

Short Term Assessment and Reablement Team (START) Support Service

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Unannounced

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The Moray Council

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About the service

The Short Term Assessment and Reablement Team (START) is a short-term support service delivering care at home to adults and older people living in their own homes. The service helps people to become more able and independent following an illness or change of circumstances. The provider is Moray Council.

Outcome focused assessments determine what help is needed by a person and their goals from the support agreed with them when they start receiving the service. The service is reduced as agreed outcomes are achieved. After six weeks, a formal review takes place to discuss any ongoing care needs and how the person would prefer to receive the ongoing support.

The service is provided between the hours of 06:45 to 22:30. At the time of the inspection, the service was delivering support to 42 people.

About the inspection

This was a full inspection which took place from the 18 March to 21 March 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke or made contact with 15 people using the service and three of their family
- Spoke or made contact with 17 staff and management
- Spoke or made contact with five visiting professionals
- Observed practice and daily life
- Reviewed documents.

Key messages

- People enjoyed support which was dignified and respectful.
- Staff felt supported by their supervisors and colleagues.
- Staff recruitment was managed well by the service.
- People's reablement benefitted from good links between the service and other health and social care colleagues.
- Improvements were required to ensure people benefitted from safe medication procedures.
- Care plans required more detail and more regular review.

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?	5 - Very Good
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, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us that they were happy with the care they received. Staff were respectful, courteous and worked with people in a calm and unhurried manner. This meant people were treated with dignity and respect.

Staff provided support and encouragement that helped people gain independence and confidence. We also saw staff skilfully discussing a person's achievement of their goals to ensure the service could be safely reduced or removed. This meant the service supported people in gaining independence and control over their own health and wellbeing in a safe and structured manner.

People's reablement benefitted from good links between the service and the health and social care partners who referred people to the service such as occupational therapists, and care at home enablers. Weekly meetings were held with the professionals to assess progress and alter support as required. This teamwork helped people to receive the most effective support for their individual needs. Staff also had weekly meetings with their supervisors to talk about each person's progress. These meetings gave staff the support and advice they needed to carry out their role effectively. This meant people's health and wellbeing outcomes were being improved by a staff team that was continuously improving to deliver better care.

People were encouraged to choose how they took their medication, in line with their abilities and independence. The systems for storing and administering medication were good. These systems were not always followed correctly, which increased the possibility of an error. The service will benefit from discussing good medication practice with the staff to raise the standards (**see area for improvement 1**).

Staff used appropriate personal protective equipment (PPE) when supporting people. They understood their role and responsibilities in preventing the spread of infection. However, the disposal of used PPE and how staff washed their hands was not in line with best practice. We discussed this with the manager who started planning more training to support staff. We were confident from this that staff practice would improve. This will help keep people safe and reduce the risk of infection for everyone.

Areas for improvement

1. To protect people's health and wellbeing, the service should ensure medication administration procedures are consistently followed by staff. This should include but not be limited to:

- a) Ensuring medication administration recording sheets are kept up-to-date, with any discontinued medication removed from the sheet.
- b) Medications not in use should be promptly returned to the pharmacy for safe disposal.
- c) Staff receiving appropriate training and support in the management and administration of medicines.

d) Direct observations and assessment of staff practice in medication management being regularly undertaken.

e) Medication support plans, risk assessments and administration charts being regularly audited to monitor compliance.

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

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

How good is our leadership?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff had good relationships with each other and their management. People, their relatives, and staff felt comfortable approaching the management team to discuss any queries or concerns. Carers we spoke with were all positive about their experience working for the service and felt supported to carry out their role to the best of their ability. Regular team meetings, supervisions and competency checks were in place to highlight areas of good practice and areas for development. A staff member told us, 'I get lots of help. My colleagues are really helpful and we work well as a team' and another said, 'I get all the support I need. If they don't know the answer, they find out and get back to me.' We were confident that staff were led well.

The service provided guidance to staff on handling various situations they might encounter when working with people and the actions they should take. This ensured staff had the support they needed to perform their job well. As a result, people's health and wellbeing benefitted from good, reliable working practices.

The service had a detailed and easy-to-understand improvement plan. The actions were achievable and showed an understanding of all areas that needed monitoring to improve outcomes for people receiving care and staff. The manager was using the plan to track what needed to be done and the progress of each action. This meant that people benefited from a culture of continuous improvement within the service.

The service shared information with all relevant professionals about changes in support provided to each person and reasons behind these changes. Supervisors also attended a weekly meeting with the multi-disciplinary team to explain the stage of reablement each person had reached, seek advice and discuss what needed to happen next. This collaboration with the multi-disciplinary team enhanced people's health and wellbeing outcomes from the support they were receiving.

The service was switching between two digital planning systems, making it harder for supervisors to keep information up-to-date and identify the support and training staff required. We found some information to be inaccurate or outdated, which could negatively impact staff monitoring and support. The provider assured us that this will improve once the transfer to the new system is complete.

The service generally managed accidents and incidents well. They investigated the incidents, took appropriate actions, and shared information with relevant agencies, including the Care Inspectorate. However, we found an incident related to challenging behaviour that required further actions to safeguard

staff and the person experiencing care. We discussed this with the manager, who assured us they would support the supervisors in reflecting on this incident and discussing the actions that should have been taken. This will help people feel confident that the service will consistently take action to mitigate future risks of harm when necessary.

We also reviewed other quality assurance checks conducted by the service, such as manual handling self-assessments and competency assessments. We found that some of these checks could be improved to ensure consistent monitoring of staff practice and training needs. These improvements will help ensure any support needed by staff can be arranged, and as a consequence, people's health and wellbeing will benefit from robust quality assurance processes (**see area for improvement 1**).

Areas for improvement

1. In order to promote positive outcomes for people, the service should ensure that quality assurance processes are effective and reflective of the experiences of people and staff practices. This should include but not be limited to ensuring:

- a) All quality assurance checks are completed accurately.
- b) Any issues or concerns arising from checks are investigated and analysed appropriately and actions taken to ensure improvement.
- c) Information is kept up-to-date across all systems.

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?

5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Recruitment of new staff was comprehensive, with appropriate pre-employment checks undertaken. Before working independently, all staff were required to complete a period of induction and shadowing with more experienced colleagues. This helped new staff develop skills and confidence while building good working relationships. One staff member told us, 'I learned how to enable people very well from an experienced colleague when I started in the job.' This also meant that people's health and wellbeing benefitted from a team that worked well together.

Staff had a comprehensive understanding of people's needs and were very enthusiastic about encouraging people to gain more independence and control. People therefore benefitted from a team focused on helping them achieve positive outcomes.

The rotas were well organised and ensured that people saw the same carers at the same times as much as possible. Staff undertook visits in a calm and professional manner and told us they did not feel rushed during or between visits. This meant the service had the right amount of staff, and the staff had the right amount of time to support people.

Staff were trained to support people through a mixture of online and face-to-face training. Staff were knowledgeable in a range of topics including adult support and protection and dementia care. Training was also provided for specific needs of a person, such as stoma care. Staff spoke highly of training and said it helped them feel skilled and equipped to perform their roles. This in turn improved the quality of support people were receiving. Management had recently improved how they tracked training requirements to keep training up-to-date and organise additional courses if needed.

Staff felt supported by their supervisors. They received regular formal supervision, competency assessments and informal support. Supervisors recorded all support and advice offered to staff on the digital planning system. This meant that people experienced high-quality care and support because the staff caring for them had the necessary information and resources.

Staff worked well with external professionals. Professionals spoke highly of the service and complimented staff on their approaches with people. People's experiences were therefore improved through a collaborative care approach. Professionals indicated that some staff could benefit from further reablement training. We shared this with the manager who was exploring means to deliver this.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People were generally happy with the service they received and told us the care was good. Staff could access personal planning information on their phones and in paper folders at people's homes. The partnership care and support plans included detailed, person-centred information about people's outcomes, wishes and choices. This helped staff support people consistently in a way that was right for them. However, these were not in place for most people, which meant staff often had limited information about people's wishes, likes and dislikes. This meant new or unfamiliar staff were less able to provide care that respected a person's wishes and choices or engage them in meaningful conversation.

When people received reablement, their progress was monitored weekly. Progress notes helped track how much a person had improved since starting reablement and understand any changes made to their support. People were involved in discussions and decisions about all changes to their support. This enabled and empowered people to be as independent and in control of their life as possible. After six weeks, a formal review took place to discuss reablement progress, any ongoing care needs, and how the person preferred to receive ongoing support. People's care plans were not always updated after the review.

Long-term care reviews were comprehensive, covering most areas of a person's needs such as health and wellbeing support, communication, stress/distress and meaningful engagement. However, reviews were out-of-date for some people who had been receiving support from the service for over six months. This meant people might not be receiving care that was right for them. The service needs to ensure every person has person-centred planning and review information recorded in a format that is accessible to staff (**see requirement 1**).

Staff engaged people in meaningful conversations that encouraged independence and enhanced their wellbeing. For example, a person was encouraged to walk to the garden to see a robin the carer had spotted. However, these meaningful conversations were often not recorded in the visit notes. Recording

these social discussions could help all staff continue meaningful conversations that people enjoy, thereby contributing to their positive wellbeing.

Requirements

1. By 4 July 2025, the provider must ensure support plans are up- to- date, easily accessible and used by all carers, to ensure people get the right support for them.

To do this the provider must, at a minimum ensure:

- a) Everyone supported by the service has person centred planning information in place.
- b) People's plans are adapted to reflect their long term support needs once the reablement period has concluded.
- c) Six monthly reviews take place and plans are updated accordingly.
- d) Personal planning and review information is fully accessible to all staff at all visits.
- e) People's daily notes include information on meaningful engagement.

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

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); and

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
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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