

Strachan Care Services Support Service

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Type of inspection:
Unannounced

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Service provided by:
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SP2016988121

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About the service

Strachan Care Services provides a care at home service for adults, including older people, within their own homes. The service may also provide services to one young person, under the age of 16. The service operates within the towns of Carnoustie, Monifieth and Wellbank.

About the inspection

This was an unannounced inspection which took place on 27 and 28 May 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 eight people using the service and their families
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were happy with the care and support received.
- The service should improve their understanding in identifying reportable accident/incidents in relation to adult support and protection matters.
- Staff were happy and felt supported by management.
- Risk assessments in place needed to be more personalised and reviewed regularly to reduce risk as much as possible.
- Management and staff in the service prioritised people's health and wellbeing to ensure that they were cared for well.
- Management were receptive and responsive to inspection findings and were keen to learn and develop in order to make necessary improvements.

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?	4 - Good
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?

4 - Good

We evaluated this key question as good. This meant that there were several strengths which were impacting positively on outcomes for people and clearly outweighed areas for improvement.

People experienced natural interactions with staff, which were polite and kind. Staff encouraged people to be involved in their support, and they were respectful of people's choices and wishes. This meant that people felt respected and listened to, and were happy with their care and support.

Staff knew people well and were, therefore, able to identify any changes in their overall health and wellbeing. For example, staff had recognised changes with a client's ability to move around comfortably and safely. An occupational therapist was contacted by staff, and together they assessed and supported the client with more suitable equipment to aid his ability to transfer. This had benefitted him greatly. People had access to a range of other professionals, that helped to ensure their health and wellbeing was regularly assessed, and that they could access advice or treatment when it was needed.

People told us they were supported by a consistent staff team and knew the staff who came to support them. We were told, 'Staff are very pleasant', 'The carers are efficient, caring and knowledgeable', and 'I can't praise them enough. Gold star. Without them I wouldn't be here'. Positive, professional relationships had been developed, and it was clear to see staff knew people well and how best to support them.

People told us of the service being very responsive, and going above and beyond for them at times. For example, where some people needed assistance, if there was an unforeseen issue outwith their visits, staff were always made available to help. As a result, people felt reassured that help was always there when they needed it the most.

We were told that staff were generally on time for their visits and care did not feel rushed. Others told us that sometimes staff can be running late, but did acknowledge the period of grace allowed at either side of visits. One relative told us of staff not staying for full visits, on occasions. We did not find that this was impacting on outcomes for people. People were treated with dignity and were on the whole, happy with the service (see area for improvement under Key question 3 - How good is our staff team?).

Where people required prompting with medication, records in people's files showed appropriate support had been given. This gave people confidence that staff were there to ensure they were reminded to take their medications as prescribed, in order to keep them well.

Some people required assistance with meals as part of their care. We observed people getting a choice of what they would like to eat, including snacks and drinks, which kept them on track with their daily nutritional and hydration requirements.

The service infection prevention and control (IPC) policy had been recently reviewed and staff had good knowledge around this topic, following recent training. There was a large stock of personal protective equipment (PPE) available to staff at all times in the office. Where people were at greater risk due to specific medical conditions, there were individualised IPC policies in place in their files, which clearly detailed measures staff should take to keep people safe during visits.

How good is our leadership?

3 - Adequate

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

Management had a service improvement plan in place, which incorporated feedback from people and identified some areas for future development. Although this had improved somewhat since our last inspection, it could have been developed further to be more comprehensive, in order to support better outcomes for people. We discussed this with the management who were working hard to improve this. We will follow this up at our next visit.

A quality assurance system was in place. Management had oversight of some key areas, such as care reviews, care plans, staff registration checks and care documentation. Some checks were not identifying issues found at the time of inspection. For example, some assessments in people's care files had not been reviewed regularly, to ensure their care was still appropriate in meeting their needs. We discussed this with the management, who clearly knew people well and what care they required. This appeared to be more of a recording issue, rather than affecting outcomes for people. Management advised that they would review all documentation to ensure all assessments were up to date (see area for improvement under Key question 5 - How well is our care and support planned?).

Management did work shifts and were very much involved with the day-to-day care for people. This gave them a good understanding of people's care and support, and any issues that arose were dealt with quickly.

Accidents and incidents documentation was found to be inconsistent. Some events had been documented appropriately and had been reported to the relevant authorities; however, these were not documented in the services accident book. A lack of understanding of when to report adult support and protection (ASP) matters was a concern. However, we were pleased to hear that training had been arranged for management with the local Health and social care partnership for this, soon (see requirement 1).

Requirements

1. By 1 September 2025, the provider must ensure people are protected from harm. This must include, but is not limited to:

- a) ensuring completion of relevant training on Adult Support and Protection, to increase knowledge on what is considered reportable in line with current guidance
- b) implementing a system for identifying any accidents/incidents and taking appropriate actions to reduce risk, and that this is used consistently for all such events
- c) ensuring timeous referral to external bodies such as the Care Inspectorate and local authorities.

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) and Regulations 21(2)(a-d) of The Regulations of Care (Requirements as to Care Services)(Scotland) Regulations 2002 (SSI 2002/114).

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team?

3 - Adequate

We assessed quality indicator 3.1 - Staff have been recruited well, and evaluated this as good. We also assessed quality indicator 3.3 - Staffing arrangements are right, and staff work well together and evaluated this as adequate. We therefore evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff had been recruited safely and in line with current guidance. This meant that people could be confident that the necessary checks had been carried out in order to keep people safe. We discussed with management the importance of keeping documentation from interviews and were advised that this would be in place once recruitment commenced in future. We will follow this up at our next visit.

An induction process was in place for new staff and was based on previous experience. All mandatory training had been completed prior to new staff starting. Staff were able to discuss whether induction and shadowing time had been satisfactory, in order to support them to carry out their roles, or whether more time was required. This meant induction was staff led, which ensured all staff were competent before supporting people.

The service had a low turnover of staff and, therefore, support was delivered by a group of permanent staff. We were told, 'It's the same faces all of the time'. People benefitted from familiar faces, which aided consistency of care. Staff advised they were working well together as a team and that there was a low sickness absence rate, which was good. Staff felt rotas were organised well and that they had enough time to meet people's needs sufficiently. Staff told us they felt supported and were trained well.

Staff had received supervision recently. Supervision records sampled reflected staff's views and opinions. One staff member spoke of progressing through her Scottish Vocational Qualification (SVQ) and regular supervision had been helpful to discuss progress. As a result, staff were enabled to identify areas for improvement or learning.

Communication within the team was good, and all staff kept connected through a staff app and team meetings. This meant that any important changes were communicated promptly to keep staff updated.

A variety of mandatory training was in place, such as dementia, diabetes, food hygiene, and skin integrity. Consideration was given to training that was relevant to the conditions of the people staff supported. One staff member told us, 'I feel confident when out on visits', and 'We get training every week'. As a result, staff had a greater understanding of the people they were supporting and how to help manage their conditions.

Observations of staff practice were being carried out; however, this was not being recorded formally. The service should ensure that this is carried out consistently to ensure staff remain competent in their role and to identify any future training needs. The management advised they would do this and we will follow this up at our next inspection.

Staff were generally on time to support people and care did not feel rushed. We were told that at times, staff did not stay for the full length of the visit. One relative told us when this happened, staff could

perhaps use the remaining time more effectively by encouraging food and drinks and social interaction with people (see area for improvement 1).

People did not appear to always have a choice of who supported them and sometimes did not know who was coming to support them. People told us that they would like to choose who came to care for them or not. It is important to listen to people to ensure that they have a choice with who supports them (see area for improvement 1).

Areas for improvement

1. In order to support people's health and wellbeing and to aid meaningful connection, staff should ensure that they maximise opportunities to engage with people for the full length of time during visits. This includes, but is not limited to, encouraging nutritional intake and social engagement. People should also be consulted on who delivers their care and support, where possible.

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

'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (HSCS 3.11); and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

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 information in their care files, documenting what care and support they needed at each visit. Although care plans and files had somewhat improved, information in these, at times, was still sparse. Staff had started to compile some additional information regarding people's life stories and background, in order to get to know people better, which was positive. Management advised of plans to implement an electronic care planning system in future, which hoped to facilitate and improve information gathering. We look forward to seeing how this progresses moving forward.

A more formal process for reviews had been implemented. People were consulted prior to reviews, and were able to choose when this would take place and who would attend. Reviews were more person-centred and reflected people's views. Reviews had also been carried out within regulatory timescales. This gave people the opportunity to discuss any changes to their care and support.

The service had recognised that some documentation was not capturing people's daily outcomes. This had now changed, and people's notes now described the care and support carried out at each visit and what people had achieved. Some of these notes were evaluative; however, this was not consistent for everyone. This meant some of the notes were task focussed and did not always reflect all aspects of the visit and people's wellbeing. We recognised this was something the service was continuing to work on and develop with staff, and will follow this up at our next visit.

Risk assessments did not always reflect the most up-to-date information. Some assessments were out of date as they had not been reviewed recently and some risk assessments were not current or appropriate. We discussed using a more individualised, rather than a blanket approach to all assessments for people. We

discussed this with management and have reinstated an area for improvement (see area for improvement 1).

Care plans recorded people's legal status, which meant staff had the right information regarding people's capacity to make choices or decisions.

Areas for improvement

1. The service should ensure that risk to people's health, safety and wellbeing are appropriately considered, assessed and regularly reviewed. Risk assessments should be detailed and demonstrate actions to be taken to reduce the risk of harm to the lowest level practicable.

This is to ensure that care and support is consistent with 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).

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

Requirements

Requirement 1

By 23 May 2025, the provider must demonstrate that the service has systems in place to ensure that people's health benefits from satisfactory infection prevention and control practice. In order to do this you must:

- a) Ensure that the provider's policy for infection prevention and control is reviewed in line with best practice guidance;
- b) Ensure that managers and staff are trained in infection prevention and control and can demonstrate adequate knowledge and good practice;
- c) Demonstrate that a thorough risk assessment and care plan has been implemented when people have specific health needs, including Chronic Obstructive Pulmonary Disease and general frailty;
- d) Ensure that managers seek the advice of external healthcare professionals if required;
- e) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists;
- f) Managers should ensure that staff are issued with sufficient personal protective equipment (PPE), in line with people's needs;

g) Ensure that managers monitor staff practice and outcomes for people robustly, as part of ongoing quality assurance.

To be completed by: 23 May 2025 This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

This requirement was made on 23 April 2025 following upheld complaint.

This requirement was made on 23 April 2025.

Action taken on previous requirement

The infection prevention and control (IPC) policy had been reviewed. Some information contained within the policy did not align with current guidance. We offered advice to the service to link their policy to National infection prevention and control manual (NIPCM) guidance, and remove aspects which linked to pre-covid practice. Management responded well and by day two of inspection this had been completed.

Staff had completed recent training in infection prevention and control (IPC) and had good knowledge around current guidance.

Individualised infection control policies were in place in people's files, for those at higher risk, due to a medical condition. We discussed that these could be more prescriptive, to ensure all staff knew what exact personal, protective equipment (PPE), to use to keep people safe. We discussed this with management and this was completed by day two of our inspection.

The service has a good relationship with external professionals and had evidence of recognising where people required additional input and advice. The service had included in the initial agreement with people, that they can make direct referrals to occupational therapy. This ensured that people received additional assessment and support more promptly where their needs had changed.

Stocks of PPE were kept at the office and staff had access to this through a key safe over seven days. Staff observed at the time of our inspection, were following correct PPE processes and had plenty of stock in their car.

Management worked alongside staff on shifts and, therefore, conversations and observations were included in supervision records in staff files.

Met - within timescales

Requirement 2

By 23 May 2025, the provider must demonstrate that people benefit from a culture of continuous improvement by ensuring that the management of complaints is robust and transparent. In doing this, the provider should:

a) Thoroughly review the complaints policy to ensure that it contains clear and concise information, in line with best practice;

- b) Ensure that residents and their representatives are provided with a copy of the organisation's revised complaints policy;
- c) Ensure that all staff are aware of how to recognise and respond to complaints;
- d) Ensure that a senior member of staff is responsible for managing complaints in the absence of the manager;
- e) Ensure that all complaints are fully investigated. Written responses should clearly outline the findings of the investigation, resulting actions, and lessons learned;
- f) Ensure that the complaint log is accurate and up to date;
- g) Ensure that quality assurance information is accurate and fully transparent, with a focus on improving outcomes for people.

To be completed by: 23 May 2025 This is to ensure care and support is consistent 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 is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

This requirement was made on 23 April 2025 following upheld complaint.

This requirement was made on 23 April 2025.

Action taken on previous requirement

The service complaints policy and procedure had been reviewed. Management had a plan in place and were going to visit people and discuss the new complaints procedure, in person. People will have a copy of the procedure in their personal file, to refer to, where required.

Staff were aware of how to deal with complaints, and all staff had been informed of the new policy and procedure.

Management advised of investigations for all complaints and will be recording informal as well as formal complaints, moving forward. We discussed that it would be good practice to also record all compliments too.

The service evidenced how a recent informal complaint had been dealt with. During a review, one person had raised that they don't like their review minutes being held in their house, for all to see. They requested this be kept in the office. This had been actioned and dealt with appropriately, which led to a good outcome for the person.

The management discussed lessons learnt from a recent complaint and had identified areas for improvement with documentation. The service are now using a complaints log book to record information accurately and appropriately.

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 support better outcomes for people, the provider should continue to develop and implement a robust quality assurance system and service improvement plan. These processes should be embedded into practice and include staff observations of practice, recruitment, six monthly reviews and care plans.

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 19 September 2024.

Action taken since then

A service improvement plan had been developed since last inspection, which did reflect some feedback from people. The management were reviewing this to support better outcomes for people.

Oversight had improved with regards to care reviews, staff registration checks, monthly audits and care plans. Management also had oversight of recruitment checks in place to keep track, as suggested at the last inspection. Staff observations were being carried out, although these still needed to be recorded formally.

Overall, improvement had been made and perhaps needs more time to embed fully. We will follow this up at our next inspection.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that risk to people's health, safety and wellbeing are appropriately considered, assessed and regularly reviewed. Risk assessments should be detailed and demonstrate actions to be taken to reduce the risk of harm to the lowest level practicable.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 23 April 2025 following complaint.

This area for improvement was made on 23 April 2025.

Action taken since then

Some risk assessments were in place; however, these needed to be personalised and appropriate for each person and reviewed on a regular basis (see under key question 5).

This area for improvement has not been met and we will therefore reinstate and follow up at our next inspection.

Previous area for improvement 3

The service should ensure that staff recognise and respect people's right to confidentiality. Staff should demonstrate awareness and understanding of professional boundaries, the expectation of the service and the SSSC codes of practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.3: I have agreed clear expectations with people about how we behave towards each other, and these are respected.

This area for improvement was made on 23 April 2025 following complaint.

This area for improvement was made on 23 April 2025.

Action taken since then

Managers had a team meeting with staff on 13 May 2025 and highlighted the importance of confidentiality. Whilst the need for confidentiality was clearly acknowledged and discussed, there needed to be more work undertaken to ensure that staff at all levels are clear about how to maintain professional boundaries.

Appropriate discussion point otherwise and the intention was good. No other issues regarding confidentiality noted at time of inspection. This was discussed with management and we were reassured that this would not happen in future.

This area for improvement has not 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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