

## Castle Care – Angus Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 April 2025

**Service provided by:**  
Castle Care (Scotland) Ltd

**Service provider number:**  
SP2013012212

**Service no:**  
CS2016352751

## About the service

Castle Care (Scotland) Ltd provides a combined Housing Support and Care at Home service for adults and older people living in Forfar and the surrounding areas, within the County of Angus.

Castle Care aims are to:

'Take pride in providing a person centred approach giving you real choice and control over your care needs. You are the best person to determine how your needs should be met. We will work with you to achieve the personal outcomes you require'.

This service was registered with the Care Inspectorate on 28 September 2017.

## About the inspection

This was an unannounced inspection which took place on 1 and 2 April 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 ten people using the service and four of their families
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People told us they were happy and spoke highly of the staff team.
- Quality assurance processes had improved and were identifying areas for development.
- Staff induction needed to improve to ensure all staff had completed mandatory training prior to supporting people.
- Staff felt supported by management and worked well together as a team.
- The service improvement plan needed to be developed to reflect people's feedback.

## 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?	3 - Adequate
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 key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness and compassion in how they were supported and cared for. We were told of supportive and encouraging relationships that had developed between people and the staff who were supporting them. One person told us that the carers felt like part of the family, and another stated, 'I couldn't live without them now'. As a result, people felt at ease and well cared for.

People were happy with their care and support and told us, 'Staff are cheery, friendly and wonderful really', 'All the staff are quite nice people. I've never seen any with a grumpy face' and, 'Staff are kind, caring and respectful'. It was clear to see that people were treated with dignity and respect.

Support visits were carried out in a relaxed manner, with enough time for staff to complete the required support tasks during their visits. This meant that people did not feel rushed or hurried and supported people to feel safe and supported in their own homes.

People told us that they were supported on the whole by a consistent staff team who knew them well. Some people commented that they weren't informed prior to new staff starting. Others told us that sometimes staff can be running late, but did acknowledge that the new period of grace either side of visits, was now longer. This was not impacting on outcomes for people. However, we discussed this with the manager to ensure that communication with people was enhanced. This meant people could be kept informed of any changes to their care and support timeously, and minimise disruption to their day.

Support plans were personalised, detailed and strengths based. People were encouraged with mobility and to be as independent as possible. One person told us they valued this and that it had supported their recovery. Individual risk assessments noted what measures were in place to ensure people's safety. Daily notes gave an overview of how people were, and the events of the day. This meant that staff could use this information to engage with people to support them to achieve their goals.

People were supported to have as much control over their medication as was possible. Most people required prompting with their medication, and others required staff to administer their medications. Since our last inspection, a variation had been applied to the conditions of registration in relation to supporting people with their medication. However, it was evident that staffs' understanding and associated responsibilities with prompting and administering medications was varied, and not clear. Additional staff training would ensure that people were receiving the correct support with medications. We discussed this with the manager and have made a requirement. **Please see Key question 3 (3.2) Staff have the right knowledge, competence and development to care for and support people.**

People were encouraged to be involved in the local community. One person told us of a weekly community group that he attended and had recently enjoyed a new experience of a 'sound bath', which was relaxing. Others spoke of enjoying a caravan holiday. Staff encouraged people to exercise and keep moving. For example, staff ensured that exercises were carried out with one person, after having a stroke. This had increased limb strength and mobility and resulted in more independence. As a result, people were being encouraged to lead active lives.

Referrals had been made to healthcare professionals and the wider multi-disciplinary team at appropriate intervals. Staff were proactive and were able to identify the need for specialist input when people's needs changed, as they knew people well. This meant that people had access to the right treatment and support, which maximised opportunities to improve their health and wellbeing.

The service had a policy in place for infection prevention and control and staff had received associated training. However, some staff were wearing jewellery and nail products. This meant that there was a greater risk of infection for people. We discussed this with the manager who took prompt action to rectify. We will follow this up at our next inspection.

### How good is our leadership?

### 4 - Good

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

The manager had a service improvement plan in place. However, this would benefit from being developed to reflect involvement and input from the people who use the service, families, staff, and stakeholders. This would ensure that people benefit from a culture of continuous improvement.

Management oversight of key areas such as training and accidents and incidents had improved. The manager had a system in place whereby all accidents and incidents were audited regularly. This ensured appropriate action had been taken, and minimised the risk of future falls for people.

Staff spoke positively regarding the management and felt supported in their roles. We were told, 'I can discuss anything I have issues with and general things. I feel supported in my role' and 'I feel 100% supported'. As a result, staff felt listened to and overall morale was good.

A clear process for quality assurance had been developed since our last inspection. Quality assurance processes had improved and were identifying issues in key areas of the service. This meant the manager was aware of what was working well, and what needed to improve within the service. In order to evidence how the outcomes of audits are helping to inform developments in the service, these should be incorporated into the service improvement plan. **See area for improvement 1.**

Staff meetings were held on a regular basis and were well attended by staff. Where staff couldn't attend, copies of the minutes were emailed to them for reference. This kept staff informed of any relevant changes within the service.

Staff observations were being carried out. However, there did not appear to be regularity to these records. The manager advised that there was a new member of staff recruited to lead on areas such as observations and supervision for staff. We discussed the importance of recording these observations to supplement and inform supervision discussions with staff. We will monitor this at our next inspection.

A complaints policy was in place and people were aware of how to action this. The service recorded all complaints whether formal or informal, which was good practice. They also recorded compliments received by people. People were reassured that any issues were dealt with promptly and appropriately.

## Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the provider should develop the existing service improvement plan. This should include areas identified through quality assurance processes and input from the people who use the service, families, staff, and stakeholders.

**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?

### 3 - Adequate

**Quality Indicator 3.2: Staff have the right knowledge, competence and development to care for and support people.**

We evaluated this quality indicator as adequate, where strengths only just outweighed weaknesses.

Some staff had received supervision, however this was not consistently applied across the staff team, at the expected six-monthly intervals. The manager was aware of this, and planned to provide further support for supervisors and supervisees, to help ensure that supervision was planned on a regular basis.

Staff observations had made good use of the opportunity to seek feedback from people who were receiving support. It would be a valuable development to ensure that all staff benefit from observations, and that these link directly to formal supervision. This would help to ensure that feedback from people is included in service evaluation and development.

Staff had received a range of training relevant to their roles. However, not all staff had received appropriate core training prior to supporting people. Some staff had not received the practical element of moving and handling training, or training specific to the needs of the individual. For example, one person required stoma care and a staff member supporting this person had not received training in order to do this competently. This presented not only a risk to people using the service, but also to staff. **See requirement 1.**

The manager had pursued training opportunities for staff to aid their continued professional development. This helped staff not only fulfil their registration requirements, but also develop their skills and knowledge.

**Quality Indicator 3.3: Staffing arrangements are right and staff work well together**

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

Staff recruitment had been carried out appropriately and in line with current guidance as set out in the Scottish Social Services Council and Care Inspectorate guidance; 'Safer recruitment through better recruitment 2023'. Six-monthly checks were completed to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were keeping people safe.

An established probationary period with regular meetings with new staff provided regular opportunities for staff to discuss their progress, and to identify where further support or training was required. Whilst there was an induction booklet, it was not clear what training staff should expect to complete and how this was evaluated and recorded for staff. The manager told us that a new induction programme had been introduced by the provider, but as yet had not been used in the service. A robust induction for new staff would ensure that they are well prepared for their roles in supporting people. Individual training plans identifying specific training needs and frequency timescales, would strengthen staff skills and knowledge, in order to provide personalised support to people. **See area for improvement 1.**

There was a consistent team of core staff. New staff told us they felt very well supported. Staff worked well together, with warm and friendly approaches with people using the service. This helped people to feel supported and well cared for.

When staff left the service, the manager took time to understand why, through exit interviews and used this to strive to make improvements.

It wasn't clear how feedback from stakeholders contributed to overall staffing arrangements.

All staff should have opportunities to contribute to the overall evaluation of the service and understand how they can influence improvements. There was a gap where the service improvement plan did not demonstrate that staff had been involved. The manager should consider how this can be improved. **See area for improvement 1 in Key Question 2 How good is our leadership?.**

## Requirements

1. By 28 May 2025 the provider must ensure that all staff have completed all mandatory and core training in order to ensure that staff are competent and safe to carry out their roles and responsibilities. This should include but is not limited to:

- a) Complete moving and handling training in full prior to working alone with people experiencing care
- b) Complete appropriate training regarding safe administration of medication.
- c) Any other specific training required based on the needs of people in the service.

**This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.**

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

## Areas for improvement

1. To ensure that people receive high quality care and support from staff who are skilled and confident in their roles, the provider should ensure that all staff receive a comprehensive induction, and subsequent personalised training plan to address any gaps in knowledge. This includes training relating to people receiving care's specific needs.

**This is 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).**

## How well is our care and support planned?

4 - Good

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

Support plans had been developed with people and their representatives, where appropriate. Information was clearly presented, detailed and easy to find, which helped to ensure that people received the care and support that they required, and had agreed to.

Legal powers were documented in people's care plans and appropriate paperwork was in place for people who lacked capacity, such as power of attorney. This informed staff of who the staff should be consulting with regarding the care of the person.

People on the whole, were participating in six-monthly reviews, and their views were clearly recorded. Any changes were actioned to ensure that people received care that was right for them.

The service ensured people had relevant information about their care and support. This included details of who to contact in an emergency and how to make a complaint. People told us that they felt reassured having this information to hand.

Detailed daily records evidenced that people were supported to direct their own care and support, and that staff respected individual choice and autonomy. People we spoke to were happy with the service and were able to describe how the service increased their safety and wellbeing.

Personalised risk assessments in people's files were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes. This ensured that current risk measures in place were appropriate to keep people safe.



## 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 maintain people's health and wellbeing, the provider should ensure that people have their medications administered appropriately, as prescribed. The provider should ensure this complies with the conditions of their registration.

This is 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)

**This area for improvement was made on 24 May 2024.**

#### Action taken since then

Since our last inspection, a variation had been applied to the conditions of registration, in relation to supporting people with their medication. This now included the administration of medication. However, we felt that staff lacked knowledge around the different levels of support that may be required for people, for example, with prompting, assisting and administering medications. We discussed this with the manager and director who advised that medication training would be organised for staff as soon as possible.

**This area for improvement therefore has been met. We have made a requirement under Key Question 3 (3.2) to address staff competence and training with supporting people with medications.**

#### Previous area for improvement 2

To ensure that that people benefit from effective quality assurance processes, the provider should review and develop quality assurance processes to ensure that formal auditing and monitoring of all areas of the service evidence how the service has responded to, and actioned improvements when required.

**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 24 May 2024.**

#### Action taken since then

A clear process for quality assurance had been developed since our last inspection and was identifying issues in all key areas of the service. We discussed with the manager that any issues identified could be added to the existing service development plan, in order to strengthen it further.

Overall, quality assurance was being effective in identifying where developments were required and this was improving outcomes for people.

**This area for improvement has been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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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