

# Caithness Care @ Home Service Support Service

Pulteney House  
North Murchiston Street  
Wick  
KW1 5HL

Telephone: 01955 604 486

**Type of inspection:**  
Unannounced

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**Service provided by:**  
NHS Highland

**Service provider number:**  
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**Service no:**  
CS2016347514

## About the service

Caithness Care @ Home Service provides support to people in their own homes. The service provides personal care and support to people living in Caithness and there are two teams, one based in Wick and one in Thurso. The service covers both town and rural areas. The service provider is NHS Highland.

## About the inspection

This was an unannounced inspection which took place between 29 January and 3 February 2025. 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 18 people using the service and 6 of their family members
- Spoke with 12 staff and management
- Observed practice and daily life, and reviewed documentation
- Received feedback from visiting professionals, people experiencing care, families and staff

**Key messages**

- People reported positively on the care and support they received
- Family members said communication with the service was good
- People always mentioned they liked their staff members
- Monitoring and checking the quality of care and support was better
- Some elements of support provided to staff need to improve
- There were some staffing challenges, such as rotas, but there was awareness of this and actions to address were being identified
- The management structure and arrangements have improved in the last year
- Management had improved their oversight of what was happening for people and staff
- Monitoring and checking the quality of care and support was better

**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?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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 area as good. This meant the service had important strengths in supporting people's health and wellbeing. At the same time, some improvements were still necessary to ensure people's experiences and outcomes were consistently as positive as possible.

People liked the support they received. Staff were commended for their manner and people felt comfortable with them. People and family members said the service made a big difference. People benefitted from the care and support.

People's wishes and opinions were known. Specific things they liked or disliked were taken onboard by the service. Family members were also involved in helping to make decisions about how best the care and support can be provided. People and family attended review meetings with the service to discuss matters on a regular basis. People felt their views always counted, that they were listened to and respected.

Positive and trusting relationships with staff put people at their ease. People got on with staff. There was good guidance for what specific areas people needed supported with. People's health conditions were known. The service staff were attentive and responsive to changes for a person. If a person appeared less well, for example, this was picked up quickly and suitable advice sought. All this helped people to keep safe and well.

Partnership working with other key agencies was good. Arrangements were in place to help easy communication such as regular meetings with health and social care partners. Staff were responsible and reported matters quickly, for example, a person having a fall, and this helped to make sure they right actions were taken. Management, the office or other agencies were informed promptly. Good communication kept people safe.

Staff also understood the benefits of promoting people's abilities and independence. By doing as much as they were able to for themselves, people's health, spirits and motivation were supported. Again, this was well understood by staff. People were supported to, as much as possible, enjoy being in their own home and getting the most out of their day and week.

People were getting good support with their medication. However, there was room for improvement. Recording when medication was given on people's medication administration record sheets (MARs) could, at times, be clearer. Staff completed MARs when needed but there were some matters that could potentially be confusing and lead to error. We discussed some of the detail with management, including use of 'code letters', gaps, 'body map' guidance and also practical arrangements for ordering and collecting people's medication. We thought some aspects of medication support need to be reviewed by management and have made an area for improvement for this (see Area for Improvement 1).

Most people liked to know in advance what staff will be supporting them that day or in the coming week. However, the service had challenges around rota planning due to last minute changes and could not get rotas out to people well in advance. The reasons for this were understandable and management had a focus on this but any improvement would be beneficial for people.

There were some incidents and accidents the service should have been reported to the Care Inspectorate. The matters involved had been dealt with well, however we discussed the purpose of informing us and our role in helping to ensure people were supported to keep safe and well.

### Areas for improvement

1. To ensure that people can have confidence in their staff's practice and the arrangements for their medication support, the service provider should ensure they examine closely people's medication records and the practical arrangements. Where concerns are identified, improvement actions should be taken.

This should include, but is not limited to, the following:

- a) people's MAR records, as much as possible, are clear and easy to follow and only completed by staff members and
- b) people's medication is available for them at all times

This is in order 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).

### How good is our leadership?

4 - Good

This key question was evaluated as good. There had been improvement in the last year and suitable practical changes had been made to the management arrangements by the service provider. Some areas and activities of management still needed to improve but a significant step forward had been made making it more likely people can trust that the management have good oversight of the service.

The changes made to management, including the geographical area of the service being made smaller, have enabled a local management approach and easier monitoring of the quality of care and support people received. People benefited from management and leadership arrangements that were in touch with what going on with their care and support.

The new management arrangements had been in place for some months now and the manager had been identifying suitable actions to take for improvements. Management were seen as positive and open to ideas. For people, families and staff, management were viewed as approachable and that they would listen. Management were aware of what was not working well for people's care and support and were taking a suitable, planned approach to making improvements. People can trust that the management were focused on what would make the service better for them.

The management team, lead seniors, co-ordinators and others in the office worked well together. Day to day challenges were responded to and team work was effective. There were reports from staff that management and the office in general were supportive and helpful. All this helped ensure people experienced a service that was well run. People's health and wellbeing benefitted.

Meetings were organised with key other parts of the NHS and other agencies, including a daily 'huddle' meeting which picked up on any immediate care and support matters needing attention locally. These measures aided good communication and working together practice. People were supported to have positive experiences, keep safe and have good health and wellbeing.

The management used different ways of checking and making sure the service was meeting its responsibilities in meeting people's care and support wishes and needs. Quality assurance identified what was going well, for example, were people's reviews up to date and happening as often as they should be or were staff completing people's care and supported notes to a sufficiently detailed and clear standard? Using quality assurance checks helped management identify what needed to be improved. Improvements, when made, would help achieve better support. People can have confidence that management aimed to make improvements that would benefit their health and wellbeing.

However, we saw from the service's own quality assurance that certain areas of the service's overall performance had fallen behind. Staff were not consistently receiving their annual appraisals or their regular practice competency observations that they should. This type of management support helps staff ensure they have the right knowledge and skills. People can, as a result, then have more confidence that their staff members were well supported by the organisation. As the service was significantly behind in this, and it had been highlighted before, we have made an area for improvement (see Area for Improvement 1).

## Areas for improvement

1.

To ensure people can be confident that staff practice's was monitored and supported to aid staff abilities and development, the service provider should ensure staff are supported on a regular basis to improve their knowledge and skills.

This should include, but is not limited to, the following:

- a) regular and effective practice competency observations which provide staff opportunities for learning and
- b) and annual professional development plan meetings to enable staff to reflect on their practice and discuss their work related wishes and plans.

This is in order 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 the Scottish Social Services Council's Code for Employers of Social Service Workers to 'Support workers to meet the standards in their Code of Practice and not require them to do anything that might prevent that from happening' (SSSC 2.9).

## How good is our staff team?

**4 - Good**

We evaluated this key question as good. Staff levels were satisfactory for the support provided and staff worked well together. The service can improve in ensuring they have consistent staff levels and management were working on this through recruitment and ensuring staff feel well supported in their role.

Staff we spoke with told us that they enjoy their role. Staff worked flexibly and were supportive of fellow team members. Their positive attitude and approach meant people were happy with their staff members and looked forward to their care visit.

Some comments from people were:

- 'I get on with them, they're good humoured'.
- 'Service is perfect - everything at your pace'.
- 'Very nice people'
- 'Staff changes can be disruptive.'

Staff levels had improved over the last year. There were still challenges in this area but management strove to keep a focus on this and, as best as possible, ensure the staff team were not overstretched. Staff being able to concentrate on their main responsibility of providing care and support to people meant people had attentive staff. People got on with their staff members and benefitted from their friendly and kind manner.

Recruitment was ongoing and the service aimed to get suitable staff. Appropriate checks when recruiting new staff were taken. The interview process helped to get the right staff, with the right motivation and attitude for health and social care. People can be sure the service took necessary steps to try to make sure new staff understood their role and responsibilities. People were assisted to keep safe and well.

The management and office team were responsive and communicated well with staff. They appreciated the challenges for staff in providing care at home to people to the standard staff aimed for. As staff found the management/office team approachable and able to listen, when they faced a difficulty they informed management quickly and would expect a helpful reply. Staff feeling valued and supported improved communication in the service and was good for morale. People can trust their staff members were assisted to a good level in their role.

The management team had very good insight into the staff role, what works and what would be helpful. They were open to ideas and trying out new ways of service provision and staff support. An imaginative and proactive approach by management helped staff. New developments were assessed on how practical and supportive they were for staff, whilst at the same time being beneficial for people's support.

Staff were not always having regular supervision meetings and staff training records showed gaps or delays. This also was the case for staff annual professional development meetings. Management were aware of these and knew improvement was needed. To ensure staff are fully supported and equipped to undertake their role to the best of their ability, and consistently able to provide support to a safe and high standard, these areas needs to be addressed. See Area for improvement 1.

Staff also made suggestions for improvements, including the medication collection previously mentioned and some staff said they felt face to face training for aspects of care such as skin integrity would be more helpful than doing this online. Comments like these showed staff's professional attitude and aim to have the right knowledge and skills so as to be able to assist people to be safe and keep good health and wellbeing.

### Areas for improvement

1. To ensure that people can have confidence in their staff members, the service provider should ensure they are supported, trained, competent and skilled to meet people's health and care needs.

This should include, but is not limited to, the following:

- a) that staff complete training that will enable them to meet people's health and care needs and
- b) supervision meetings take place regularly at suitable intervals.

This is in order 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

## How well is our care and support planned?

4 - Good

We found that care and support was planned to a good standard. There were clear strengths with only some areas that could be improved. Improvement would ensure more comprehensive guidance for staff and would assist achieving positive outcomes for people.

People and their families/representatives had regular opportunities to attend review meetings with the service to discuss their wishes and needs. These meetings should be at least every six months and we did find that sometimes the period between reviews was longer but the service management were aware of this and confident they could make sure they were taking place within 6 months in future. People and families felt listened to and this helped to make sure they got the right care and support.

There was good detail within people's care and support plan which reflected their needs and wishes. This information aided staff in getting to know a person and what support they needed. There was also good guidance and instruction for any matters that could be considered a risk for a person. An example was mobility difficulties, where an individual would need assistance with moving. Good detail meant people did not experience unnecessary discomfort when being assisted as staff had the right information and followed recommended good practice. The risk of harm was reduced, people were helped to keep safe and well.

For people getting care at home, getting the support at the right time from staff familiar with their support wishes was important. The intention of the service was to provide support at the right time by suitable staff, who have the right skills and information. Mostly, this was okay for people and people felt it was well organised. People said even if it wasn't their regular staff, covering staff usually knew them and had the right skills and knowledge. There were times when people felt improvements could be made and they could know more in advance which staff to expect. The service was aware of this and tried to meet their wishes.

People reviews notes showed a range of matters were discussed. At times, though, when something had been discussed and it appeared that some further action by the service would be helpful, an action was not clearly identified and recorded by the service in the review note. For example, this could be in relation to a discussion around whether the length of time for a visit was sufficient to meet someone's care and support needs. Detailing an action that could or would be taken is always helpful. Even if no action is to be taken this should be recorded. The service should examine this area of practice and aim to make improvement. This will support positive outcomes for people.



Whilst the service had information about people's Adults with Incapacity (AWI) information such as Power of Attorney arrangements, it was not always clear as to how up to date this was. We understood, of course, the service were not always able to obtain all the relevant information regarding a person's AWI information. A service can only request it from relatives and/or people supported. However, we advised that what information they do have should be checked for being up to date. Good information in this matter can be very helpful for people's support and protects people's legal rights. See Area for Improvement 1.

### Areas for improvement

1. To help make sure people's wishes and decisions are followed and their independence is promoted whenever possible, the service provide should make sure, where possible, the information it holds on Adult with Incapacity matters for people is up to date.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

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

### Requirements

#### Requirement 1

By the 1 August 2024, the provider must ensure people benefit from a service which is well led and managed. To do this, the provider must, at a minimum, ensure:

- a) there are robust and effective local management and leadership arrangements in place, including north and north west of Sutherland;
- b) there is sufficient time each week to enable local management and leaders of the service to focus on quality assurance activities as well as service provision;
- c) all staff have regular opportunities for protected time, supervision and an annual appraisal with their line manager to reflect on their practice, training and support needs; and
- d) practice observations are undertaken with care staff twice a year, to include competency, but not limited to moving and assisting people.

This is to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This requirement was made on 14 September 2023.**

#### Action taken on previous requirement

This was met. We found the most significant points in this requirement were met. The management arrangements had been changed during the last year, with management only needing to cover the Caithness area. This was more manageable for them. There was also good evidence and further actions being progressed to ensure local management and leaders had time to focus on key quality assurance and support of staff activities.

For annual appraisal and observed practice competencies the service was still needing to take effective actions for this. We have decided to make an area for improvement for this. See under Key question 'How good is our leadership' in the main body of the report.

**Met - outwith 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

To support positive outcomes for people, the provider should ensure that:

- a) they continue to review the effectiveness of communication and information sharing between care staff and the office base, to ensure information is shared appropriately;
- b) staff have opportunities for discussion about their work and how best to improve outcomes for people, particularly where changes to scheduling arrangements are planned, this should include how best to deploy staff to support people's preferences; and
- c) prior to a planned or last minute visit to people, all support staff have access to accurate and up to date information about individuals, to familiarise themselves with people's care and support needs.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27); and 'My care and support is consistent and stable because people work well together' (HSCS 3.19).

**This area for improvement was made on 9 February 2024.**

#### Action taken since then

This was met. We found sufficient evidence of improvement in the communication between the office and the care and support staff for day and day and general matters. Positive steps had also been taken such as the introduction of drop in days for staff during which they can pop into the office and catch up with one of the management team for informal discussion. We confirmed as well, that people felt well matched to their staff members and if there was ever a concern regarding staff suitability they would be listened to by management.

#### Previous area for improvement 2

To support positive outcomes for people who use the service, the provider should continue and sustain the improvements made in care planning and related documentation. To achieve this, the service should ensure as a minimum;

- a) people's support plans and 'at a glance' profiles kept in people's homes are always up to date, in particular where a person's care needs or risk level changes, such as a change in their health or equipment to be used;
- b) people's support plans contain sufficient information to guide staff about people's specific care needs, especially where this involves a specific prescribed treatment;
- c) regular audit is undertaken to ensure standards in care planning and documentation are maintained; and
- d) there is evidence of discussion with family or a person's legal representative who should be fully involved in people's twice yearly reviews.

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 1.16).

**This area for improvement was made on 9 February 2024.**

### Action taken since then

This was met. The majority of actions to address this area of improvement were taken. We confirmed that audits were happening more often and that overall the information within people's care and support folder were sufficiently detailed, to a standard that would guide staff well and benefit people's care and support.

## Complaints

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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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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