

Tenacity Home Care Support Service

Federation House
222 Queensferry road
Edinburgh
EH4 2BN

Telephone: 07783742850

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Tenacity Homecare Ltd

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About the service

Tenacity Home Care provides a service to older people and adults with life limiting conditions in North Edinburgh in their home and in the community.

The service operates from an office in Blackhall Edinburgh and supports people in the surrounding area.

At the time of this inspection the service was providing care and support to nine people.

The service provider is Tenacity Home Care Ltd a private limited company.

About the inspection

We carried out an inspection of the service by visiting the office base in Blackhall Edinburgh on 26 February 2025. We shadowed care staff on their lunch visits to five supported people.

The inspection was carried out by one inspector from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints activity, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service, relatives and staff at our visit
- considered feedback from completed and returned MS Forms questionnaires from three representatives of supported people.
- observed practice
- reviewed documents.

Key messages

- People experienced warmth, kindness, consideration and respect in how they were supported and cared for.
- When requested, timings of visits were flexible to meet people's changing needs and to attend appointments.
- Staff members knew supported people well and this promoted good health and wellbeing outcomes .
- People were getting appropriate help and support in a timely manner .
- The manager demonstrated a commitment to provide high quality care and support to people.
- Due to staffing challenges the manager had been undertaking care visits which had impacted on their managerial responsibilities.
- Improvements were needed around personal planning, training, recruitment and quality assurance.

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.

We observed supported people experiencing warmth, kindness and dignity in how they were supported and cared for. Staff interacted with supported people in a way which suited the person showing empathy, compassion and using good humour. Both supported people and relatives told us staff treated them with dignity and respect. One person told us "They're very good, they are very loyal, you always have a good laugh with them".

There was a small team of staff providing care and support. Having familiar staff allowed good relationships to develop. Staff knowing people well promoted good health and wellbeing outcomes. Staff were able to recognise and monitor any changes to the person's health and wellbeing needs.

Where concerns were identified people were getting appropriate help and support in a timely manner. Contact was made with appropriate health professionals, for example the doctor and district nurses. Families were also contacted about health and wellbeing concerns and kept up to date. This reassured them about the care and support their relative received. We saw examples of staff working with family members to provide holistic care and support to people.

We observed good infection control practices at the care visits. This included following health and safety guidance, wearing gloves and aprons when needed and changing them after personal care tasks. Staff monitored people's hydration and nutrition, encouraging people to drink and eat.

Care visits were largely reliable and provided assurance. When requested, timings of visits were flexible to meet people's changing needs and to attend appointments. Emergency situations out with care visit times were responded to well. One relative told us "If a request for help and support is made, they will arrive very quickly to help regardless of whether a visit is due". Staff would stay longer on visits when needed and would remain with the person when emergency services had been called. If someone did not respond to staff knocking on their door efforts were made to ensure the person's safety.

At previous inspections we had made an area for improvement relating to medication which was still outstanding. Whilst we saw examples of good medication support with some people, we found improvements were still needed in some areas. These included providing sufficient information in personal plans about medication support needs and associated tasks, including when creams were being applied. Having protocols in place when supporting a person with "as required" medication. Ensuring all staff supporting people with medication have their competencies assessed through observations. The area for improvement has been repeated with a change in wording. See area for improvement 1.

Improvements needed in relation to training and personal planning have been taken into consideration when evaluating this key question. These have been further detailed under key question 3 how good is our staff team and key question 5 how well is our care planned.

Areas for improvement

1. People should be confident their medication regime is being managed safely.

Therefore, the provider should ensure:

- a. there is sufficient information in personal plans about medication support tasks, including the application of creams;
- b. protocols for "as needed" medication are in place. This to include "as needed" cream;
- c. all staff supporting people with medication have their competencies assessed through observations at regular intervals.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

How good is our leadership?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

The manager demonstrated a commitment to provide high quality care and support to people. They would often go "above & beyond" when supporting people and their families. Relatives told how responsive the manager was and they how they were kept up to date about their loved ones wellbeing.

The manager had good contingency plans in place which had ensured people got their care and support during times when the weather had recently been severe.

The need for the manager to undertake care visits had continued to impact on their managerial role. Whilst three requirements and two areas for improvement were considered met at the previous follow up inspection the expectation was for improvements to continue. However some improvements had not progressed and some had slipped.

Whilst care reviews had taken place minimal auditing had taken place. The competency of staff providing care was not being formally assessed for all staff through observations on an on-going basis. Competency observations should support a person's development and learning, so people can be confident staff can support them well.

See area for improvement 1.

At the follow up inspection an improvement plan with targets to achieve had been developed. However the plan had laid dormant. We have advised the manager to revisit the plan and make it "live" and "active". To include improvement areas identified at this inspection, to regularly refer to the plan, to update on progress and add new areas to improve on when identified.

See area for improvement 2.

Areas for improvement

1. To support quality assurance processes and continuous improvement the provider should:
 - a. develop appropriate auditing systems for internal processes relevant to the service;
 - b. check the quality of the service with supported people through regular competency spot checks of all staff providing care and support.

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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

2. To support the service's improvement agenda the provider should further develop their improvement plan and use the plan to support continual improvement.

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).

"I use a service and organisation that are well led and managed" (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

We checked recruitment records for three people and saw an example of one staff member being safely recruited. However the recruitment process for the other two staff had elements where safe recruitment practices were not followed. This included undertaking necessary risk assessments when employing someone where all the relevant pre-employment checks were not completed and where the Protecting Vulnerable Groups (PVG) record was not showing as clear.

See area for improvement 1.

The service had experienced recruitment and retention challenges over the last year with the registered manager often having to undertake care visits. A new person was in the process of being recruited which should improve staffing arrangements. People we visited were not identifying arrival time and length of visit to be a problem. During our visits staff were not rushing and took the necessary time which also allowed for a chat with the person.

Staff were all registered with the Scottish Social Services Council (SSSC) and were supported to complete appropriate qualifications. However the completion of some mandatory and person specific training was inconsistent. We identified the online training platform being used was providing English adult safeguarding

training. The manager was now sourcing Scottish adult protection training. All staff had completed the training platforms care certificate which provided an overview of various topics. Some staff had then completed more specific training around those topics to develop their skills and knowledge but this was inconsistent. We have recommended additional training to be provided. These include catheter care, continence care, skin integrity, oral care and multiple sclerosis. An appropriate training record should be developed to provide a more effective oversight of all training completed by each staff member through various avenues including online and face to face training.

See area for improvement 2.

One to one supervisions were not taking place. Staff should have regular opportunities to reflect on their practice through regular formal supervision with their manager. Discussions should be reflective and incorporate feedback on observations practice, learning from training and areas for development.

See area for improvement 3.

Areas for improvement

1. To ensure people can be confident staff who support and care for them have been appropriately and safely recruited the provider should ensure:

- a. There is a robust recruitment system in place which tracks recruitment tasks, including pre-employment checks;
- b. A risk assessment is undertaken where a Protecting Vulnerable Groups (PVG) record is unclear;
- c. A risk assessment is undertaken where relevant pre-employment checks are not able to be fully completed
- d. supporting documents, like proof of address and identification, are signed and dated to validate and confirm the original documents were viewed

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

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

2. To ensure people are confident staff are competent and skilled to undertake their designated roles the provider should ensure:

- a. an appropriate training record is developed to provide effective oversight of all training completed by all staff;
- b. adult support and protection training based on Scottish legislation (Adult Support & protection (Scotland) Act 2007) is sourced;
- c. staff members completed training is reviewed to identify where further training is needed;
- d. mandatory training is reviewed to include additional topics – for example oral hygiene;

e. client specific training is provided where needed, this to include catheter care, continence care, skin integrity and multiple sclerosis;

f. there are methods in place to evaluate the effectiveness of all training, to identify the impact of the training on staff practice and to allow for reflection on how the training has helped improve practice.

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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

3. To ensure people experience high quality care the provider should provide regular opportunities for staff to reflect on their practice through regular formal supervision with their manager. Discussions should be reflective and incorporate feedback on observations practice, learning from training and areas for development.

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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS4.27).

How well is our care and support planned?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

Personal plans sampled included information as to the person's preferred name. Information was provided as to how the person wanted staff to enter their home. This showed respect for people's choices and privacy and reduced any anxieties. There was good infection control guidance included. Some plans had descriptions of tasks to complete at visits which incorporated the person's routines and preferences. Care reviews were routinely taking place with supported people and their relatives

However, several improvement areas were identified. As detailed under section 1.3 people's health and wellbeing benefits from their care and support, there was insufficient information about people's medication support needs and associated tasks. We found examples where information in the personal plan was old and needed to be updated.

Personal plans referred to some people's health conditions, but this was not consistent. We have advised more detail is provided so staff fully understand what the condition is and how it impacts on the person's life.

We have advised for personal plans, risk assessments and associated documents on computerised documents to be dated with the name of the person who completed the document. Currently it was unclear when documents had initially been developed and when they had subsequently been reviewed and updated.

Risk assessment documents were largely tick boxes with no recorded outcome from the assessment as to how to minimise any identified risks. Risk assessments should be completed for the use of bed rails.

We have advised regular checks are made to better identify when a supported person has third party representation. Where this is in place the information should be better recorded in personal plans.

Supported people should be confident their personal plans and risk assessments are up to date and reflect their individual needs and intended outcomes. We have made an area for improvement.

See area for improvement 1.

Areas for improvement

1. To ensure people experience stability in their care and support from people who know their needs, choices and wishes, including if there is an emergency or unexplained event the provider should ensure:

- a. all personal plans and risk assessments are formally reviewed on a minimum six-monthly basis and updated regularly with new and accurate information;
- b. there is sufficient detail in the personal plan about all elements of care and support for all staff to refer to which helps people achieve their intended outcomes;
- c. risk assessments are completed, monitored, and reviewed where there is an identified risk to the supported person and/or others;
- d. following an assessment of risk, procedures developed to minimise risk and ensure safety are detailed in the plan;
- e. whether a person has third party legal representation should be checked at reviews and if in place clearly detailed in the plan.

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

"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).

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

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

People should be confident their medication regime is being managed safely. Therefore, the provider should ensure:

- a. Protocols for "as needed" medication are in place;
- b. Medication risk assessments assess the person's abilities to self-administer to then identify the level of support needed to minimise risks.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 30 August 2023.

Action taken since then

There has not been sufficient improvement for this area for improvement to be considered met. Elements have been repeated. This has been further detailed under key question 1 "How well do we support people's wellbeing?"

Previous area for improvement 2

To support quality assurance processes and continuous improvement the provider should:

- a. Check the quality of the service with supported people and their representatives on a regular basis. For example, through service formal care reviews, spot checks, telephone checks and satisfaction surveys;
- b. Develop appropriate auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing:
 1. Carer communication logs;
 2. Visit arrival and departure times and length of visits;
 3. Missed visits;
 4. Consistency of staffing;
 5. Medication Administration records;
 6. Care reviews;
 7. Care and support plans;
 8. Risk assessments;
 9. Recruitment and induction;

10. Supervision;
11. Competency checks;
12. Training undertaken;
13. Accidents and incidents;
14. Complaints and expressions of dissatisfaction.

c) Develop a system to track the return of communication logs and medication record sheets.

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).

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 30 August 2023.

Action taken since then

There has not been sufficient improvement for this area for improvement to be considered met. Elements have been repeated. This has been further detailed under key question 2 "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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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