Sutherland Care at Home Service
Support Service

Lawson Memorial Hospital
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Telephone: 01408 664062

Type of inspection:
Unannounced

Completed on:
14 April 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2024000133

About the service

Sutherland Care at Home Service provides support to people in their own homes. The service provides personal care and support to people living in Sutherland, there are two teams East Sutherland Care at home team and North and West Sutherland Care at Home team. The service covers both town and rural areas.

The service provider is NHS Highland.

About the inspection

This was an unannounced inspection which took place between 7 and 9 April 2025. The inspection was carried out by 3 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 14 people using the service and six of their family and friends;
- spoke with 22 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with three visiting professionals.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs are met. As a result, we issued the service with an Improvement Notice on 16 April 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

We worked with external partners to ensure relevant stakeholders were fully informed of the associated risks. Some adult support and protection concerns were submitted to the local authority over the course of the inspection.

Key messages

Improvements were required for quality assurance, governance, and oversight to improve outcomes for people.

Staff training and development is required.

There were concerns about missed visits and medication management, which put people at risk of harm.

There were a number of staff vacancies which impacted on service delivery.

Staff felt unsupported in their roles.

People's health and wellbeing was not being benefitted by the care and support being provided. There were significant concerns regarding how people's health, welfare and safety needs were met.

Support plans did not accurately reflect people's needs and outcomes.

We took enforcement action requiring the provider to improve the quality of people's care and raised adult support and protection concerns with the local authority.

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?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people.

We had significant concerns about the care and support that was being provided to people who were accessing this service. We found evidence that people did not always receive their medication, or treatment at the correct time, and on occasions had no support at all. We observed staff not administering medication correctly. We found evidence of missed medication visits which should have been reported to the Care Inspectorate and reported as adult protection concerns due to the risk of harm to people. This meant that people were not receiving the appropriate care and support and were at risk of harm. We made a required improvement. **(See Improvement Notice on service's page on our website).**

Communication about people's care and support needs were not working effectively. People we spoke with recognised challenges within the service, such as staff shortages and rotas which were "unworkable". Relatives told us that when visits had not taken place there was a lack of consistency if they were being told or not. We found evidence of an excessive amount of visits having been undertaken by family or relatives. One relative told us about having to support multiple people because there were no staff. This meant that people's health and wellbeing needs were not being responded to appropriately. We made a required improvement.
(See Improvement Notice on service's page on our website).

We found that there was a lack of robust communication pathways for staff to escalate concerns and limited resources to respond appropriately across the service. Care was not responsive to the changing health and wellbeing needs of people. Staff provided examples of a lack of action being undertaken to address concerns they had reported.

A member of staff told us;
"I have voiced the fact (numerous e-mails and texts) that I struggle with the two runs merged into one. I end up doing both runs with not enough time to look after my clients' safely (missed medication, missed calls, missed reorder of medication etc), I feel neglected, and I feel my clients are too. It is becoming a very dangerous situation".
We made a required improvement.
(See Improvement Notice on service's page on our website).

As the service is performing at an unsatisfactory level, we were concerned about the welfare, health and safety of people. The inspection highlighted crucial weaknesses in key aspects of the service which significantly affected the care that people received. In addition to the requirements made in this report we directed the provider to ensure safe and compassionate care is provided within the improvement notice issued 16 April 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

How good is our leadership? 1 - Unsatisfactory

We evaluated this key question as unsatisfactory. We found major weaknesses in critical aspects of care being provided which require immediate remedial action to improve experiences and outcomes for people.

Our inspection raised significant concerns in relation to management oversight, quality assurance and continuous improvement.

This inspection highlighted challenges in areas of service delivery, including management and leadership. Staff we spoke with shared concerns with us about how the support arrangement was working for them, with one person saying "you can speak to management about issues you are having but nothing changes". Staff told us that they had initially tried to raise concerns in 2024. This was further escalated to executive leadership of NHS Highland in early 2025 and a Service Recovery Plan was put in place. We acknowledge that this was a positive step forward, however, the service has failed to meet its own identified timescales to complete actions. There had been no notable improvements in service delivery. This showed us there was a lack of clear and visible leadership in this service and it is not well led and managed.

During this inspection we focused on the Improvement Plan that was put in place following the registration of the service. From discussions with the registered manager, it was evident that many of the improvements identified by the Care Inspectorate to meet best practice guidelines had not been met within timescales. With this in mind, we questioned the feasibility of any meaningful changes in staff morale or for positive outcomes for people taking place without a visible manager who has the skills, experience, and competency to manage this service, and to lead effective continuous improvement.

We viewed documentation about action the service had taken in response to complaints. From this we saw that information about incidents, including referrals to external bodies, had not been made. **(See area for improvement 1).**

Management had not made appropriate notifications of reportable events to the Care Inspectorate. These notifications allow the Care Inspectorate to ensure that events have been managed safely. This provided use with clear evidence that there had been a lack of learning from complaints to improve staff practice and people's care, resulting in people being placed at risk of harm. We made a required improvement.
(See Improvement Notice on service's page on our website).

Staff told us about difficulties they experience in accessing support during weekends.

Staff told us;
"Weekends are a nightmare, much worse than during the week, which isn't great at the time. You never know who will come, when they will come, if they will come, and there really isn't anyone around to check with".

The registered manager was in agreement that additional supports are required. We were told that a wider business case, which included a request for funding for out of hours seniors cover in Sutherland, was not approved. This shows us that the service is not providing a safe service or high-quality care. **(See area for improvement 2).**

The findings from our inspection identified critical failings in leadership in the service which seriously impacted on the experiences and outcomes for people. We directed the provider within the Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010; on 16 April 2025, to ensure effective governance to monitor and manage the quality of care and effectively identify and drive improvements in the service. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Areas for improvement

1. To ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Adult care services: Guidance on records you must keep and notifications you must make'. This is in order to keep the Care Inspectorate updated on important events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11); and
'I use a service and organisation that are well led and managed'. (HSCS 4.23).

2. To promote safety and wellbeing of staff during their core working hours, the provider should improve how they support staff, in particular at weekends.

This is to ensure that care and support is consistent with 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 and unexpected event'. (HSCS 4.14); and
'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty'. (HSCS 3.18).

How good is our staff team? 1 - Unsatisfactory

We evaluated this key question as unsatisfactory. Our inspection raised significant concerns in relation to issues with recruitment, staff skills, training and experience.

We were made aware that the service has been struggling with recruitment and there have been significant levels of staff turnover and absence.

During this inspection we found that staff often did not have the right amount of time, training or information to meet the needs of people, which at times impacted upon people's health and wellbeing.

From discussion with the registered manager and reading documentation we found evidence that this service had not implemented improvements identified by the Care Inspectorate to meet best practice guidelines. For example, the manager told us that staff do not have protected time to focus on quality assurance or to undertake training. Supervision and practice observations have not been undertaken; this includes competency checks. **(See requirement 1).**

We found that staff have been flexible and worked additional hours to support people. Feedback from staff was that working additional hours and completing additional tasks and roles has had a negative impact on staff wellbeing and morale. In the staff questionnaire one hundred percent of staff either disagreed or strongly disagreed with "I feel well supported and confident in carrying out my role". Most people we met, spoke positively about the care they receive from staff and were aware of demands being placed on their time, particularly with the scheduling of visits. One person expressed concerns about the demands being placed on staff asking, "who cares for the carers?"

From reviewing documentation, we found that the management team had not been informing the Care Inspectorate of notifications in accordance with guidance, such as errors with medication and missed or late visits. We shared guidance for notifications with the registered manager and highlighted areas where people have been placed at risk of harm. We made a required improvement. **(See Improvement Notice on service's page on our website).**

As the service is performing at an unsatisfactory level, we are concerned about the welfare, health, and safety of people. We directed the provider within the Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010; on 16 April 2025 to urgently assess the current needs of the people to inform how many staff hours are needed to meet people's needs, and that the skills mix is appropriate to meet the health, safety and welfare needs of people.

For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Requirements

1. By 6 August 2025, you must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

This must include, but is not limited to:
a) Assessing the training needs of all staff.
b) Delivering a comprehensive plan of training.
c) In particular, you must ensure that all staff receive training relevant to the work that they carry out in order to keep service users safe, such as; safe administering of medication, moving and handling , skin integrity, adult support and protection, meeting the care and support needs of service users.
d) Implementing a quality assurance systems, ensuring this plan is reviewed to reflect the ongoing training required to equip staff to meet the individual personal and physical health needs of people experiencing care.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with 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? 2 - Weak

We evaluated the service's performance as weak for this key question. Whilst we identified some strengths these were compromised by significant weaknesses. Our inspection raised significant concerns in relation to how people's care was planned and assessed.

This inspection highlighted several challenges faced by this service, one key area being staff shortages both in the management team and community settings. This appears to have had a significant impact on the time and capacity for the management team to assess and review personal plans to deliver care and support effectively or at times, safely.

During this inspection we found evidence on visits that personal plans were not up to date or reflective of the changing health needs of people. We observed staff asking people about their medication, as plans had not been updated to reflect changes to their health. Other professionals told us of concerns for people further to packages of care being stopped with no prior consultation.

From documentation, we found that reviews were not held within regulatory timescales. This meant that care being provided was not always reflective of the changing health and wellbeing needs of people. There was insufficient evidence that the care and support was effective in achieving good outcomes for people. This shows that through a lack of planning people are not experiencing high quality care and support that is right for them, placing them at risk of harm. **(See requirement 1).**

We recognise that the service has acknowledged concerns and started a process of self-evaluation as part of their own quality assurance activities. However, the service had not met many of the timescales for actions to be completed and as yet there have been no notable identifiable improvements in service delivery.

Requirements

1. By 6 August 2025 the provider must ensure that people's care plans and associated documents are up-to date, accessible and used to inform care staff how to provide the right support.

In particular you must ensure that:
a) Care plans provide accurate information to staff about people's specific health care and wellbeing needs.
b) Where there is a change in a person's health and care needs or in people's risk as a result of an incident or review, a risk assessment is immediately updated and care plans are updated.
c) Where people are not able to fully express their wishes and preferences, the necessary consents are obtained from the person's legally appointed guardian.
d) The care plan is formally reviewed at least once in every six month period and people and their relatives or representative/s are fully involved in this review.

This is in order to comply with Regulation 4(1) and 4(2) 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:
'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); and
'I am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13).

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?	1 - Unsatisfactory
1.3 People's health and wellbeing benefits from their care and support	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.2 Staff have the right knowledge, competence and development to care for and support people	1 - Unsatisfactory
3.3 Staffing arrangements are right and staff work well together	1 - Unsatisfactory

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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