

Blackwood North East Care and Support Services Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Blackwood Homes and Care

Service provider number:
SP2003000176

Service no:
CS2004068907

About the service

Blackwood North East Care and Support Services is registered to provide both a housing support and care at home service to adults with physical disabilities and older adults within their own homes. Some people they support stay in accommodation provided by Blackwood, and some of them stay in their own accommodation with visiting support.

The service has provided supported living since 1985 and registered with the Care Inspectorate when the Care Inspectorate was formed in 2011.

Blackwood emphasises a customer focus, including referring to people who use their services as customers, and we have used that description in this report.

Blackwood states:

"Our four simple values of being open and honest, taking responsibility, having respect and understanding and keeping our promises ensures Blackwood employees meet all our customers' needs".

About the inspection

This was a full inspection which took place on 12, 13 and 14 May 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 nine people using the service and five of their family and friend representatives;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- Care plan and support information had improved.
- People using the service, and their families were very happy with the service provided.
- People were treated with respect.
- Management and leadership processes had improved.

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?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were supported by staff teams who knew them well and were consistent. Staff were provided with updates regarding people's support needs via their mobile devices when needs had changed, and checklists to follow to ensure that people's support needs were met during their visits. People told us 'Although the team involves different staff coming in, they are consistent, and I don't have to keep explaining my care needs to lots of new staff which is really good and makes things a lot easier', and 'They are all very nice, all of them are so friendly'. People and relatives told us that they enjoyed good relationships with staff, which we observed during our inspection.

The service was provided flexibly according to people's needs on the day. For example, people told us, 'it's so flexible and can be anything from helping me have a shower, tidying the flat or taking my dog out for a short walk when I can't get out, they go the extra mile for me'. This meant that people were getting the right support at the right time to meet people's care and support needs.

People using the service were provided with a tablet device which supported them to access their care and support information via the service 'Clever Clogs' system. This provided information about which staff were attending prior to their daily visits, their support plans and the contact details of other relevant people involved in their care and support, such as GPs, District Nurses and other peripatetic professionals. Family members or legal representatives could also access the system to access daily notes, check for any updates from the service and provided reassurance to people that their relatives had received their care and support, and that any updates were passed on. We discussed the importance of ensuring that paper copies of support plans were fully up to date for people who preferred not to use the online system, to ensure that people could always access important contact information when they needed it.

The service supported people to access their medication when required via direct pharmacy pre-filled venal link systems, or by providing reminders / prompts to people. These systems were audited regularly by seniors to ensure that people had received their medication correctly, and that any errors or recording issues were addressed promptly.

Staff were observed to be using personal protective equipment (PPE), and understood how to keep people safe when providing support. In addition, team leaders carried out observations of staff practice, which included checks on staff use of PPE and infection control practice.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from good management and quality assurance systems that ensured that the performance of the service was monitored, and improvements made where needed.

Managers had developed a series of processes to monitor the performance of the service and staff. This included a development /improvement plan, audits and staff support processes, which followed the Care Inspectorate improvement quality assurance framework guidance, and supported managers and staff to build on what was working well, and progress improvements for the service. The service was planning to develop and transfer current systems over to a new cloud based system, which will streamline, and make tracking of progress easier going forward. We look forward to seeing how this supports improvement at our next inspection.

People and other stakeholders had opportunities to feedback about the service via satisfaction feedback surveys and through service reviews. These evidenced that where people had responded to these surveys, they were happy with the service provided. People also told us, 'I am so grateful for this service, if it was not for them, I would not have got out of hospital,' and 'This service is everything to me, I just could not manage without them. They help me in good and bad times'.

Staff had regular opportunities to feedback about the service via monthly staff meetings, which evidenced how managers kept staff updated with changes to the service, people's support needs, and staff issues such as training updates and registration responsibilities. In addition staff received regular supervision with managers to ensure that staff development and wellbeing was monitored and support measures put in place when required. Staff told us that they were confident about suggesting improvements or suggestions to managers, and that these were progressed where possible. This supported the staff team to feel listened to and increased motivation and staff morale.

We discussed ways in which stakeholders could be more actively included in service development going forward, and will monitor progress of this area at our next inspection.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was fully staffed at the time of our inspection, and arrangements were in place to ensure that either seniors or the service's own relief pool of staff were available to cover any unplanned staff absences when needed. We also heard from people using the service that staff were consistent, and that there was enough time for staff to carry out support as detailed in people's support plans.

We observed that there was a relaxed and friendly atmosphere in the office bases and managers and staff worked well together. Staff told us, 'I have good support from the team leader who is always approachable and friendly and there if we need her', and 'I like my bosses, they are very friendly and approachable, and they have no issues coming to me which makes for a good working environment. We work well together when we get together'.

Staff were supported with regular supervision meetings and observations of their practice. This ensured that staff received good support from managers and also ensured their development and wellbeing needs were a focus for managers.

Good systems were in place to monitor staff training, and to ensure that core and essential training updates were carried out promptly. We found that staff training was up to date, and ensured that staff were maintaining their knowledge and skills to keep people safe.

Staff were recruited following current guidance of 'Safer recruitment through better recruitment'. Appropriate checks were carried out prior to staff employment, to ensure that people were safe, and staff received good support when starting their new roles in the service.

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.

Care plans had improved, and all care and support information was accessible to people on the 'Clever Cloggs' online system provided to people on tablets at the start of their service provision. Paper copies were also available in people's own homes which held relevant details, however, more work was required to ensure that these were the most current version of people's support plans and that all contact information was up to date. Managers had introduced new checklists to ensure that paper copies of support plans contained all relevant information, and advised that some information had not pulled through onto paper copies when printed from the online system. The service was due to transition to a new cloud based system which should improve this. We will monitor this at our next inspection. People told us, 'If I have any problems I can call the office and speak to the team leaders who are always very helpful'.

Care plans included details of other involved professionals, and these were also available for people on the 'Clever Cloggs' system. Regular checks should be carried out on paper copies in people's homes to ensure that this information was regularly checked and updated. Managers advised that they would commence checks on all paper support plans to ensure that these were current during our inspection.

Information regarding people's legal representatives such as Power of attorney (POA) and guardianship documentation was available in support plans. This meant that staff knew who to contact in emergencies and when changes in care and support were indicated at reviews.

Six monthly reviews had been held for people using the service, and it was clear that people had been involved in directing changes in their care and support when required. Review documentation recorded who had been involved in reviews and included information, such as other professionals involved, and people's representatives. We spoke to people, and their relatives, about how their service was monitored and reviewed, who told us, 'I have reviews every few months, my last one was just a couple of months ago', and 'all the staff are friendly and pretty flexible about what I want or need on a day-to-day basis which suits me. I get regular reviews, it's all fine'.

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

Requirements

Requirement 1

By 14 April 2025 the provider must ensure that staff are supporting people with up-to-date care and support plans.

To do this managers and team leaders must implement:

- a) systems to ensure that care plans are up-to-date and accurate both online and in service user's own records kept at home;
- b) that core information including GP and other peripatetic professionals involved details are included in support plans;
- c) Power of Attorney or guardianship information is recorded, and a copy of powers that attorneys hold is maintained in support information;
- d) that care plans are updated following reviews, and when changes in people's outcomes and support needs have been identified.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1)(a)(b) requirement for the health and welfare of service users.

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

'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity'. (HSCS 4.17).

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

This requirement was made on 16 December 2024.

Action taken on previous requirement

The service had improved the online Clever Clogs system, which included full access to all care planning and support information which was available to all service users if they wished to use it. In our sample of hard copies of support plans available in people's own homes, there was up to date information regarding support details, relevant others, and which also included contact information in case of emergencies and how to make a complaint about the service if required.

Staff were sent updates about people's support to their service phone devices, and included check lists for staff to check when supporting people. This ensured that staff were aware of changes, and to include these when supporting people.

Details of power of attorney (POA) representatives were recorded and copies of this documentation was available in online support plans, this ensured that staff knew who to contact in case of emergencies and who to involve in reviews of people's care and support.

People had received regular six monthly reviews of their care and support, and support plans had been updated following changes in care and support.

Met - within timescales

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

To ensure that people can have confidence that staff are trained, competent and skilled; the manager should ensure there are safe systems for the complete, accurate and contemporaneous recording of all medicines, with clear recording of any errors, and follow up actions taken. This is to ensure the safe administration and monitoring of medicines and to promote the wellbeing of people.

To do this, the service should:

- a) train staff on good practice in the recording of, and stock reconciliation of all medications;
- b) operate an efficient governance system to audit and check the recording and administration of medicines by staff;
- c) ensure a safe system for the recording and monitoring of as required medicines;
- d) In addition, they should revisit good practice guidance in the management of medication as a guide to improvement.

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

'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 16 December 2024.

Action taken since then

Managers had introduced an additional two weekly audit to check medication counts and ensure that medication had been administered correctly, which ensured that any concerns were identified promptly so that corrective actions could be implemented. At the time of our inspection there were no serious concerns found, and good communication systems were in place between the pharmacist and the service where required. This service did not administer controlled medications and was mostly involved in prompting medication.

Core and essential staff training was closely monitored by seniors, and two e-learning training sessions are sent out to staff per month for completion and closely monitored for completion. This ensured that all staff core and essential training was maintained and up to date.

Previous area for improvement 2

To support effective quality assurance and improvement the provider should ensure that improvements for evaluating performance and planning for improvement is undertaken.

This should include but is not limited too;

- a) maintain and develop existing quality assurance measures, and ensure that these are effective, accurate and identify areas for improvement for the service;
- b) develop action plans with timescales where deficits and/or areas for improvement have been identified;
- c) regular review of action plans to monitor and promote progress;
- d) regularly engage with, and seek the views of people who use the service and their representatives;
- e) monitoring of medication administration and recording systems.

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 16 December 2024.

Action taken since then

The service had processes to monitor the service. Improved systems have been introduced including increased audits of key areas of the service. This included fortnightly checks on medication and medication administration records.

Care plan and support information had been strengthened and included improved information relating to other involved professionals and contact information. The 'Clever Clogs' online system available to service users and representatives also included full access to care and support information, which ensured that people could access all relevant information regarding care and support details and relevant others involved.

Quarterly satisfaction questionnaires had been sent out to service users, their representatives and to other involved professionals, which evidenced high satisfaction rates overall. Information about the service was also sent out via quarterly newsletters and via the 'Clever Clogs' online system to all service users and their families.

Managers and senior managers had a development plan in place, which detailed areas of the service for development and linked to Care Inspectorate report findings.

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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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