

Carswell Care Support Service

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Auchterarder
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Type of inspection:
Announced (short notice)

Completed on:
24 February 2025

Service provided by:
Carswellcare Limited

Service provider number:
SP2018013167

Service no:
CS2018370839

About the service

Carswell Care provides a Care at Home service to people living in the Auchterarder area.

The head office is based nearby to Auchterarder and at the time of inspection, the service was supporting 28 people.

The service provides flexible support to people living in their own homes, to meet their needs. The support offered by the service includes: personal care and support, support with domestic tasks and support with shopping.

About the inspection

This was an short notice announced inspection which took place on 18, 19 and 20 February 2025. The inspection was carried out by one inspector 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 four people using the service and one of their families
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

Key messages

People were supported by staff who knew them well.

Visit times were generally consistent for people who use the service.

People who used the service did not feel rushed.

Quality assurance processes were not being used effectively to oversee the service.

There was poor oversight of staff members completed training.

Staff felt supported at work.

Care plans contained comprehensive, relevant information about the person.

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?	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 key question as good. We identified a number of strengths during the inspection, which when taken together clearly outweighed any areas for improvement.

People were supported by warm and compassionate staff, who knew them well. People we spoke to told us that they experienced consistency of care staff who support them, and with timings of visits. People we spoke to told us 'I know them by name' and 'they are very consistent with their times and who is coming.' Consistency supports the development of professional relationships built on trust, which enhances people's experiences.

The service had good working relationships with other members of the multi-disciplinary team, such as social work staff. Staff we spoke to told us that they could contact them through their leadership team, or directly if more appropriate. This ensured that any feedback and concerns were reported appropriately. During the inspection, we gathered feedback from external professionals who work with the service and they shared with us that 'they are very proactive in terms of information sharing with us.' This meant that people could access the right care and advice, from the right person, at the right time.

During the inspection, we observed staff members supporting people in their own homes. Support was delivered in accordance with people's care plans, which staff actively referred to throughout their visits. Where appropriate, choice was promoted and respected. People were often supported with nutrition during their visits, gentle encouragement was offered to ensure people's nutritional needs were being met. Appropriate information relating to nutritional intake was also being recorded, which promoted effective monitoring.

Medication administration support was carried out with dignity. During the inspection, we did identify some concerns with staff practice in relation to medication administration, such as potential complacency. Complacency in staff practice had the potential to cause medication errors, which may then have put people's health and well-being at risk. This was discussed with the leadership team at the time of inspection, who were responsive to our findings and feedback and implemented measures to address the concerns immediately. Please see Area for Improvement 1 for further information.

How good is our leadership?

3 - Adequate

We have evaluated this key question as adequate. During the inspection, we identified some strengths, which when taken together, just outweighed weaknesses.

Overall, there were a number of quality assurance systems in place, which when used effectively, should promote effective oversight. During the inspection, not all of these systems were being used effectively. A number of the systems had also recently been implemented, so may benefit from a period of time to be fully embedded into service practices.

Accidents and incidents were being reported and recorded appropriately. Where these required further escalation or advice from external professionals, this was taking place. A feedback process was in place in the service, which included complaints. People we spoke to told us that they knew how to provide feedback, including how to make a complaint, and that they were confident anything they raised would be actioned. One person we spoke to shared 'if there is an issue, it's always actioned appropriately and quickly.'

Although a complaints leaflet was shared with people, this only contained details of the provider. We discussed with the leadership team the importance of including relevant external agencies, such as Care Inspectorate, so people are aware of alternative options for raising concerns, should they need to. The service agreed to review their complaints process and leaflet to ensure it included this information.

An action plan was in place which should support oversight of service improvements. At the time of inspection, this was not being used as an active tool and required to be reviewed and updated. Feedback had been gathered from people who use the service, those important to them and staff using surveys, telephone calls and meetings. It is important that when feedback is gathered and used to inform service improvement, that this information is reflected in the action plan and is then shared with people, in the right format for them. This process would support people to feel involved in service improvements.

At the time of inspection, we identified some concerns with overall leadership oversight of the service. There were some gaps in recruitment files such as missing documents, although these were in place by the end of the inspection. We suggested that the service should complete an overall review of their recruitment processes and files. One to one staff supervision meetings were not taking place. Group supervisions were recorded sporadically. A staff training matrix was in place and easy to access, this provided easy oversight of all staff training which had been completed. We identified from sampling the documents that there were staff who had not completed the relevant training for their role but who were out supporting people. This raised a number of concerns about the leadership team's knowledge of the staff teams skills and understanding and put people who use the service, at potential risk of harm. The leadership team were responsive to our findings and ensured immediate action was taken to protect people.

Areas for improvement

1. To promote overall oversight of the service, the provider should ensure there are robust quality assurance processes in place and that these are used effectively.

This should include, but is not limited to, a full review of staff knowledge, skills and competencies in practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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 good is our staff team?

4 - Good

We have evaluated this key question as good. We identified a number of important strengths, which had a positive impact on people's experiences.

Staffing levels within the service were determined by formal contracts and the needs of the people who use the service. Records demonstrated there were consistently enough staff working on shifts to meet the needs of the people using the service. Further consideration could be given to individual staff members skills and knowledge, and the collective team skills and knowledge when allocating shifts to staff members. This would ensure that as far as possible, people were supported by staff who had additional skills and knowledge about their individual needs.

People we spoke to told us that they experienced consistency of staffing and of their visits. They explained that they knew the staff that supported them well and that 'they have plenty of time to chat.' Where changes in a person's needs were identified, there was evidence to demonstrate that staff recorded and reported this appropriately, with the leadership team then reviewing and contacting the relevant professionals when required. People told us that they do not feel rushed and that staff always had time. This benefitted people's physical well-being, and also their social well-being.

Staff we spoke to told us that communication between the team was good. They also shared that communication with the leadership team was good and they felt they generally had enough information to fulfil their role and responsibilities when supporting people. Although formal one to one supervision meetings were not taking place, staff told us they felt supported at work. We were informed of positive relationships within the team and the ability to seek support from colleagues when required. Staff explained that the leadership team were extremely supportive, listened to their feedback and staff were confident that if action were required, this would be taken by the leadership team.

How well is our care and support planned?

4 - Good

We have evaluated this key question as good. We identified a number of important strengths, which when taken together outweighed areas of weakness.

Peoples' care plans and risk assessments contained comprehensive information about the person. These were stored on a digital platform, along with copies of relevant legal documents. These were well formatted and easy for staff to navigate. Staff we observed and spoke to, demonstrated sound working knowledge of the care planning system and were able to demonstrate where to access and record relevant information about their visits. We were advised that people who use the service, and those important to them, could also access the care planning system if they wished to. People we spoke to told us they felt this system provided real time updates on their loved ones care and support.

Of the care plans we sampled, formal reviews of care and support had taken place within the last six-month period, in accordance with legislative requirements. However, prior to this, evidence of frequent reviews was sporadic. There was evidence that people and those important to them were involved in their reviews. This ensured that people were viewed as experts in their own experiences and could control their care and support, as far as possible.

Future care plans had not yet been developed for everyone who used the service. For some people, minimal information was held on their needs and wishes, for others no information was present. It is essential that future care plans are discussed with people where possible, and as much information is gathered and recorded. This is to ensure that if an unplanned event occurred, such as hospital admission or death, then staff are aware of the persons needs and wishes and can support the person in accordance with these.

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

The service provider should review people's care and support plans to ensure they include all key information about how people's care and support needs are being met. This should take account of key areas of planning relevant to Covid-19. Plans should be written in a person centred way and include a person's wishes and choices for their support. Making plans should involve the person, their family and/or representative.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My personal plan (sometimes referred to as a care 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)

This area for improvement was made on 3 June 2021.

Action taken since then

Care and support plans were written with a person centred approach. These now contained comprehensive, relevant information about the person and had been reviewed recently. People told us they and/or their representative had been involved in the review. Further development is required in relation to future care planning. Please see Key Question 5 'How well is our care and support planned?' for more information.

This Area for Improvement has been met.

Previous area for improvement 2

The service provider should develop a training plan for staff based on the health and wellbeing needs of the people it supports. This will help make sure staff have the right knowledge and training to provide high quality, person centred support. Training plans should be reviewed on a regular basis.

This is to ensure that care and support is consistent with the Health and Social Care Standard 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 3 June 2021.

Action taken since then

A formal training plan has not yet been developed by the service. During the inspection, we identified some concerns in relation to the oversight of staff training. Please see Key Question 2 'How good is our leadership?' for more information. This Area for Improvement has not been met and will be restated.

Previous area for improvement 3

The service provider should have a detailed plan in place for any significant staffing absence that could impact on people's care and support arrangements. It should include priority actions to take and key other agencies to contact and inform.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

This area for improvement was made on 3 June 2021.

Action taken since then

A contingency plan has been developed and implemented within the service. This clearly identifies multiple potential situations, such as staffing absence, and action that should be taken in response to any of these situations.

During the inspection, we suggested enhancing the details held within each of these plans to ensure that in the event of an emergency, it was easy to access the right information and make appropriate contact with people.

This Area for Improvement has been met.

Previous area for improvement 4

People's care plans need to be right for them. The service should ensure that it sets out how the person's needs will be met, as well as their wishes and preferences. This should include, but not be limited to:

- i) Care plans are fully reflective of people's needs and preferences and how these needs should be met.
- ii) People's preferences in relation to personal and intimate care are fully established and agreed.

This area for improvement was made on 2 November 2022.

Action taken since then

Care and support plans were written with a person centred approach. These now contained comprehensive, relevant information about the person and had been reviewed recently. People told us they and/or their representative had been involved in the review. Further development is required in relation to future care planning. Please see Key Question 5 'How well is our care and support planned?' for more information.

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.

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?	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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