

Aberness Recruitment Support Service

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Type of inspection:
Unannounced

Completed on:
14 March 2025

Service provided by:
Aberness Recruitment Agency Ltd

Service provider number:
SP2015012453

Service no:
CS2022000151

About the service

Aberness Recruitment is registered to provide a care at home service to adults with support needs living in their own homes and in the community. The service provides flexible packages of care and support ranging from a few hours each week to over 250 hours each week.

The service supports people living in and around the Inverness area.

The service was registered on 14 June 2022. There was a period of inactivity prior to becoming active again on 1 November 2024. This was the first inspection of the service.

The provider is Aberness Recruitment Agency Limited.

The head office is based in Inverness and at the time of inspection the service was supporting 14 people.

About the inspection

This was an unannounced inspection which took place on 10 to 12 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, 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 three people using the service and three of their family and representatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were very good at developing meaningful relationships with people based on warmth, respect and compassion.
- Care plans detailed every aspect of people's support and focused on wishes, needs and interests and were up to date.
- Support was reviewed and included feedback from family and external professionals.
- Management were completing some quality assurance activities but this needed to be more regular, focused and used to improve the service.
- Staffing levels were good and people's care and support benefitted from consistent staff teams.
- Staff were competent, skilled and knowledgeable within their role due to regular training.
- The service needed to ensure regular staff supervision which was clearly documented.
- People and their families were fully involved in planning their care and support.

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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service ensured people maintained relationships with family and friends. One person was supported to a family wedding and another to visit their parent who was unwell. There were examples of how the service was flexible in supporting changes to routines and times of support. This enabled people to choose an activity that was important for them.

People were enabled to get the most out of their day with opportunities to explore their interests and try new things. People were supported by staff who demonstrated an enabling attitude and worked to the individual's pace. This meant people felt confident and not rushed in what they were doing and trying to achieve.

People's choices were respected and staff showed an understanding of communication needs based on developing trusted relationships with the person and their family. One example was how a person's move to their own home has enabled more participation in the community and improvement in their health and wellbeing.

The service sought advice from external professionals in supporting people's behaviours when distressed or agitated and ensured their approach was positive and tailored to individual need. One person told us, "I think their support is great, they treat me as me and they take time to really get to know you" and when we spoke with others they confirmed, "The service recognises my relative's needs, when she needs her own space and when she needs encouragement".

People and families felt confident in the care and support because they knew who was coming and when to expect them.

Staff recognised changing health needs and shared the information with external professionals. This ensured people were receiving the right care at the right time. External professionals expressed feeling confident in the support provided and that any needs were followed up.

People were involved in choosing their food and drink, shopping and preparing meals according to their choices. People were encouraged to do as much as they can for themselves. Staff supported sensitively with choices about healthy lifestyles. An example was a person who has successfully lost weight through adapting their diet and spoke of feeling proud of this achievement.

Managers knew people, families and staff well and demonstrated a strong understanding of person-centred care and support. This helped managers to be responsive to concerns or changing needs based on an informed oversight of the daily operations of the service. This helped people to be safe, well and happy.

The service could improve further by providing clearer protocols for 'as needed' medication and review these regularly to ensure they are being effective in achieving the desired health outcome.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place for quality assurance and to enable managers to have an oversight of the service. This included completion of medication sheets and finance records.

Training records were detailed and included on-line training alongside in-person sessions, for example, moving and handling. Training records were updated and reviewed to ensure staff understood best practice. This ensured staff were competent, skilled and knowledgeable within their caring and support role.

Feedback from staff was positive on how well supported they felt by the team leaders and management. Staff felt that their teams worked well together and valued the accessibility of managers if they needed guidance with responding to concerns. One staff member told us, "I feel safer because there is always someone to go to, we have that back-up, there is always someone to help and direct you" and this was confirmed when we spoke with another who said, "The team leader is amazing, always there on the phone for big and small things".

However, we heard concerns about ensuring enough capacity and time for managers to complete quality assurance tasks. This could have an impact on the ability of the service to minimise potential risks of harm for supported people due to monitoring that needs to be more robust.

Discussions with managers indicated how families and staff could raise suggestions and provide feedback, for example, at team meetings, reviews and the monthly drop-in sessions. However, it was not clear where this information was documented and used to further improve the experiences of people within the service. Feedback was not clearly linked to how the service was ensuring continuous learning based on reviewing overall service performance.

We identified examples of where governance at service level needed improvement to effectively monitor the quality of care. A robust system of audits is needed within the service to ensure that managers can identify and respond promptly to areas that require improvement. Clarity is needed between formal staff supervision sessions and group staff meetings to ensure individual protected time for staff to reflect on their practice alongside opportunities to learn as a staff group. This must be evidenced in an improvement plan which shows how self-evaluation and using feedback drives continuous improvement in the service. **(See Requirement 1)**

Requirements

1. By 1 July 2025, the provider must ensure that there is effective governance at service level to monitor and manage the quality of care and effectively identify and drive improvements in the service.

To do this the provider must at a minimum:

- a) Ensure there is sufficient time and capacity to enable team leaders and managers to focus on quality assurance and monitoring checks.
- b) Implement quality assurance systems to evaluate the effectiveness of supervision, training and development opportunities and ongoing competency of staff.

c) Implement quality assurance systems to evaluate people's care experiences and how this informs service improvement.

d) Develop a service improvement plan which is reviewed regularly and informed by self-evaluation.

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 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 based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and outweighed areas for improvement.

Staff were recruited carefully and well to ensure the right people with the right values were supporting people. Staff were competent, knowledgeable and skilled in caring for and supporting people. People and families expressed confidence and feeling reassured that the right staff were caring and supporting at the right times. An example was a person who likes swimming, where the service arranged support hours so a staff member who enjoys swimming was supporting at that time. This showed how knowing the person well was used to carefully consider who was best matched to support them.

People were cared for and supported by consistent staff teams who knew them well. Staff had developed trusting working relationships with the person and their families, who trusted the staff to promote their rights and best interests. Managers and staff were motivated and worked hard to ensure people's support worked for them, expressed person-centred values and were clear about their responsibilities towards people. One person told us, "In a previous service, I would never know who was coming to the door and this made me stressed, but I always know now and if there is an issue, they phone and explain".

Staff were flexible in response to changing care and support priorities and this ensured people achieved outcomes that were important to them. An example was when the service provided additional support to ensure a positive move to a new home for a person with complex needs. The team worked together with other partner agencies to achieve a calm and happy transition into their home and the local community. Staff demonstrated good working relationships within the service and with external professionals. The focus was on the person receiving care and support which led to positive outcomes for their health and wellbeing. An example of this being confirmed was when we spoke with one professional who told us, "The managing staff are highly experienced and work very well together. Some of the clients they support have support provided by more than one company and Abernethy work well with the other providers".

Staff supervision and appraisals were not consistent, with some staff not receiving regular formal supervision. Clarity was needed between individual staff supervision for reflecting on practice and receiving feedback as opposed to staff group meetings. We identified where this should improve. **(See Area for improvement 1)**

Areas for improvement

1. To ensure staff are competent, skilled and knowledgeable, the provider should make sure, at a minimum, staff receive regular supervision and at regular intervals. This includes observations of practice with clear outcomes that enable staff to provide high quality care and support.

This is 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 organisational codes' (HSCS 3.14); and

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

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good, where significant strengths supported positive outcomes for people.

Care plans were detailed and used person-centred language that clearly demonstrated the individual's unique likes and dislikes. A system was in place for updating of information and significant events enabling care and support to be delivered effectively. People and their families were involved in directing their own care and support and could access the online system directly. This enabled people to see who was due to support them on that day and families to see what support had been provided. People had confidence and assurance about their care and support. Staff were confident in how to deliver support with people due to clear guidance.

Discussions at meetings evidenced how staff continually reviewed people's experiences and respected their views. External professionals were confident that advice and guidance was followed and staff were proactive in being responsive to people's needs. An example of feedback from one professional stated, "I am in regular contact with the managers and feel that they are reliable and available. I feel confident that they will follow up any actions required".

Families told us that they were encouraged to be involved in the assessment and planning of support. Families were encouraged to provide feedback to the service and were kept informed of any changes. This included staff discussing any ideas and seeking their input. This meant people's care and support reflected their wishes and adapted alongside their own changing goals. One relative told us, "They always take on board feedback, and we are asked and involved, including asking how we feel about any new staff" and this was confirmed by another who said, "They're on the ball and on point with everything".

Managers and staff worked in true partnership with families and external agencies around the best interests of a person if they were unable to fully express their wishes and preferences. This meant people important to them were fully involved in shaping and directing their care and support. The service evidenced that supporting legal documentation was in place to ensure this was being done in a way that protected and upheld people's rights. One professional confirmed that, "Some clients have monthly core group meetings and we've even had weekly meetings for clients where major changes were taking place for them. Bringing people together with this frequency virtually guarantees that actions are completed and that has proved to be the case".

Staff used respectful and person-centred language in supporting people with behaviours that led to agitation or distress for them. Care plans detailed how to support communication with people and the ability to work proactively to minimise incidents of distress, so the person's needs were understood and met. The service worked in an enabling way in supporting people. One staff member told us, "You feel protected and really good communication as a team, it feels like a family".

The service provided a monthly drop-in where people could meet and events such as, the annual Ceilidh. Activities were promoted which were tailored for individuals in addition to group events. This ensured meaningful participation and connections for people in the community.

The service could improve by including details of how people or their families and representatives would like to ensure their choices are discussed for the future. This includes, developing future care plans as people's health needs change or if the service will be providing care and support to individuals with life limiting conditions.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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