

Esteem Care Dumfries and Galloway Ltd Support Service

Esteem Care Dumfries and Galloway Ltd
Burns House
Harbour Street
Stranraer
DG9 7RD

Telephone: 01776 705 710

Type of inspection:
Unannounced

Completed on:
18 July 2025

Service provided by:
Esteem Care Dumfries and Galloway
Ltd

Service provider number:
SP2004006366

Service no:
CS2020381669

About the service

Esteem Care Dumfries and Galloway Ltd is registered to provide support to adults and older people with assessed care and support needs in their home and in the community. The provider is Esteem Care Dumfries and Galloway Ltd.

At the time of inspection, 61 adults were being supported by the service. Support ranged from 30 minutes to four hours per day. The service is provided to people living in Stranraer, Port Patrick, Drummole, Leswalt and The Lochans.

The registered manager works from the main office base in Stranraer and is responsible for coordinating the overall running of the service. A co-ordinator and team leader manage the staff teams who provide direct support to people.

About the inspection

This was an unannounced inspection which took place on 15, 16, 17 and 18 July 2025 between 09:00 and 19:00. 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 14 people using the service and four relatives
- spoke with staff and members of the management team
- observed practice and daily life
- visited 13 people in their own home
- reviewed documentation
- obtained feedback from stakeholders

Key messages

- People were happy with the care and support provided.
- Improvements were needed in the assessment planning, delivery and monitoring of care and support.
- There had been recent changes within the management team and a clear commitment to make improvements and take the service forward.
- Staffing arrangements must be reviewed to ensure responsive care to people.
- From the findings of this inspection, we have two requirements and eight areas for improvement.

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?	3 - Adequate
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?

3 - Adequate

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

People using the service were treated with compassion, dignity, and respect. They received support that was kind and respectful. We saw those using the service being relaxed around staff and happy to see them. This meant people felt safe and comfortable with staff they knew and trusted.

Feedback was positive about the quality of care and support people received. Comments included "my carers are very good, I am happy with my care" and "having support gives me independence." Relatives' comments included "the carers are always lovely and kind, they try their best."

Referrals to other health professionals were prompt and information to guide care was updated with the relevant advice. People could be confident that, should additional healthcare input be needed, the service would ensure that this was received.

People have the right to receive their medication given safely and at the right time. We saw there were systems in place to support the safe administration of medication, which were recorded in paper and electronic recording systems.

For those who required it there was an electronic medication recording system (MARS) showing when it was given and who administered it. It would be good to see some further information on medication assessments within people's personal plans. (see "How well is our care and support planned"). We discussed this with managers and they have taken this on board to include it when updating people's personal plans.

Medicines with a PRN (pro re nata) or 'when required' dose can treat many different conditions. People's plans should contain enough information to support staff to administer when required medicines. The plan should include appropriate alternative support and interventions to use before medicines. Records did not always include this detail and we have made an area for improvement. (See area for improvement 1)

We received mixed feedback from people and families in relation to communication within the service. Some relatives spoke positively of being kept up to date, while others raised concerns information was not always effectively shared. New recording logs had recently been implemented within people's homes. The management team agreed to review current systems to promote effective communication. This will ensure people and their families can be confident information is shared and they are kept up to date.

A small number of people were supported with financial transactions. The management team should ensure there is clear information recorded in relation to this support and oversight of these arrangements. (See area for improvement 2)

Although overall service users knew their staff teams, people did not always know who was scheduled to support them. This could be improved by ensuring people receive a copy of their staff rota. We discussed this with the management team at the time of inspection who were receptive to feedback. This will ensure people are informed and aware in advance of who is scheduled to support them.

Areas for improvement

1. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving when required medicines, medication administration records chart should include:

- the reasons for giving when required medicine;
- how much has been given including if a variable dose has been prescribed;
- the time of administration for time sensitive medicines; and
- the outcome and whether the medicine was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state, 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

2. The provider should ensure they are aware of any support provided involving finances. To keep people safe, effective support planning and recording in relation to managing people's finances should be in place. This should include, but not be limited to:

- a) a clear finance support plan being in place where support is provided with finances,
- b) clear recording in relation to finances, with receipts available for spending which staff have responsibility for,
- c) regular auditing processes to ensure the safe handling of finances, which adheres to organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSC 1.24).

How good is our leadership?

3 - Adequate

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

There was an absence of manager within the service therefore the regional manager and senior team were supporting the management arrangements at the time of inspection. The management team were motivated and driven to make the necessary improvements in the service and had begun to develop plans to promote change. Further time will allow the opportunity to foster a culture of continuous improvement within the service and address the identified areas of need seen during the inspection.

A procedure was in place for recording and reporting accidents and incidents. We viewed internal records and adult support and protection referrals which had been made to social work to escalate concerns. We suggested the registered manager implements a system to track these referrals and the outcomes. An increased oversight would also help to identify any patterns and mitigate risk for people supported.

Some of these events should also have been notified to the Care Inspectorate. We discussed this with the management team having better oversight to ensure all accidents and incidents are fully investigated and where needed, further action is recorded. We have made an area for improvement and will follow this up at a future inspection. (see requirement 1)

There was a service improvement plan in place which was being updated as actions were progressing. The service could further improve their governance and service development processes by including the use of self-evaluation and developing an outcome-based improvement plan. This will support measuring and

evaluating the effectiveness of the actions taken to ensure that people's outcomes are met. (See area for improvement 1).

Quality assurance processes were not as effective as they could have been. There were quality assurance tools available to help the leadership team identify and prioritise improvements. However, these were not always being used to good effect. For example, we found where an audit identified an action these were not always being actioned and closed off. This meant we could not be assured required improvements had been carried out. The provider should ensure that they review their quality assurance processes to ensure that people's care and support benefits from these. (see area for improvement 2)

The service has good clear policies in place covering areas such as Complaints, Whistleblowing and Health and Safety. An induction process is in place for new staff. The manager ensures that staff complete specific mandatory training before going to support people. Mandatory training includes areas such as adult support and protection, medication and moving and handling.

Requirements

1. By 24 October 2025, the provider must ensure that they keep people safe and healthy by ensuring that all accidents and incidents are properly managed. To do this, the provider must, at a minimum:

- a) Have a system in place to regularly monitor, review, and learn from accidents and incidents.
- b) Ensure that notifications are made to the Care Inspectorate in accordance with Care Inspectorate guidance 'Adult care services: Guidance on records you must keep and notifications you must make' (March 2025).

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)

Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should consider inclusion of self-evaluation using the quality framework for care homes for older people within the quality assurance system.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

2. The provider should ensure that they continue to further develop and embed a quality assurance framework, which details what is required to be done, when and by who. This includes, but is not limited to:

- a) Following the quality assurance framework timescales.

b) Developing a template for recording and reviewing action plans showing the improvements needed, the timescale to achieve and the sign off once achieved.

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

How good is our staff team?

3 - Adequate

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

There was a steady and reliable staff team working in the service. The service had worked hard to maintain consistent staff groups that provided support to people in areas of the community. This helped build good relationships and trust between staff, supported people, and their families. It also helped staff know supported people well, which meant they could identify and escalate any health changes quickly.

People have the right to have their needs met by the right number of staff. The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare, and safety of people using the service.

The duration of people's support visits was inconsistent. There was little evidence that the assessment of people's care needs had been used to inform and evaluate staffing levels and arrangements. The service relied on staff regularly working over their contracted hours to meet the hours agreed with the local authority. This meant that there was the potential for poor outcomes which would affect people's health, safety, or wellbeing. (see requirement 1)

The service were recruiting to fill vacant posts. At times, staff morale appeared low. We shared our concerns with the manager about ensuring enough support was in place to reduce the amount of additional hours staff were undertaking. Consideration should be given to supporting staff wellbeing more effectively.

Safer recruitment procedures were followed. The leadership team carried out regular checks to ensure staff were registered with the appropriate professional body. This meant people could feel reassured that they were being kept safe.

Staff were trained to support people. Staff completed training in various areas including SVQ qualifications, adult support and protection, fire safety, first aid, health and safety and medication administration. Staff told us that their induction and training prepared them for their role. This meant people could be assured that staff received the right training to do their job and that this helped to ensure a competent and confident workforce.

Staff would also benefit from more regular team meetings taking place. Some staff told us that they didn't get to attend team meetings and they missed the opportunity to share learning with their colleagues. (See area for improvement 1)

Requirements

1. By 24 October 2025, the provider must ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:

- a) Ensure there is regular assessment and review of people's care and support needs.
- b) Be able to demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements.
- c) Ensure quality assurance systems are used to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is to comply with Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

Areas for improvement

1. To support staff to work well together, managers should ensure time is scheduled for staff to have regular opportunities to meet as a team. By creating circumstances for staff to reflect on and share learning about work practices.

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).

How well is our care and support planned?

3 - Adequate

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

Each person had a personal plan in place, however the content of each plan was variable. We understood that most staff know people well and therefore may not use the care plans as much to allow them to direct support, however they should be up to date, giving relevant details in order to provide consistent support from all staff.

Some plans gave a little background information, which was good to see as this helps staff to get to know people and develop relationships, although this was not consistent across all plans.

A small number of care plans sampled had been updated and included much clearer information, providing guidance on how support would be provided. It is important that information regarding people's strengths, or how they could be supported to develop or maintain their skills is recorded. This encourages people's independence and ability to complete tasks on their own. (See area for improvement 1)

While we appreciate that this had been an area of ongoing work, it is important that there is a clear plan of when all care plans will be up to date and give accurate reflection of the support to be provided. This will minimise the risk of inconsistencies in support. Some risk assessments were in place and accessible for staff

to access whilst supporting people. However, these were not recorded for all people supported, or sufficiently detailed to guide and direct staff on support. This would minimise the impact of risks for people. (See area for improvement 1).

We observed kind and respectful interactions when staff were with people. However, we noticed some entries in personal plans that highlighted the need for staff to reflect on the use of positive language. (see area for improvement 2)

Some care and support reviews were not consistently being completed within the expected timeframes. Regular and timely reviews are essential to ensure that individuals' needs are accurately assessed and that the support provided remains appropriate and effective. (See area for improvement 3)

Areas for improvement

1. The provider should ensure care plans are up to date and detail accurate information, to ensure that people receive the right support at the right time, which promotes choice and independence. This should include at a minimum:

- a) each person receiving care has a detailed personal plan which reflects a strengths based, outcome focused approach,
- b) they contain accurate and up-to-date information which directs staff on how to meet people's care and support needs,
- c) they contain accurate and up to date risk assessments, which direct staff on current/ potential risks and risk management strategies to minimise risks identified,
- d) they are regularly reviewed and up dated with involvement from relatives and relevant others.

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

2. The provider should ensure that all staff record their involvement with people in a person-centred manner, to capture people's experiences and the outcomes achieved.

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

3. To ensure people receive the most effective and responsive support, care and support reviews should be completed within expected timeframes.

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

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

The provider should ensure personal plans are updated to reflect people's changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My personal 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).

We have reported on this under Key Question 5 – How well is our care and support planned? Further work is needed and this area for improvement has been re-written to reflect the findings of this inspection.

This area for improvement was made on 10 May 2024.

Action taken since then

We have reported on this under Key Question 5 – How well is our care and support planned? Further work is needed and this area for improvement has been re-written to reflect the findings of this inspection.

Previous area for improvement 2

To ensure people can be confident that their care is provided as outlined in their personal plans, the provider should ensure all risk assessments and moving and handling plans are updated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 10 May 2024.

Action taken since then

Work had been completed to improve risk assessments and moving and handling plans. However, further work is needed to ensure information is updated and identified actions in response to identified risks. This area for improvement has not been met and has been re-written to reflect the findings of this inspection.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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
3.3 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.