

Able Care @ Home Support Service

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Type of inspection:
Unannounced

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Service provided by:
Absolute Recruitment (UK) Ltd

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About the service

Able Care @ Home supports people who are living in their own homes and in the community. The service provides care and support for people with physical disabilities, mental health problems and those who are frail and elderly. Support ranges from a few hours per week to 24 hours per day.

At the time of inspection, the service was supporting 16 people living across Aberdeen City.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 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 5 people using the service and 13 of their family
- spoke with 9 staff and management
- observed practice
- reviewed documents.

Key messages

People were not always supported to move and walk safely, which put them at risk of falls.

People were not always supported to take their medication as prescribed, which put their health at risk.

Quality assurance systems and processes were not always improving outcomes for people.

Staffing arrangements did not always meet people's needs, putting their well-being at risk.

People had formed positive relationships with carers, which made them comfortable having them in their homes.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made two requirements to support improvement.

Carers helped some people to move and walk. For example, two carers used a standing aid to help someone move from their bed to a wheelchair. Another person was supported by one carer to walk with their walking frame. This helped people move around their homes. However, not all assistance aligned with assessed needs and safety requirements. For example, a person who required two carers for support often had only one carer during care visits. This increased the risk and likelihood of falls. People should be supported to move and walk safely and according to their assessed needs (**see 'Requirement 1'**).

People did not always receive their medication as they should. For example, one person missed their medication because the carer was not yet competent in administering it. Management audits picked up these concerns. However, despite measures being implemented, the same person missed their medication again at a later date. Furthermore, the rota showed staff who were not yet competent in medication had attended this person multiple times this year. Additionally, another person's medication showed discrepancies in signing for medication on certain dates. These inconsistencies put people at risk of not taking their medication as prescribed, which endangered their health and well-being (**see 'Requirement 2'**).

Staff supported some people with meals and snacks. For example, we observed one person enjoying porridge prepared by a carer, and another being encouraged to eat their soup for lunch. Carers spoke to people as they enjoyed their meals. As a result, people's nutritional needs were better met, and their mealtime experiences improved.

Staff treated people warmly and communicated well with them. One person using the service told us, "They are all nice and kind." We observed carers smiling upon arrival at people's houses and engaging in conversation. Consequently, people were positive about carers and welcomed them into their homes. Furthermore, people appreciated how carers supported them to wash and dress. One person said, "I was nervous about someone helping me to wash, but it's been absolutely fine." This contributed to people's comfort when receiving support with personal care.

Overall, carers demonstrated warmth, effective communication and positive support in some aspects of care. However, the significant concerns identified around safe medication administration and safe moving and handling compromised people's health, well-being, and safety (**see 'Requirement 1 and Requirement 2'**).

Requirements

1. By 28 April 2025, the provider must ensure people are being supported to move and walk safely because moving and handling guidance and procedures are being followed.

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

- ensure all staff are trained and competent in safe moving and handling procedures

- ensure accurate falls risk assessments and plans are in place, accessible, and implemented by carers
- ensure practice adheres to all moving and handling protocols and procedures, including allocating sufficient staffing numbers based on assessed needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment' (HSCS 1.22); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

2. By 28 April 2025, to promote the safety and wellbeing of people, the provider must ensure that people are supported to take their medication as prescribed.

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

- ensure all medication is administered according to the instructions of the authorised prescriber
- ensure all staff attending care visits are appropriately trained and competent in the safe administration of medication
- ensure care plans are regularly reviewed and accurately reflect changes in people's medication.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. As these weaknesses concerned the welfare and safety of people, we made a requirement to support improvement.

Quality assurance systems and processes did not always support positive outcomes for people. For example, although management conducted medication audits, people did not always receive their medication as they should. Staff were all trained in medication, but management had not assessed their competence. This resulted in a limited number of carers who could safely administer medication, causing scheduling issues and leading to some people missing their medication (see 'How well do we support people's wellbeing?'). Further scheduling issues arose when someone assessed as requiring two carers was often provided with one, increasing the likelihood of falls (see 'How well do we support people's wellbeing?'). Due to limited quality assurance around staff scheduling, people's needs were not always met.

The provider would benefit from implementing robust quality assurance systems to ensure sufficient staffing levels, with staff who are appropriately trained and competent (**see 'Requirement 1'**).

There was no service improvement plan (SIP) in place. Management did not document people's views and opinions, which are crucial for a person-centred approach to improvements. Implementing a SIP that incorporates the perspectives of people, and their families would enable the service to plan future changes more effectively. Additionally, developing a SIP would allow management to organise more efficiently, such as improving the scheduling of carers to ensure they can meet people's needs. This could enhance the quality of care and support provided, leading to better outcomes for people (**see 'Requirement 1'**).

Roles and responsibilities within Able Care management and office were unclear. Although some systems were in place to monitor service delivery, there was confusion about who was responsible for certain tasks, such as scheduling carers to safely meet people's needs. This lack of clarity hindered the effectiveness of both management and staff. Due to this, people's needs were not always met. Establishing clear roles and responsibilities would help everyone understand their duties, enhancing practice and improving people's care (**see 'Requirement 1'**).

Management had limited oversight of carers' visit attendance. Carers did not consistently log in and out of the electronic system during visits, making it difficult to audit whether visits occurred. Additionally, care notes were sometimes missing (**see 'How well is our care and support planned?'**), making it impossible to verify if visits had taken place. The lack of adequate systems to monitor made it challenging to track whether visits were completed. Implementing systems and improving management oversight of visits could lead to more reliable and consistent care for people (**see 'Requirement 1'**).

Requirements

1. By 26 May 2025, the provider must enhance their quality assurance systems and processes to ensure positive and safe outcomes for people.

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

- quality assure and improve the staff scheduling system to ensure competent, trained, and sufficient staff members attend every care visit
- quality assure the service's performance through effective audits, including medication, carers' rotas, care plans, daily notes and risk assessments
- develop a service improvement plan that is inclusive of people and aims to develop the service and improve outcomes for people
- develop clear organisational roles and responsibilities, including management, office staff and carers
- develop an effective monitoring system to oversee carers' attendance at care and support visits.

This is to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 4(1)(a) (Welfare of users) and Regulation 5 (personal plans) 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 processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

Staffing arrangements did not always support positive outcomes for people. When matching staff with people, limited importance was sometimes placed on staff skills, competency and assessed needs. For example, carers who were not assessed as competent in administering medication attended medication support visits, and single carers attended visits that required two carers (**see 'How well do we support people's wellbeing?'**). As a result, the right number of staff with the right competencies were not always available, putting people at risk of their needs not being met. The provider must improve the quality assurance of rotas and scheduling, to ensure staffing arrangements meet people's needs before visits occur (**see 'How good is our leadership? Requirement 1'**).

Communication and team building among the team were limited. Although the provider scheduled team meetings for carers, attendance was very low. Additionally, while managers' meetings occurred regularly in the past, these had stopped in recent months. The provider planned to restart their managers' meetings and had a carers' team meeting scheduled. This should provide opportunities for shared learning, which could improve practice and outcomes for people (**see 'Area for improvement 1'**).

People were positive about carers who worked in pairs in their homes. For example, carers were observed getting someone ready to go out, supporting them to wash and dress before helping them into their wheelchair. Carers spoke to the person throughout and made sure they were aware of what was happening. This showed that carers could effectively work together, which improved some people's care experiences. However, not everyone assessed as requiring two carers always received them, putting some people at risk of their needs not being met (**see 'How well do we support people's wellbeing?'**).

Staff were positive about training, which was mostly up to date. Staff shared their understanding of various topics, including infection prevention and control, and adult support and protection. This meant staff had a solid knowledge base for supporting people in their homes. Additionally, staff demonstrated their ability to address both emotional needs and practical tasks. As a result, people had formed positive relationships with staff. This made people comfortable and at ease around Able Care carers.

Overall, although people viewed staff positively, the significant concerns raised around safe staff scheduling meant the overall quality of care was compromised, which increased risks to people's health, well-being, and safety (**see 'How good is our leadership? Requirement 1'**).

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should improve attendance and opportunities for shared learning at team meetings.

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 because people have the necessary information and resources' (HSCS 4.27).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths, but these were just outweighed by weaknesses. While the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Personal plans were in place for each person using the service, but the quality varied. Some plans included detailed accounts of communication, activities, personal care and people's preferences, whilst others lacked this information. Although the service was working on improving the quality of plans, there was still progress to be made. The provider should continue to update and enhance all personal plans to support better care for people (see 'Area for improvement 1').

Daily recordings were inconsistent. Some visit records were missing, making it difficult to track what people had been doing each day or to confirm whether visits had taken place. Additionally, while some recordings were detailed, others were unclear, complicating the understanding of the support provided. The provider should improve the quality of visit notes to support better care for people (see 'Area for improvement 1').

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their support, the provider should improve the quality of all documentation and planning, so it is completed to the same high standard after each care visit.

This should include, but not be limited to, consistently good quality of recordings, personal plans, risk assessments, reviews and any other recordings related to people's care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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

Requirements

Requirement 1

By 10 March 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure staff receive training appropriate to the work they are to perform
- b) ensure all training is subject to evaluation and all staff are assessed as fully competent prior to supporting service users
- c) ensure individuals receive care and support in accordance with their personal support plan
- d) ensure staff recruitment policy and procedure is reviewed to reflect safe recruitment practice
- e) ensure potential employees have undergone safe and effective recruitment procedures
- f) ensure effective management oversight of staff recruitment procedures.

To be completed by: 10 March 2025

This is in order to comply with:

Health and Social Care Standard 3.14: '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' .

Regulation 8(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Health and Care (Staffing) (Scotland) Act 2019)

This requirement was made on 26 November 2024.

Action taken on previous requirement

Improvements were made in the safe recruitment of staff. Staff who needed to be registered were registered with the Scottish Social Services Council (SSSC). Management oversaw registration and supported staff to meet any required conditions. This ensured that staff and management remained accountable for practice, and that professional codes were followed. A safer recruitment policy was in place, and management conducted recruitment audits. As a result, documentation and checks for new staff were accurate. This safeguarded people using the service and met legal requirements.

Staff training was mainly up to date, and management had improved oversight of this. However, not all staff were assessed as competent before some visits. For example, carers who were not competent in medication attended medication visits (**see 'How well do we support people's wellbeing?'**). This put people's well-being at risk. Furthermore, some people did not receive support according to their personal plans. For instance, one plan indicated that a person should be supported by two carers, but sometimes only one attended (**see 'How well do we support people's wellbeing?'**). This also put people's well-being at risk.

This requirement was therefore not fully met. Although some progress was made in safe recruitment and staff training, other areas remained outstanding. The remaining concerns have been addressed in new requirements (see 'How well do we support people's wellbeing? Requirement 1 and Requirement 2' and 'How good is our leadership? Requirement 1').

Not met

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 ensure individuals experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should make improvements to the complaints process and ensure all complaints are handled in accordance with the organisation's complaints procedure.

This is in order to comply with:

Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 26 November 2024.

Action taken since then

The service had a complaints policy, procedure and process in place. Complaints were tracked and logged on the electronic system to ensure all communication, actions and outcomes were noted. For example, they engaged with people regarding a complaint about an aspect of their care. The complaint was documented, and when we spoke to the person involved, they reported improvements in their loved one's care following the complaint process. Furthermore, people using the service said they were aware of the complaints process. This showed the provider was being more transparent with people, which could benefit their support.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
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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