

# Home Assessment Recovery Team Support Service

Council Buildings  
2 High Street  
Perth  
PH1 5PH

Telephone: 01738 458 076

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Perth & Kinross Council

**Service provider number:**  
SP2003003370

**Service no:**  
CS2004081194

## About the service

The Home Assessment Recovery Team (known as HART) provides reablement and recovery support to people living in their own home. HART Plus is a crisis intervention service and provides care to people whose needs suddenly change to get immediate access to support to allow them to remain in their own home, this includes palliative care.

The service is available to adults living within the Perth and Kinross council area. At the time of inspection the service was supporting 150 people.

The stated vision:

"We are committed to delivering quality services which provide personal and practical care to people in their own homes, to enable them to live in dignity and comfort and in accordance with their own lifestyle choices. These services will be provided by a motivated and flexible workforce, working in effective teams and supported by access to training and development opportunities".

HART and HART Plus are run by Perth and Kinross Council. The head office is based in the council buildings in Perth city centre.

## About the inspection

This was an unannounced inspection which took place on 2nd, 3rd, 4th, 7th, 8th and 9th of October 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 14 people using the service and 7 of their family/friends/representatives
- Spoke with 23 staff and management
- Observed practice and daily life
- Reviewed documents
- Reviewed feedback surveys from visiting professionals and staff.

## Key messages

- People were generally satisfied with the care and support they received.
- Staff were caring and focussed on providing good support for people.
- Future care planning should be further developed to accurately reflect people's support needs and wishes
- Improvements to scheduling and allocation of staff will ensure people consistently have experiences and outcomes which are as positive as possible.

## 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?	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?

3 - Adequate

We evaluated this key question as adequate. Whilst we identified some important strengths, which had the potential to positively impact on people's experiences, these were just outweighed by weaknesses.

People who used the service were supported by a compassionate staff team. We observed many warm, positive, respectful interactions between staff and people who used the service. These interactions also extended to relatives and friends, when they were present during visits. People we spoke to were very positive about the staff, for example, "every single one of them is fantastic. She loves them all". Another person told us, "I take people as you find them and they are all very nice".

Although people felt well supported, people spoke of the impact of inconsistency of visit times, and in some cases of the staff members supporting them. Visit times provided were those of a two to three hour window. For example, a morning call could be any time between from 8:00 to 11:00am. This meant people, and those important to them, did not know when to expect the staff member and in some cases were restricted from carrying out other activities until the staff member had arrived. One person said, "I give them 11/10. They have never missed a visit but I don't know when they are coming". This had the potential to negatively impact on people's quality of life, for example, if they were waiting on personal care or support to manage pain relief medication.

We identified a number of concerns in relation to the safe management and administration of medication including a significant number of medication errors across the service. These had been identified and actioned by the team, however there was no evidence of overall review and analysis of these errors. If further review had taken place, there is the potential that the number and significance of these errors would have been reduced. We also found conflicting information within people's assessments and support plans in relation to medication management and the support the person required. As a result of this, in some cases it was unclear what level of support staff should be providing, and if they were practicing in accordance with the person's support plan and risk assessments. We have extended the timescale of the outstanding requirement in relation to medication.

All support we observed was delivered with the promotion of independence and choice for the person. Staff were aware of their roles and responsibilities, and reflected the service's 'reablement ethos' in their practice. Nutritional support was carried out in accordance with the identified risk assessments and where concerns were identified, these were recorded and action taken as a result was clear.

## How good is our leadership?

3 - Adequate

Quality and assurance should be led well. We evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

The service had a number of quality assurance processes in place. Although it was positive to see that some people had been consulted for their views about the service's timeslots for care, there was no evidence to show how this feedback was used to make improvements to the service.

Incidents and accidents were being recorded, however there appeared to be a lack of effective oversight and analysis of these.

This meant that there were missed opportunities to evaluate people's experiences and implement improvements to improve people's outcomes. Whilst the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate. Improvements were required to the recording, reporting and escalation of incidents to the Care Inspectorate. The new management team recognised the importance of reporting information, including incidents of harm or potential harm. We have extended the timescale of the outstanding requirements in relation to quality assurance and notifications to enable the provider to demonstrate sustained improvement.

The service produced a regular newsletter where people's achievements, good news stories and positive feedback was shared this was a positive way to support and motivate the staff team.

We recognised that the service was in the process of transition in relationship to the leadership of the service and was in the process of consulting with relevant stakeholders in order to develop a service improvement plan. We encouraged the management team to make use of self evaluation tools and people's experiences and views to help develop a dynamic and responsive improvement plan.

### How good is our staff team?

### 3 - Adequate

Staffing arrangements should be right and staff work well together. We evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

There appeared to be the right amount of staff available to deliver care and support. Staff had time to deliver care and support with compassion and could engage in meaningful conversations and interactions. However, it was unclear if the deployment of staff was effective across the service, as for some people, consistency of staffing, was a concern. Although generally the feedback from people about staff was positive, people talked about not knowing who was coming to see them. People had some regular staff but told us they did not know who is coming to see them. 'I'm quite happy with the service, they have been great. A few more familiar faces would help, we've had at least 20 different faces.'

Scheduling of visits were not always suitable for people's routines and the broad window of time slots for visits meant that people said that they don't have a regular time so were not contacted when staff are running late. Staff told us that the service could have, 'better scheduled calls to meet the service users needs.'

Trust and relationships are a fundamental element of a reablement service and staffing arrangements and scheduling of visits are key to this. The leadership team of the service agreed that scheduling of visits would benefit from further review, to promote positive outcomes and to support people to achieve their individual goals.

Staff told us that they felt well supported by their colleagues and the leadership team and communication was generally effective. One staff member said, 'we have a great staff team that is very communicative and we work together to achieve the goals and tasks of service users.'

Staff had access to a range of appropriate training both on line and in person. It was positive to see that regular team meetings, supervision and observation of practice were in place to support staff development, communication and allow for reflection of practice.

We heard about delays in accessing palliative care training which meant we could not be confident that all staff had the specialist skills and knowledge needed to provide this care.

## How well is our care and support planned?

3 - Adequate

Assessment and personal planning should reflect people's outcomes and wishes, we evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

People have access to their personal plan in the folder kept in their house. Personal plans contained risk assessments, however these could be more personalised to take into account people's individual circumstances and environment.

It was positive to see how people's personal plan and the length of visit needed was adjusted as the person progressed with their enablement and achieved their goals, however the plans would benefit from more detail of how the steps are going to be achieved for the person reaching their goal.

People should be supported to live well right to the end of their life by making it clear to others what is important to them and their wishes for the future. Supporting legal documentation should be in place to ensure that support is being done in a way that protects people's rights, this was not always clear. Future care planning should be further developed, to ensure that people using the service, particularly those who have palliative care needs, have their care needs and wishes supported in the way they want.

We have extended the timescale of the outstanding requirement in relation to care planning.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 31 March 2023, the provider must ensure when people are supported with medication this is done in ways that keep them safe and well. To do this the provider must:

- a) Review current policies, procedures and guidance to staff as a matter of priority.
- b) This should include making clear the distinctions between people self-managing their medication, staff prompting, administering or assisting people.
- c) The level of support people receive should be clearly detailed in their care plans and should be regularly reviewed and updated.

This in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. 4-(1) A provider must- (a) make proper provision for the health, welfare and safety of service users.

This requirement was made on 15 November 2022.

### Action taken on previous requirement

We made this requirement as we had concerns regarding the safe administration of medication. Support plans contained insufficient information regarding the assistance people required and why, and the timing between medication dosages. This had the potential to impact negatively on people's safety and health.

The service provided evidence of policies, procedures and comprehensive training materials in relation to medication management. Policies contained relevant information and were up to date. Training materials had been developed and implemented in relation to the policies. This should ensure that all staff responsible for supporting people with medication management, adhere to local policies and best practice guidance. However, despite comprehensive systems being in place for medication management, we identified a number of concerns.

There were a significant number of medication errors across the service. These had been identified and actioned by the team, however there was no evidence of overall review and analysis of these errors. If further review had taken place, there is the potential that the number and significance of these errors would have been reduced. We also found conflicting information within people's assessments and support plans in relation to medication management and the support the person required. As a result, of this, in some cases it was unclear what support staff should be providing, and if they were practicing in accordance with the person's support plan and risk assessments.

We were not assured that people who use the service would consistently receive the correct support to manage their medications. If people are not supported correctly, there is the potential for harm to their safety, health and well-being. This requirement has not been met and has been extended until 14 February 2025.

**Not met**

## Requirement 2

By 31 March 2023, the provider must ensure positive outcomes for service users by ensuring care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users. In order to do this the provider must, at a minimum, ensure that:

- a) Documentation and records are accurate, sufficiently detailed, and reflective of the care/support planned or provided.
- b) All risk assessments are accurate and updated regularly.
- c) People have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives.
- d) Personal plans include people's individual aspirations and outline the support that will be provided, to help them to achieve this they are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

This is in order that care is consistent with the Health and Social Care Standards including: 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)

This is also to comply with: Regulation 5 Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 15 November 2022.

## Action taken on previous requirement

This requirement was made as we had concerns that care plans did not contain accurate, sufficiently detailed information to guide staff in relation to risk assessments, anticipatory care planning and people's aspirations.

We reviewed a number of people's care plans, assessments and review frameworks from across the service. Plans contained basic information but lacked personalised, meaningful information about the person. Care plans should provide guidance to staff about how people should be supported and also contain information about what matters to them. This service takes a re-ablement approach where people are being supported to regain skills of daily living, it's essential to break down goals into achievable so staff know how best to support the person as they progress.

Risk assessment appeared to be generic rather than specific to the person. We noted that the environmental risk assessment was not always completed until a few weeks after the service had commenced. The risk assessments we reviewed did not capture, assess or action risk.

In terms of the different elements of the service it was not clear from the care plans whether the support provided was for palliative care or if the support was to help prevent a hospital admission. This is essential information that staff need to know and understand in order to support a person effectively and meet their needs.

Anticipatory care planning or future care planning need to be developed. It was positive to see that the start of these conversations had happened in some reviews, however there was no evidence of further discussion or a future care plan being developed to enable the person to stay at home comfortably with their wishes being supported. This is an important piece of work to be developed to ensure that staff can feel comfortable having sensitive and supportive conversations to ensure that people's needs and wishes are supported as they move towards the end of life.

This requirement has not been met and has been extended until 14 February 2025.

## Not met

### Requirement 3

By 31 March 2023, the provider must support better outcomes for people receiving care, by ensuring that the service provided is managed and led well and that there are robust and transparent quality assurance systems in place. This must include, but is not limited to:

- a) Assessment of the service's performance through effective audit and, where appropriate, consultation. This must include an assessment of the current time bandings for the delivery of care.
- b) Action plans which include specific and measurable actions that lead to continuous improvements.
- c) Ensure that staff who undertake quality assurance roles are well trained and supported.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCP4.19) and in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).



**This requirement was made on 22 November 2022.**

#### Action taken on previous requirement

This requirement was made as we had concerns that people receiving the service were given a two to three hour window in which they would receive their care. This meant that people did not know who was coming or when they would arrive. People experienced a lack of consistency and stability. A key part of this requirement was to assess current time bandings. Two small surveys of people using the service had been undertaken however, we could not see how this feedback had contributed to any changes or improvements to arrangements for bandings.

We acknowledge that the service has experienced a significant amount of transition since the last inspection in terms of leadership in the service. The service had an action plan that was out of date and it was not clear that any improvements that had been made had been sustained. The leadership team had begun the process of developing a new one. Our discussions with the leadership team and strategic plans that relate to the service demonstrated a recognition that improvements need to be made. It would support the service to make improvements if a service specific improvement plan is developed which takes into account organisational strategic objectives, feedback from all relevant stakeholders, as well as learning from incidents and complaints.

We discussed the importance of reviewing quality assurance processes to make sure that they supporting the leadership team to identify where improvements need to be made.

This requirement has not been met and has been extended until 14 February 2025.

#### Not met

### Requirement 4

By 31 March 2023, the Provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

- a) Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).
- b) All relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered services (except childminding) must keep' and 'guidance on notification reporting (February 2012, Care Inspectorate)' evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4(1) (a) (b)

**This requirement was made on 22 November 2022.**

#### Action taken on previous requirement

This requirement was because although the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate. We were not assured that the provider and management team were confident in recognising and reporting information, including incidents of harm or potential harm. This has the potential to result in poor outcomes for people.

Improvements were required to the recording, reporting and escalation of incidents to the Care Inspectorate, however there had been no notifications submitted to the Care Inspectorate for several months, despite multiple reportable incidents occurring. This requirement has not been met and has been extended until 14 February 2025.

**Not met**

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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