

Strachan Care Services Support Service

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Type of inspection:
Unannounced

Completed on:
7 January 2025

Service provided by:
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Service provider number:
SP2016988121

Service no:
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 7 January 2025. 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.

Key messages

- People spoke highly of staff and management, and of the care and support they received.
- Staff were happy and worked well with management, creating a supportive, whole team approach to care.
- Recruitment procedures had improved and staff were being recruited in line with safer staffing guidance.
- The service were working towards quality assurance processes being firmly embedded.

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

Requirements

Requirement 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).

This requirement was made on 19 September 2024.

Action taken on previous requirement

Three new staff had been recruited since the last inspection. All three staff files were sampled and were found to be following the current safer staffing guidance.

Two references were in place for all staff, from previous employers. One or two were telephone references however, the service had also requested referees to follow this up with written references. In one case this request had been declined. The manager had made every effort to ensure this did not happen frequently.

All staff had Protection of Vulnerable Groups checks (PVG) in place prior to starting post. The manager had a spreadsheet of all staff PVG numbers and issue dates, which gave a good overview of all checks undertaken.

Appropriate identification had been sought and right to work checks were completed for all new staff. This meant people were reassured that all the necessary checks were being completed when recruiting new staff, to keep them safe.

Scottish Social Services Council (SSSC) registration checks were undertaken by the manager on a six-monthly basis, to ensure compliance. We discussed with the manager to perhaps keep a printout of these checks to ensure that they are being proactive to support staff to maintain their registrations and identify any potential issues. This would ensure any issues would be identified timeously.

The service had developed a new staff induction since the last inspection and was comprehensive and staff led. Staff told us that the induction process was 'one of the best they had ever had' and it enabled them to carry out their roles competently.

Training sessions were carried out each week, which included sessions on bed bathing, showering and other aspects of basic care. This was in addition to all mandatory training such as moving and handling and adult support and protection. Staff confirmed that they felt that the training sessions each week were beneficial to maintain standards of care. As a result, there was a well trained, competent team delivering personalised care to people.

Staff told us that the manager and deputy were supportive. For example, one person told us when she had a sudden bereavement, the manager offered to pay for counselling for her. Rotas were planned weeks ahead and there was flexibility around shift patterns to fit in with a healthy work/life balance. The service considered staffs wellbeing important. Staff told us they were listened to and were very happy in their roles.

This requirement has been met.

Met - within timescales

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

In order to support person-centered 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).

This area for improvement was made on 19 September 2024.

Action taken since then

Care files sampled, contained detailed information regarding people's care. Background history was documented and routines for each visit were person-centred. It was therefore easy to follow how to meet people's needs from the information contained in these documents.

Where people had a more challenging presentation, the information viewed stated how best to support that person. Where there were triggers for people, this was also clearly documented. We discussed the wording in some plans with the manager and explained how this could be described using softer, more appropriate wording. For example, some people were described as needing a 'double up' and having 'unacceptable behaviour'. The manager understood and took this as a learning opportunity to improve the wording, to be potentially less impactful to people reading their own care plans.

All about me information had been started for people, and offered a snapshot of their lives so far.

All care files were reviewed each month and any amendments made at this time. This meant that people's care and support was still appropriate to meet their needs.

Management had a spreadsheet in place documenting all monthly care file checks.

This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 19 September 2024.

Action taken since then

Management had compiled a service improvement plan since the last inspection. This was a comprehensive document which had identified several key areas for improvement. This meant management were proactive in identifying and monitoring service development.

Quality assurance processes were in place. There was good oversight of areas such as recruitment, training and care files.

Managers worked closely with staff on shifts and observations of practice were being carried out, such as moving and handling techniques, infection control and basic care. Staff were able to confirm that observations were being carried out and feedback given to them if any issues were identified. This ensured high standards of care were being maintained for people. The management were yet to document these observations but were working towards this. We will follow this up at our next inspection.

Six-monthly reviews had not been formally recorded for last year however, some had taken place, as confirmed by speaking to people receiving care. We discussed the importance of documentation of reviews with the manager. This had been identified on the service improvement plan but the manager stated they had experienced difficulties getting care managers to attend. We advised the manager to progress with reviews in the absence of a care manager and will follow this up at our next inspection.

Partially met. This area for improvement will be reinstated to 7 August 2025 to evidence that staff observations and six-monthly reviews processes are firmly embedded in the service.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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