

TayCare at Home Support Service

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Dundee
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Type of inspection:
Unannounced

Completed on:
26 May 2025

Service provided by:
TayCare at Home Limited

Service provider number:
SP2012011996

Service no:
CS2012314220

About the service

TayCare at Home is a privately owned service and provides a range of care and support to older people in their own home. Support packages are designed to meet individual needs.

The service delivers a service to older people who choose to take a direct payment and receive money to arrange their own support (self directed support).

The service is managed from a main office base in Dundee. The director and manager are responsible for overseeing the day-to-day running of service delivery to clients and the supervision of staff.

About the inspection

This was an unannounced inspection which took place on 23 and 24 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:

- * Reviewed online surveys sent out prior to the inspection. We received feedback from five staff members and 11 family members
- * spoke with seven people using the service
- * spoke with five of their family/members
- * spoke with staff and management
- * observed practice and daily life
- * reviewed documents
- * spoke with two visiting professionals.

Key messages

- The service demonstrated an outstanding commitment to person centred care and all of people's needs including family members.
- People and their families consistently told us that their lives had improved due to the care and support they received. "the care exceeded all our expectations."
- People and their outcomes were central to the decision-making process, resulting in improved quality of life for people.
- People were supported to build, maintain or re-gain their confidence and to have a strong sense of their own identity and wellbeing.
- The rights of people were recognised, respected and were always promoted.
- Staff were passionate in their role and felt well supported.
- There was a strong focus on internal career progression and ongoing development for staff.
- People benefited from a stable staff team who knew them very well.

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

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| How well do we support people's wellbeing? | 6 - Excellent |
| How good is our staff team? | 5 - Very Good |
| How well is our care and support planned? | 5 - Very Good |

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

How well do we support people's wellbeing?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People consistently told us that their lives had improved due to the care and support they received. People told us they were very satisfied with their care and support. There were strong, positive relationships between staff and people who experienced care, and this supported consistently high-quality outcomes. One person shared "staff go above and beyond on every occasion" and a family member shared, "when my loved one was nearing the end of their life, the care provided exceeded our expectations. Staff were committed, professional, compassionate and treated my loved one with the upmost respect and dignity. This gave us comfort at a very difficult time."

The service demonstrated an outstanding commitment to promoting the wellbeing of people using the service. Staff consistently engaged in meaningful conversations and interactions with people. Unscheduled visits were beneficial to people. Where there were gaps in the rota, leaders used the time to carry out extra social visits. These interactions helped reduce loneliness and offered an opportunity to informally assess the person's wellbeing. Staff understood their role and responded flexibly to changing situations. For example, when care needs for one person who required end of life care developed, staff stepped up and demonstrated a strong commitment. A family member shared, "It meant so much to my loved one to have familiar and trusted carers during end-of-life care, we could not have done it without them." Staff understood the importance of consistent care in supporting emotional wellbeing and this supported excellent outcomes for people.

People and their outcomes were central to the decision-making process, resulting in improved quality of life. For example, the manager conducted a face-to-face consultation visit with each client. One person shared "I was given time to explain exactly what I needed. It made me feel so reassured" and another "the consultation made the transition into care less scary." This confident and respectful approach to service delivery had a positive impact on people's overall wellbeing. People felt empowered to be part of their care planning process and promoted some excellent outcomes.

The rights of people were recognised, respected and were always promoted. Staff demonstrated values that aligned with the Health and Social Care standards (HSCS). The service demonstrated an outstanding commitment to person centred care and all of people's needs including family members. Staff consistently promoted choice, independence, and provided person centred care that improved people's quality of life. One person shared "if I wish to sit in the conservatory, it's up to me, the staff will always take me."

People and their families were fully involved in making decisions about their care and support. Staff took time to receive updates about people from family members, recognising the importance of working in partnership with those who knew the person best. This promoted excellent outcomes for people. For example, one person with a diagnosis of Dementia had needs that varied daily. Ongoing communication with the family enabled staff to respond appropriately and deliver consistent care which helped reduce stress and distress. "I know my husband best, and they really listen, it means he is less distressed and he gets the care he needs on that day."

People were supported to build, maintain or re-gain their confidence and to have a strong sense of their own identity and wellbeing. This helped promote people's sense of independence and sense of purpose. For example, one person was encouraged and supported to go out for a daily walk with staff. "I loved hillwalking, I miss it, I still feel like I'm climbing a hill" another was encouraged to help with household activities which encouraged them to maintain their dignity and independence.

The service regularly advocated for people and made referrals to external professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in them. One external professional told us "the manager has a clinical background and this works very well for people" and another "the difference with TayCare at Home is that they fight for peoples' rights." This meant people's health benefitted from the right care, from the right person, at the right time.

Staff and leaders understood the importance of supporting people's emotional wellbeing, particularly during difficult times such as the loss of a relative. As a result, people and their families felt emotionally supported and cared for. This helped them to cope better and maintain their overall wellbeing. One family member shared "the team at TayCare at Home offered lots of advice and guidance as how best to approach this very sensitive situation, we couldn't have done it without them."

There was a clear and robust medication policy in place. Medication training was up-to-date and staff received regular observations in this area. This helped improve staff performance and professional development. Overall, people were appropriately promoted or assisted to take their medication. However, we did find one person was having their creams administered by staff, when they should have been prompted. This meant people may have received the wrong care and support. This did not impact on outcomes for people. However, we raised this with the leadership team and are confident this will be addressed.

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.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

People received care from a consistent core group of staff. People told us they knew members of the team very well and this helped them to feel reassured and at ease. New staff were formally introduced to the people they supported. This practice was valued by people receiving care. One person shared "I always get the chance to meet any new staff in advance; it is really reassuring and reduces my anxiety." People were empowered to take a lead role in managing their care.

Staff were not rushed. People told us that staff consistently stayed their full time and beyond. At the end of each visit, staff would sit and chat with people, promoting meaningful interactions and building positive relationships.

People could be assured the staff were safely recruited. We sampled three recruitment records and were confident all pre-employment checks had been undertaken. This helped to keep people safe.

Staff were valued and rewarded for the work they did, and staff moral was very good. All staff we spoke to told us they were very happy in their role and felt valued. One staff member shared "its a great place to work, I love my job." A range of staff support measures were in place.

This included access to counselling services and wellbeing support. The leadership team have recently introduced enhanced pay at the weekends as an additional benefit to support and recognise staff commitment.

Staff told us they were very well supported. Staff received regular supervision sessions and they told us they they were meaningful. They felt comfortable to raise any concerns or issues. Staff described the office environment as having an 'open door' approach. They felt welcome at any time. This contributed to a positive workplace culture.

Staffing was very well managed, with rotas planned in advance. People received rotas in advance. The service was flexible and accommodating when required. One person shared "nothing is any problem, the office staff act quick and are very helpful." As a result, people received consistent support from a staff group that were well rested and motivated.

People could be confident they were cared for by a well-trained and competent workforce. A training matrix was in place, and staff compliance was at one hundred per cent. The leadership team maintained very good oversight of the team's training needs. As a result, people received safe, high-quality care from knowledgeable and skilled staff. This promoted people's confidence in the service.

Training was adapted to address changing needs in people. For example, when one person developed type two diabetes, this was identified as a training need and communicated to the team. As a result, staff were better prepared to support people's changing health needs. This helped people maintain better health.

There was a strong focus on internal career progression and ongoing development for staff. For example, staff could follow a structured career path and Scottish Vocational Qualifications (SVQ's) were encouraged and supported. One staff member shared "its great to have a clear path ahead, instead of a dead end."

New staff had access to a comprehensive six week induction programme. This included a wide range of mandatory training and shadowing experienced colleagues. The induction period could be extended if required, and included regular check ins to identify any learning needs. The robust induction process ensured new staff were well prepared and confident in their roles.

Staff practice was regularly monitored and reviewed. Staff received quarterly spot checks covering areas, such as the safe use of protective protection equipment (PPE), moving and handling and medication management. This helped ensure safe and consistent care for people.

There were clear channels of communication between staff and management. Formal team meetings took place twice a year. Staff were provided regular updates via the online care planning system. This meant staff had the right information and knowledge to care for people safely and effectively.

How well is our care and support planned?

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.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

We reviewed several personal plans during the inspection. Everyone had a personal plan in place with comprehensive guidance around the care and support they required.

These were well-written, clearly presented and person-centred. They included detailed information about peoples' likes and dislikes. This supported the delivery of person-centred care.

People benefitted from having a key worker who was responsible to coordinate the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

Medical conditions were well recorded and information leaflets relating to these were contained within a person's personal plan. This level of information meant staff understood specific health conditions and any impact this had for the supported person.

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place was appropriate. Risk assessments were used to support and enable people rather than to place unnecessary restrictions on them. People told us that they did not feel limited. One person shared, "there was only one day I didn't get out for walk last year, even in the rain and ice we got out."

People's personal plans were maintained on an electronic system. Staff used a hand held device to access these. Paper copies were kept in people's homes as a backup in case of system issues. The electronic system was accessible to family members, where appropriate. This meant family members could access their loved ones' personal plan and receive real-time updates. This helped family members feel informed and involved in the support being provided. One family member shared "Its been a great tool, the live updates help me understand what needs to be done and allows me to prioritise my visits accordingly."

People were fully involved in decisions about their current and future care and support needs. People's care was reviewed in line with statutory guidelines. Appropriate individuals were included to take part in the review process. Personal plans were updated and evaluated after reviews. This ensured people's care and support was up-to-date and reflected their needs and wishes.

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

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| How good is our staff team? | 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? | 5 - Very Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 5 - Very Good |

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