

Home Assessment Recovery Team Support Service

Council Buildings
2 High Street
Perth
PH1 5PH

Telephone: 01738 458 076

Type of inspection:
Unannounced

Completed on:
6 August 2025

Service provided by:
Perth & Kinross Council

Service provider number:
SP2003003370

Service no:
CS2004081194

About the service

The Home Assessment Recovery Team (known as HART) provides reablement and recovery support to people living in their own home. HART Plus is a crisis intervention service and provides care to people whose needs suddenly change to get immediate access to support to allow them to remain in their own home, this includes palliative care.

The service is available to adults living within the Perth and Kinross council area. At the time of inspection the service was supporting 206 people.

The stated vision: "We are committed to delivering quality services which provide personal and practical care to people in their own homes, to enable them to live in dignity and comfort and in accordance with their own lifestyle choices. These services will be provided by a motivated and flexible workforce, working in effective teams and supported by access to training and development opportunities".

HART and HART Plus are run by Perth and Kinross Council. The head office is based in the council buildings in Perth city centre.

About the inspection

This was an unannounced inspection which took place on 7, 8, 9, 10, and 15 July 2025. The inspection was carried out by three 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 18 people using the service and seven of their family/friends/representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents and survey responses from staff, people using the service, and professionals
- spoke with visiting professionals.

Key messages

- Generally, people were happy with the service but some people would like to have a greater continuity of staff and consistency of times for visits.
- Staff were caring.
- The management team have a clear vision for the development of the service which is going through the process of change to create more locality based teams.
- The service must continue to improve the safe administration of medication to ensure people are supported to have their medication as prescribed.

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

This key question has been evaluated as adequate. Although the service demonstrated several strengths that could positively influence the experiences of individuals receiving care, these were just outweighed by weaknesses.

People using the service were supported by staff who consistently demonstrated care, warmth, and respect in their interactions. This positive approach extended to family members and contributed to compassionate and encouraging care. Feedback from individuals using the service reflected appreciation for the staff's attitude and approach. One person said, "All the staff are really great. Respectful and helpful - they do everything they need to do and are kind".

The leadership team had taken steps to address concerns raised by people regarding the consistency of visit times and staffing. A notable improvement was the reduction of visit windows from three hours to one hour. However, this change was not always communicated effectively, resulting in some individuals remaining unclear about when their support would arrive. One person said, "The staff are great but they do not have set times which is frustrating". Another told us, "Evening visits are never consistent in timing and this is causing us a lack of sleep". This lack of clarity had the potential to negatively affect their quality of life. Additionally, some individuals expressed dissatisfaction with the number of different carers attending to them, indicating a preference for greater continuity which enables positive relationships to develop.

In response, the service had reorganised teams into smaller localities which is expected to improve consistency and help individuals feel more confident in their care by knowing who will be attending and when.

We identified some concerns regarding the service's responsiveness to people's changing needs. These were raised with the manager, who took immediate action to address them. Continued oversight will be necessary to ensure that these improvements are sustained and people receive the care and support they need to support their health, safety, and wellbeing.

In relation to medication management, the service had made progress in clarifying the level of support required for each individual. However, a significant number of medication errors continued to occur across the service. This put people's health and wellbeing at risk. While there was some evidence of review and analysis of these incidents, further work is required to ensure that the systems and processes in place are safe and fit for purpose. A requirement has been made (please see requirement 1).

Support provided by the service consistently promoted individual choice and independence. Nutritional support was delivered in accordance with identified risk assessments and, where concerns were noted, appropriate actions were taken and clearly documented. Staff demonstrated the service's "reablement ethos" in their daily practice.

Individuals had access to relevant technology that supported them to remain at home. The service actively considered and trialled new technology options which may have the potential to improve people's understanding of their service and their overall quality of life. The use of technology enabled greater involvement in care planning, as well as enhancing the overall experience of those receiving support, as people used the technology to help improve their day-to-day lives.

Requirements

1. By 30 November 2025, the provider must ensure that people are supported to take their medication as prescribed in order to maintain their health and wellbeing.

To do this the provider must, at a minimum:

- a) Ensure that people are provided safe and effective support to meet their medication needs.
- b) Ensure that visits are planned in accordance with people's medication needs.
- c) Ensure adequate monitoring of medication errors and ensure appropriate investigations and appropriate actions are undertaken where errors have occurred.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

3 - Adequate

Quality and assurance should be led well. We evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

The management team demonstrated a clear and committed vision to deliver the best possible outcomes for individuals using the service. There was a sound understanding of what aspects of the service were functioning well, alongside a recognition of areas where further development was necessary. A comprehensive service development plan was in place to support ongoing improvements. However, despite the presence of several quality assurance processes, we had concerns regarding their responsiveness. Specifically, the systems in place were not sufficiently robust to identify and rectify issues related to medication management, care planning, and the service's ability to respond effectively to changes in people's needs.

It was encouraging to note that some individuals had been consulted about their views on the service. Nevertheless, the consultation did not extend to specific aspects, such as time slots, consistency, and continuity of care. These elements are critical to ensuring that people feel confident in their care arrangements, knowing who will be providing support, and when it will occur. Feedback received during the inspection highlighted the importance of gathering and using information about time slots, consistency, and continuity to ensure the service meets people's needs.

While incidents and accidents were being recorded, there were some delays in escalating important information. This lack of timely communication limited the service's ability to evaluate people's experiences and take appropriate actions. Improved oversight and analysis of these events would provide opportunities to enhance outcomes for individuals.

The management team acknowledged the importance of reporting incidents, including those involving harm or potential harm. During the inspection, concerns were identified regarding staff awareness of their

responsibilities in reporting potential adult protection issues. Additionally, issues were noted in the reporting process itself and in how the leadership team responded to these matters. These concerns were addressed by the manager during the course of the inspection. It is essential that all staff are fully informed of their responsibilities and are equipped to escalate protection concerns promptly and appropriately to protect people from harm.

It is recognised that a number of improvements have already been initiated within the service. However, time is required for these changes to take effect and to demonstrate a measurable impact on people's outcomes. We have extended the timescale for the existing requirement in relation to quality assurance (see section 'What the service has done to meet any requirements we made at or since the last inspection').

How good is our staff team?

3 - Adequate

Staffing arrangements should be right and staff work well together. We evaluated this area as adequate. While there were some strengths that had a positive impact for people, these just outweighed key areas of performance that needed to improve.

There appeared to be a sufficient number of staff available to deliver care and support. We observed that staff were able to provide care with compassion and had time to engage in meaningful interactions with individuals. We heard that the leadership team had reviewed staffing arrangements and, as a result, the service had very recently reorganised into smaller localities to help improve consistency and continuity of staffing. However, for some people, consistency in staffing remained a concern. Although feedback about staff was generally positive, several people expressed uncertainty about who would be attending to them and when. While some people had regular staff members, others reported seeing a large number of different staff which affected their sense of familiarity and trust. One person commented, "We've seen 60 different carers over the past 13 weeks. The carers do a great job but sometimes are rushed".

The scheduling of visits did not always align with people's routines. Individuals were not always informed about who was coming or when staff were running late. This lack of communication impacted some people's ability to plan their day and contributed to feelings of unpredictability. Staff also noted that visit scheduling could be further improved to better meet the needs of those using the service. A comment included, "I enjoy working with lots of different people but it's not good for continuity and consistency and building trust with people".

Trust and relationship-building are essential components of a reablement service. Effective staffing arrangements and well planned visit schedules are key to achieving this. The leadership team acknowledged that the scheduling of visits would benefit from review on an ongoing basis to support better outcomes, provide continuity and consistency, and to help individuals achieve their personal goals.

Staff were confident in building positive relationships with people. In general, staff reported feeling supported by both their colleagues and the leadership team. Communication within the team was generally effective. One staff member said, "I feel I get good training and support in my role".

Staff had access to a range of training opportunities, delivered both online and in person. Regular team meetings, supervision sessions, and observation of practice were in place. These measures supported staff development, communication, and provided opportunities for reflection and learning.

As a result of these findings, we have extended the timescale of the requirement in relation to staffing (see section 'What the service has done to meet any requirements we made at or since the last inspection').

How well is our care and support planned?**3 - Adequate**

The area of assessment and personal planning was evaluated as adequate. While there were some strengths that positively impacted individuals, these only slightly outweighed the key areas requiring improvement.

People had access to their personal plans which were kept in folders within their homes. We noted that the documentation used to record visits was not always easy to track. For example, we could not be confident that where people had been declining personal care in the morning that they had been offered support with personal care on later visits in the day. We asked the service to consider how documentation could be improved to support effective tracking of people's care and changing needs. Care plans included individual risk assessments and the service should ensure that these are updated as people's needs change. Legal documentation was in place to ensure that care is delivered in a way that protects people's rights.

It was encouraging to observe that personal plans and the duration of visits were adjusted as individuals progressed in their enablement and achieved their goals. We asked the service to consider how they communicated with people and their families as they progressed through reablement and needed less support to ensure that people understood the aims of the service and are able to prepare for the service coming to an end.

The service had a new assessment tool in place. The leadership team had identified that further work was needed to ensure this tool provided the necessary information to enable the service to provide the right support. Some plans we sampled lacked sufficient detail regarding the specific steps required to help individuals reach their goals. Greater clarity in this area would support more effective and person-centred care planning. A number of care plans we reviewed lacked life history information. This information is useful for staff to help establish a rapport and build a trusting relationship with the person and also helps the person to maintain their sense of identity.

Supporting individuals to live well, including at the end of life, requires clear documentation of what matters most to them and their wishes for the future. We could see that future care planning had begun to be developed, particularly for individuals with palliative care needs, to ensure that their preferences and care requirements are fully supported. It was positive to hear how the service was working with relevant stakeholders in the Health and Social Care Partnership to progress this work. These important and sensitive conversations should continue to be developed to ensure that people are fully involved in decisions about their current and future care and support needs and helped to live well right to the end of life.

As a result of these findings, the timescale for meeting the outstanding requirement related to care planning has been extended (see section 'What the service has done to meet any requirements we made at or since the last inspection').

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

Requirements

Requirement 1

By 31 March 2023, the provider must ensure when people are supported with medication this is done in ways that keep them safe and well.

To do this the provider must:

- a) Review current policies, procedures, and guidance to staff as a matter of priority.
- b) This should include making clear the distinctions between people self managing their medication, staff prompting, administering, or assisting people.
- c) The level of support people receive should be clearly detailed in their care plans and should be regularly reviewed and updated.

This in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, 4-(1) A provider must- (a) make proper provision for the health, welfare and safety of service users.

This requirement was made on 15 November 2022.

Action taken on previous requirement

We made this requirement as we had concerns regarding the safe administration of medication. Support plans contained insufficient information regarding the assistance people required and why and the timing between medication dosages. This had the potential to impact negatively on people's safety and health.

The service provided evidence of policies, procedures, and comprehensive training materials in relation to medication management. Policies contained relevant information and were up-to-date. Training materials had been developed and implemented in relation to the policies. This should ensure that all staff responsible for supporting people with medication management adhere to local policies and best practice guidance.

Care plans we sampled contained relevant and accurate information within people's assessments and support plans in relation to medication management and the level of support the person required. This meant people who use the service would consistently receive the correct level of support to manage their medications.

Met - outwith timescales

Requirement 2

By 14 February 2024, the provider must ensure positive outcomes for service users by ensuring care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

In order to do this the provider must, at a minimum, ensure that:

- a) Documentation and records are accurate, sufficiently detailed, and reflective of the care/support planned or provided.
- b) All risk assessments are accurate and updated regularly.
- c) People have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives.
- d) Personal plans include people's individual aspirations and outline the support that will be provided, to help them to achieve this they are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

This is to comply with Regulation 5 (Personal plans) 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).

This requirement was made on 15 November 2022.

Action taken on previous requirement

This requirement was made as we had concerns that care plans did not contain accurate, sufficiently detailed information to guide staff in relation to risk assessments, anticipatory care planning, and people's aspirations.

We reviewed a number of people's care plans, assessments, and review frameworks from across the service. Since our last inspection a new assessment tool had been introduced by the provider and this had caused the service some challenges to the service in relation to having all the appropriate information. Plans contained basic information but sometimes lacked personalised, meaningful information about the person. Care plans should provide guidance to staff about how people should be supported and also contain information about what matters to them. This service takes a reablement approach where people are being supported to regain skills of daily living, it's essential to break down goals into achievable steps so staff know how best to support the person as they progress. Documentation used to record support visits was not always easy to track people's progress or changing needs or to review how often the person was declining elements of their support.

Risk assessments were completed when the service commenced and should be reviewed as people's needs change.

Anticipatory care planning or future care planning had begun to be developed. It was positive to see that the start of these conversations had happened in some reviews. The service is working with stakeholders in the Health and Social Care Partnership to develop this important piece of work.

We have extended the timescale for this requirement to 30 November 2025 as further work is needed to enable the service to progress the improvements needed to care planning across the service.

Not met

Requirement 3

By 31 March 2023, the provider must support better outcomes for people receiving care, by ensuring that the service provided is managed and led well and that there are robust and transparent quality assurance systems in place.

This must include, but is not limited to:

- a) Assessment of the service's performance through effective audit and, where appropriate, consultation. This must include an assessment of the current time bandings for the delivery of care.
- b) Action plans which include specific and measurable actions that lead to continuous improvements.
- c) Ensure that staff who undertake quality assurance roles are well trained and supported.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 15 November 2022.

Action taken on previous requirement

This requirement was made as we had concerns that people receiving care were given a two to three hour window in which they would receive their care. This meant that people did not know who was coming or when they would arrive. People experienced a lack of consistency and stability. A key part of this requirement was to assess current time bandings. The service had taken action and adjusted the time bandings to one hour and one and a half hours for those living in more rural areas. In addition, the service had very recently reorganised teams into smaller localities to improve the continuity of staff for people using the service. This was positive progress, however we noted that these changes needed more time to be imbedded and ultimately improve people's experience of the service.

The service had an up-to-date action plan that they are working towards which has timescales and clear actions to be undertaken to support continuous improvement. The leadership team had a clear vision in relation to achieving the best possible outcomes for people. We encouraged the leadership team to continue to ensure that all stakeholders are invited to be part of the development and implementation of the plan.

We identified concerns in relation to the effectiveness of quality assurance processes, particularly in relation to medication, care planning, and responsiveness to changing needs. Staff who are undertaking quality assurance roles should be well trained and supported and be able to identify issues and respond to them to ensure that people experience the care and support that they need.

Although it was evident that progress had been made on elements of this requirement, we have extended the timescale until 30 November 2025 to enable the service to improve the effectiveness of quality assurance.

Not met

Requirement 4

By 31 March 2023, the provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

a) Notifications must be submitted in line with 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (February 2012, Care Inspectorate).

b) All relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (February 2012, Care Inspectorate) evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4(1)(a)(b).

This requirement was made on 22 November 2022.

Action taken on previous requirement

This requirement was because, although the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate.

Notifications were now being made in line with our current guidance and we were assured that the provider and management team were confident in recognising and reporting information.

Met - outwith timescales

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 ਵਿੱਚ 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.