

All for You Services Support Service

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Type of inspection:
Announced (short notice)

Completed on:
11 April 2025

Service provided by:
All for You Services Ltd

Service provider number:
SP2021000132

Service no:
CS2021000223

About the service

All for You Services provides care at home services to people living in their own homes. The service has been registered with the Care Inspectorate since 26 August 2021 and is a privately owned company.

The service is registered to provide care in Edinburgh, West Lothian and Fife. At the start of the inspection, there were six people receiving care from the service.

About the inspection

This was an announced (short notice) inspection which took place on 1, 2 and 4 April 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 five people using the service and three of their relatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced care and support with compassion, dignity and respect.
- Improvements were needed to ensure people's support with medication was carried out safely. We made a requirement about this.
- Quality assurance was good but there were not yet appropriate arrangements in place to ensure that day-to-day management responsibilities were able to be undertaken during any absence of the registered manager. We extended the timescale to meet our requirement about this.
- Staffing arrangements were in place to meet people's needs and staff worked well together.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

3 - Adequate

We evaluated this key question overall as adequate, where strengths in terms of people's health and wellbeing only just outweighed weaknesses.

There were kind, respectful interactions between staff and the people they supported. Staff knew people well and were committed to supporting them in line with their needs, wishes and preferences. This meant that people experienced their care and support with compassion and dignity.

One person told us, *"They're all very kind"* and another said, *"They're absolutely super"*. Relatives told us that care and support was consistent and reliable and one relative said, *"My [relative] gets a really consistent staff team and they are all good. They call if they're running late and they keep me informed"*.

Medication was not managed in line with best practice guidelines and there was confusion over the different levels of support with medication, with conflicting information throughout documents. This meant that people could not be assured that their care and support was safe, appropriate and met their needs. We made a requirement about support with medication (**see requirement 1**).

Requirements

1.
By 23 May 2025, in order that people can be confident of safe, high quality support to receive their medication, the provider must ensure that medication is administered in line with each person's assessed level of required support and best practice guidelines.

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

- a) ensure there is clear and consistent information about people's assessed support needs in terms of medication throughout all relevant documentation including care plans and risk assessments
- b) ensure staff are trained, knowledgeable, and assessed as competent in medication administration and recording and this is reflected in their practice
- c) ensure support with medication is clearly recorded and audited.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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:

'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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

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

This was because there were not yet appropriate arrangements in place to ensure that day-to-day management responsibilities were able to be undertaken during any absence of the registered manager.

We had previously made a requirement about ensuring effective quality assurance systems were in place, including monitoring and auditing of key areas of the service. This requirement included ensuring that appropriate cover arrangements were in place for management and quality assurance activities in the absence of the registered manager.

There were a range of audits in place, and observations of practice were being carried out regularly. Feedback from people and their relatives was being gathered on a regular basis to ensure that support was being delivered in line with people's care and support needs and their wishes and preferences. There was also a compliance tracker and action plan in place to ensure that actions from audits were informing improvements within the service. However, due to the lack of management cover being in place, we have extended the timescale for the requirement we made (**see section 'What the service has done to meet any requirements made at or since the last inspection'**).

People and their relatives told us that communication had greatly improved and that they were regularly updated with anything they needed to know, including receiving phone calls if staff were running late. One person noted that when the manager was on holiday, calls to the service were not returned.

Staff all said they felt very well supported by the manager and told us, "[The Manager] is always available and calls you back quickly".

How good is our staff team?

3 - Adequate

We evaluated this key question overall as adequate, because strengths in terms of recruitment only just outweighed weaknesses.

Previous issues with recruitment of care staff had been resolved by the manager, and all appropriate checks were now in place for existing staff. There had been no new care staff recruited since our last inspection, however, there was an appropriate policy and process in place and further recruitment of care staff was planned.

There were concerns about safe recruitment being followed by the provider, for staff who did not provide direct care. This meant that people could not be confident that all staff had been recruited appropriately and safely. We have made a requirement about recruitment because of this (**see requirement 1**).

Some training had been carried out including Adult Support and Protection training and further training was scheduled to ensure staff maintained the skills and knowledge needed to provide good quality care and support for people.

Supervisions were regularly being carried out and included appropriate content to ensure the ongoing development of staff. Observations of practice were also regularly being carried out to ensure that staff had the right knowledge, competence and development to care for and support people. There were team meetings on a regular basis and staff told us they felt well supported and could access additional training or support if they felt they needed this.

Staff were deployed to make sure that people received the support they needed when they needed it. Because of the low number of staff who were able to drive and the geographical areas covered, this presented some difficulty, however, provision of support was maintained and visits to people were generally carried out at the times expected.

Staff worked well together, were supportive of each other and were flexible in terms of covering visits to ensure all required support was provided.

Requirements

1.
By 11 July 2025, the provider must ensure that people can be confident that all staff have been recruited and employed safely.

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

- a) ensure that the recruitment of all staff has been informed by all aspects of safer recruitment guidance as detailed in 'Safer Recruitment Through Better Recruitment'
- b) staff do not start work until all pre-employment checks, including appropriate references and PVG, have been completed

This is to comply with Regulation 9(2)(b) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

3 - Adequate

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

People had copies of their care plans, and these were being regularly reviewed and updated to reflect people's care and support needs, preferences and wishes. There was appropriate detail documented in daily recordings of care and support.

Some people's care plans held valuable information about how to support them in line with their needs, wishes and preferences, however, this was not the case for people whose support had begun in the absence of the manager. This meant that people could not be confident that their support would be provided in line with their needs, wishes and preferences. We extended the timescale for the service to meet the requirement we had made about appropriate cover in the absence of the manager (**see section: 'What the service has done to meet any requirements made at or since the last inspection'**).

There was also confusion throughout care plans and risk assessments over the level of support required with people's medication, with conflicting information throughout these documents. This meant that people could not be assured that their care and support was safe, appropriate and met their needs. We have referred to this in the requirement under key question 1: 'How well do we support people's wellbeing?'.

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

Requirements

Requirement 1

By 18 January 2025 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing and maintaining a culture of continuous improvement, with robust and transparent quality assurance and auditing processes. In order to do this the provider must:

- a) ensure effective quality assurance systems are in place for all aspects of service delivery which support improved outcomes for people who experience care and support
- b) demonstrate that the manager is involved in monitoring and auditing written records, visit scheduling, people's experiences and care plans
- c) ensure that appropriate cover arrangements are in place for management and quality assurance activities in the absence of the registered manager.

This is in order 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 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 systems' (HSCS 4.19); and

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

This requirement was made on 4 October 2024.

Action taken on previous requirement

Quality assurance processes had been sustained for all aspects of service delivery including audits of visit times, audits of compliance with medication procedures and audits of communication records. There was a process in place for gathering feedback from people and their relatives, and this was ongoing. Communication had greatly improved, both with people experiencing care and their families, and with staff. This had improved outcomes for people. Oversight of staff training was in place.

Plans had been put in place for management cover and a training and mentoring programme had been arranged for identified staff members to ensure management responsibilities were covered during any absence of the manager. The manager was responsive to advice provided to ensure this training was effective, and the staff members' skills retained between periods of management cover. The service needed more time to ensure this element of the requirement was fully met.

The initial timescale for this requirement had been extended to 30 March 2025.

We have again extended this requirement to 11 July 2025.

Not 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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