'I know I can always call on the staff when I need help', 'If I run out of anything they will help me with this' and 'They really do go above and beyond for people'. Relatives told us that they received good communication from the service, if there were any changes or concerns. As a result, working in partnership with staff was important to gain the best outcomes for their loved one.

Although care and support plans had been developed, they still needed to improve. Staff knew what support people required and knew them well. However, there was a lack of detail in care plans describing how people's health, care and support needs would be met. Where people experienced stress and distress, staff were knowledgeable and knew which strategies to use to diffuse and calm potential situations. However, this information was not evident in the care plans. Whilst we recognised that some work had been undertaken in relation to care plans, it is essential that they contain accurate information to ensure that people receive the care and support they require and that has been agreed with them (see area for improvement 1).

Referrals had been made to healthcare professionals and the wider multi-disciplinary team at appropriate intervals. Staff were proactive, and were able to identify the need for specialist input when people's needs changed, as they knew people well. This meant that people had access to the right treatment and support, which maximised opportunities to improve their health and wellbeing.

Recording of topical medications had improved. People's care plans included clear information, regarding people's prescribed creams. Documentation described the frequency of application, and body maps provided visual information as to where creams should be applied. As a result, people could be reassured that their topical medications were given safely and appropriately.

Reviews of care had taken place, with appropriate people present. There was, however, limited evidence that the service was carrying out reviews every six months for everyone. This meant people had missed opportunities to express their views, which meant a potential risk the care did not meet their current needs.

We discussed this with the manager who had put a process in place to monitor and ensure reviews were taking place. We will follow this up at our next inspection.

Areas for improvement

1. In order to support person-centred care, the provider should ensure people's care plans are accurate and sufficiently detailed to reflect the care and support provided. This includes but is not limited to, where people experience stress and distress. Plans should be regularly evaluated to ensure their effectiveness.

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?

3 - Adequate

Although we recognised that there had been some improvements under this key question since our last inspection, the service should continue to develop its processes and embed them into practice. We therefore, evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service would benefit from a service improvement plan which reflects feedback from people, their families and staff. This would inform any developments required and improve outcomes for people.

The manager was visible in the service and worked closely alongside staff. People told us, 'I can approach the manager, she's lovely' and 'Any issues the manager would deal with them'. As a result, people had confidence that any concerns were acted upon appropriately. This contributed to people feeling heard and valued.

People should benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes in place. Although some quality assurance processes had been implemented, this was still in its infancy. To ensure such processes are embedded into practice, and are improving outcomes for people, we have made an area for improvement (see area for improvement 1). We will follow this up at our next inspection.

Staff told us that team meetings were infrequent. The service did however have a group chat where information and feedback were shared. We were told that staff preferred this to team meetings, and were more likely to offer information on the chat, rather than in a group setting. Staff told us, 'Communication is great' and 'I feel listened to'. It was clear that staff had opportunities outwith the traditional meeting setting to be heard and offer their views.

The manager had received feedback from people but it was unclear to see how this had gone towards making any improvements. We were told 'We are continuously asked for feedback' and 'We get to put our opinions across, the manager listens and takes these on board'. As a robust quality assurance process is embedded this will feed directly into the service improvement plan, to improve people's overall experiences. We will follow this up at our next inspection.

Management had implemented processes to provide oversight of key areas such as staff supervision and training. As a result, any areas of concern were identified promptly and resolved.

Areas for improvement

1. To support better outcomes for people, the provider should continue to develop and implement a robust quality assurance system and service improvement plan. These processes should be embedded into practice and include staff observations of practice, recruitment, six monthly reviews and care plans.

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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff had recently completed adult support and protection training and had a good understanding of how to identify any potential concerns. Staff were aware of the service's adult protection policy and how to report any concerns. People were supported by staff who knew how to keep them safe.

Staff were working well together as a team. We were told 'We're a tight knit team' and 'We work well together and support each other'. People were being supported by staff who knew them well. This meant people were supported to meet their needs using a consistent approach.

A training plan was in place for staff with regular oversight from the management team. Compliance for mandatory training was at a satisfactory level. It was encouraging to see basic training such as bed bathing, showering and maintaining skin integrity, was a focus in the training plan. This meant that people's basic care needs, such as personal hygiene, were important and carried out to a high standard. Staff completed reflective accounts following each training session including 'what could be done better?' and 'how did this training improve your care delivery?' As a result, people were reassured that they were being supported by a well-trained, knowledgeable staff team.

Staff received supervision on an annual basis. Documentation we sampled contained similar information for each staff member and did not always reflect the individuals' views. Staff told us they felt listened to and supported as the manager worked closely with them. However, it is important that staff have access to regular supervision to address practice issues, discuss wellbeing and identify any development needs. We discussed this with the manager who had started a process to ensure supervision is carried out regularly and recorded formally to support staff as individuals. We will follow this up at our next inspection.

Staff observations were being carried out informally by the manager, however there were no formal records to identify how this was improving practice and outcomes for people. This would ensure that people could be confident that ongoing assessment aided staff competence and development. We discussed this with the manager who will implement a more formal recording process for all staff observations. We will follow this up at our next inspection.

Recruitment files sampled, evidenced that safer recruitment guidance had not been followed. For example, satisfactory references had not been obtained from appropriate referees and one staff member did not have a Protecting Vulnerable Groups (PVG) check in place prior to commencing post. This placed people at potential risk of harm (see requirement 1).

Where further scrutiny and consideration was required regarding information contained within some PVG checks, it wasn't clear what action had been taken. For example, there was no interview documentation highlighting discussions around PVG concerns nor how decisions to employ had been made. There were also no risk assessment procedures in place. This is important to ensure suitability for the job and to keep people safe from harm.

The service had developed a more comprehensive induction for new staff which had improved the process for staff. This incorporated a four weekly agenda, covering all key aspects of the service, and expectations regarding the standard of care and support. Induction was staff led and incorporated training and shadowing prior to working with people. As a result, staff felt prepared and competent in their roles, in order to support people.

Rotas were compiled with input from staff and were influenced by people's changing needs. People's needs were being met and staffing levels were appropriate at the time of inspection.

Requirements

1. By 7 November 2024, the provider must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with Safer Recruitment Through Better Recruitment 2023 guidance.

In order to achieve this, the provider must, at a minimum, demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements.

This is in order to comply with Sections (7) and (8) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People had a personal plan in place which contained information around the care and support they required. Moving and handling assessments were in place and were regularly updated. More detailed information would ensure that people would be experiencing more person-centred care and support (see area for improvement 1 under How well do we support people's wellbeing?)

Legal powers were not always documented in people's care plans. The manager did have this information in the main office. However, this information should be available so that staff are aware who is responsible for residents who lack capacity, to ensure they are protected, and their rights upheld appropriately. We discussed this with the manager who will ensure this information is held in people's care plans moving forward.

Staff knew people they supported well. This meant they could identify any changes and ensure that appropriate referrals were made to other professionals, where necessary, to maintain their wellbeing.

The service had identified some risks relating to fire safety for some people, and had compiled a new fire risk assessment. Environmental risk assessments were also in place to keep people safe.

Daily recordings viewed, reflected the care provided, however, there was a lack of evidence of people's views. Documentation did not give a sense of the person, or how they felt. This meant there were missed opportunities for staff to record how people were supported to achieve positive outcomes. We discussed this with the manager who advised she would work with the staff team to ensure people's views are captured through their documentation. We will follow this up at the next inspection.

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 people's safety and wellbeing, documentation about the use of any topical creams or sprays should improve.

This should include but is not limited to, detail about how topical creams should be used, where they are to be applied, recorded accurately with staff signature and date.

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 meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 9 May 2024.

Action taken since then

All topical creams are reviewed each month by management. Recording of topical medications had improved. Clients' care plans included clear information regarding people's prescribed creams. Documentation described the frequency of application, and body maps provided visual information as to where creams should be applied. As a result, people could be reassured that their topical medications were given safely and appropriately.

This area for improvement has been met.

Previous area for improvement 2

To support better outcomes for people, the provider should develop a robust quality assurance system that as a minimum shows how they;

a) Have effective quality assurance systems in place and embedded into practice to include meaningful analysis. This includes but is not limited to, staff observations of practice, recruitment, staff training, Scottish Social Services Council (SSSC) registrations and people's care plans.

b) Assess staff development needs and ensure skills and knowledge are kept up-to-date. This should include, moving and handling and adult support and protection training.

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 9 May 2024.

Action taken since then

Care plans were being checked by management informally each month. There were no formal audits to evidence this had been done.

Scottish Social Services Council (SSSC) checks for staff were being undertaken every three months to ensure compliance. The manager had devised a spreadsheet to monitor staff registration and Protecting Vulnerable Groups (PVG) checks to keep on track.

Observations of staff practice have been undertaken informally. These need to be recorded by the manager in a more formal way, to ensure any issues are identified and actioned.

Recruitment was not being carried out in line with safer staffing guidance

Training was progressing and the manager had oversight of this process.

All staff had completed moving and handling training prior to starting post. Updates are given annually and evidenced through the Scottish Manual Handling Passport Scheme (SMHPS) in staff files. This incorporates both theory and practical with observations on practice by the trainer.

Two moving and handling trainers are in the service who train all the staff annually. Adult support and protection training had also been completed for all staff. Staff had a good understanding of adult support and protection concerns and how to identify these and report appropriately.

Although there have been some improvements since our last inspection, quality assurance processes still need to be developed, and embedded into the service, to evidence how they are improving outcomes for people.

This area for improvement is no longer in place and has been incorporated into a new area for improvement under How good is our leadership?

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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