

## Shaw Community Services - Edinburgh Support Service

Unit 26  
Castlebrae Business Park  
Peffer Place  
Edinburgh  
EH16 4BB

Telephone: 0131 662 9226

**Type of inspection:**

Unannounced

**Completed on:**

18 April 2019

**Service provided by:**

Shaw Community Living (DCA) Limited

**Service provider number:**

SP2011011681

**Service no:**

CS2011300605

## About the service

This service registered with the Care Inspectorate on 14 March 2012.

Shaw Community Services provide a care at home service to people living in their own homes.

The service has an office base at Castlebrae Business Park, Pepper Place in the Craigmiller locality of Edinburgh.

Staff provide a care at home service to people living mainly in the South West area.

The service has aims and objectives that include:

- To support service users to continue to live valued and fulfilled lives in their community;
- To treat service users with dignity and respect and ensure their privacy at all times;
- To treat every service user as an individual and provide a person-centred support package specifically tailored to meet their needs.

About 101 people were using the service at the time of this inspection.

The Care Inspectorate undertook an unannounced inspection of the service in June 2018. Through inspection we found major weaknesses which required immediate remedial action to improve experiences and outcomes for supported people, their relatives and care staff.

We re-visited the service in July, September and December 2018 to follow up on the provider's progress in meeting the needed improvements. At each follow up inspection the provider had demonstrated a commitment to make the improvements. By December 2018 we were seeing better outcomes for supported people, their relatives and care staff.

We have now entered into a new inspection year (April 2019 to March 2020). Therefore this is the first full inspection of the service since June 2018.

## What people told us

We sent Care Standard Questionnaires to a sample of 48 people who used the service and received 24 completed questionnaires back. Some of the questionnaires had been completed by relatives of people using the service.

Below are responses to a sample of the statements we asked people to score against on the questionnaires:-

"Overall, I am happy with the quality of care and support this service gives me" - 22 people responded - 19 people (86%) either strongly agreed or agreed. One strongly disagreed and two disagreed.

"I am confident that staff have the skills to support me" - 22 people responded - 18 people (82%) either strongly agreed or agreed. One strongly disagreed and three disagreed.

"I know the names of the staff who provide my support and care" - 23 people responded - 17 people (74%) either strongly agreed or agreed. One strongly disagreed and five disagreed.

"Staff treat me with respect" - 23 people responded - all 23 people (100%) either strongly agreed or agreed.

"The service check with me regularly that they are meeting my needs" - 22 people responded - 13 people (59%) either strongly agreed or agreed. Three strongly disagreed and six disagreed.

"The service asks for my opinions about how it can improve" - 20 people responded - 9 people (45%) either strongly agreed or agreed. One strongly disagreed and ten disagreed.

## Views of People Using the Service

Additional comments made on the care standard questionnaires included:

"Continuity remains inconsistent but better than what it was last year. Communication still poor - no contact to inform of changes/delays"

"Carers require to be given more time especially in the morning. They are often in a hurry as they have to attend to other clients"

"I am very happy with the service and care I receive and all the staff are very nice"

"I would like it to be just two carers rather than all different people every week. And for the office to contact me with any changes as my shopping call time has been changed without my knowledge"

"No problems when have usual regular carers. Problems arise when regular carers off on annual leave or sick leave. Get many different carers for each visit 4 times a day, not told name of person to expect. Company do send rotas but these are frequently amended and I am not informed of any changes. Poor communication with clients"

"Service has improved in last few months. We now have the same carers and time keeping is better"

We met with people using the service during the inspection and spoke with people on the telephone, some of whom we had spoken with at previous inspections. The majority of people considered that improvements continued to be made. Comments in relation to overall satisfaction included:-

"Everything seems to be going well"

"It's an excellent service - very very good. I'm very very happy"

"On the whole I feel well catered for"

"'I cannot think of anything to complain about, used to be terrible, very happy'.

"I'm very happy with the carers"

## Views of Carers

Additional comments made on the care standard questionnaires included:

"Over the last few months, the service has improved a lot. Times are the same most days and staff are known to me"

"For the last two years I have not been happy with Shaw carers. We have been to a review meeting and been promised things would change which they have not"

"The name on the rota is sometimes someone I've never seen before. Would still like continuity for my relative. Overall Shaw are trying to improve but still room for improvement"

"The weekly paper saying name and time of carer is helpful but about 30% of the time is incorrect. I realise that there can be staff off sick and emergencies so this is not a complaint"

"My relative has four visits every day from carers. He has two regular carers and others who stand in to cover days off/leave. He is very satisfied with the standard of care provided and the respect shown within his home"

"I would agree that the service is adequate there are a couple of carers that I think require further support by way of training/direction in terms of what they are meant to do"

"I find the service being provided for my relative suits her very well and I am confident with it"

We met with relatives and friends during the inspection and made contact with relatives, some of whom we had contact with at previous inspections. Comments in relation to overall satisfaction included:-

"They have upped their game - there's a lot better communication. They are heading in the right direction - doing what's expected from a care company"

"I'm quite happy at the moment. It has improved greatly"

"I'm happy overall"

Relative of new supported person - "Very unhappy with the start up of the service. Not been the best of experiences"

"Generally they are doing okay at the moment. We're seeing upward progress - don't take the foot of the gas"

Supported people and relatives identified areas that still needed to improve. These included areas of service delivery and communication. All the aforementioned views have been taken into account in our report findings along with evidence gathered during the inspection.

## Self assessment

We are not asking services to submit a self-assessment for this inspection year. During the inspection we discussed improvement plans.

Issues relating to quality assurance, feedback from people using the service and their relatives along with the quality of the service's improvement plan are all considered throughout the inspection.

From 1 April 2018, the new 'Health and Social Care Standards' have replaced the National Care Standards. These seek to promote and improve outcomes for people who experience care. Services should now be providing support in accordance with the guidelines outlined therein.

These are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

<https://scotgov.publishingthefuture.info/publication/health-and-social-care-standards-my-support-my-life>

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

We accompanied carers on their visits and saw they were committed to their caring role. Some went "above and beyond", one carer ensuring the person kept connected with their local community. We saw relaxed interactions with good humour being used. Carers offered choices when supporting people at meal times. Appropriate infection control measures were used and carers were observant about home security. This meant those people we met could feel happy and safe with the care and support they received.

Care staff reported any concerns they had about people's wellbeing and those concerns were progressed by management with relevant people, including health professionals. This resulted in people getting the appropriate help and support they needed in a timely manner.

We saw examples of a duty of care being applied to ensure the well-being of supported people by both carers and office staff. The "no answer protocol" continued to be followed effectively; ensuring safe procedures were followed when a person did not answer their door to a carer when on a care visit. The service sought the help of emergency services to do welfare checks when they had not been able to make contact with the person. Adult protection concerns were being identified and managed effectively.

When we inspected the service in June 2018 we found all aspects of care visit delivery were poor. Since that inspection we have undertaken follow up inspections which have evidenced gradual improvement. At this inspection we found the improvement journey had continued. Visits being missed were now a rare occurrence and we were more confident that supported people would receive their scheduled visits. Improvements were still needed in relation to consistent arrival times and forward planning of visits.

Informing people and/or their representatives about changes to the times of scheduled visits and changes of a planned carer still needed to improve. People told us that not receiving this communication left them unhappy and anxious.

(see Recommendation 1).

Consistency of care was being better achieved for some people. This meant they could build trusting relationships with the carer providing support and care in a way they both feel comfortable with. However this was not consistent for all people, particularly people new to receiving care from the service. (see Recommendation 2).

The service was in the process of improving overall care planning. We were not confident all personal care plans reflected people's needs and informed carers how to provide that care and support. Some plans needed to be updated with new/and or changed information, particularly the plans of people new to receiving care. Some plans needed information about current health conditions which were relevant to the care being provided. Some plans had conflicting information about moving and positioning equipment and practice which had the potential to cause injury to the client and carers. We have repeated a requirement in relation to care planning. (see Requirement 1).

## Requirements

### Number of requirements: 1

1. In meeting this requirement people will have confidence that their personal care plans reflect their individual needs and inform staff how to provide that care and support.

By **18 August 2019** the provider must ensure each supported person has an accurate, up to date personal care plan, which sets out how their individual health, welfare and safety needs are to be met. This should include, but not be limited to:

- a) sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out;
- b) information on current health conditions which is relevant to the care being provided;
- c) how mobility support is provided, including what and how equipment is used;
- d) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions;
- e) care plans are maintained and kept up to date to reflect any changes in the needs of people receiving care;
- f) care staff are informed of key information about people's needs and when any changes occur;
- g) where changes to the plans are made, all relevant documentation whether in the person's home or in the office, is updated to reflect the current needs and plan of care;
- h) care plans are formally reviewed on a minimum six monthly basis as well as when needs change;
- i) all significant people, particularly those who have third party legal responsibilities, are invited to reviews. Significant people are consulted when planning care or changes to care;
- j) care reviews are appropriately recorded to evidence the views of attendees, agreements made and meaningful discussions taking place.
- k) personal plans and review documents are signed and dated by people experiencing care, or their representatives, as well as the service representative to evidence agreement with the plans and review record.

This is in order to comply with Regulation 5 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The following Health and Social Care Standards have been taken account of in making this requirement:- (HSCS 1.15) 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 1.19) My care and support meets my needs and is right for me.

(HSCS 1.23) My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

## Recommendations

### Number of recommendations: 2

1. The provider should have effective communication systems in place to ensure people are informed of service delivery changes in a timely manner. These to include:

1. When there is a change to the planned visit time when outwith the 30 minute window;
2. When there is a change of scheduled carer;
3. Provide the name of the carer to attend a visit which has been previously recorded as "unallocated" or "agency" on the supported person's rota:

This ensures people are not left feeling anxious or unsafe and is consistent with the Health and Social Care Standards:-

(HSCS 4.14)) My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

(HSCS 4.23) I use a service and organisation that are well led and managed

(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

2. The provider should ensure that all people are supported by a consistent team of care staff.

This is in order to ensure that trusting relationships can be established and is consistent with the Health and Social Care Standards:-

(HSCS 4.15) I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.

(HSCS 4.16) I am supported and cared for by people I know so that I experience consistency and continuity.

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Newly appointed carers had been recruited in a safe and robust manner. Suitable references and checks were obtained prior to employment. Carers received appropriate induction training prior to commencing their caring role. Most new carers we spoke with told us they had sufficient shadowing experiences to build their confidence and skills prior to lone working.

New and established carer's competencies were being observed and checked whilst they undertook their care duties. This ensured the service could be confident carers were following their policies and procedures and good practice. We advised the service to develop a procedure whereby competency observations take place following any training, particularly moving and positioning and medication training. This will help assess the ability of staff to put knowledge from training into practice and to help maintain good standards of care.

At the end of the induction period new carers should have a formal probationary review meeting to discuss their performance and identify areas where further development, training and support is needed. This was not happening for all new care staff. Established carers were attending one to one supervision meetings. The quality of those meetings had improved and provided the same discussion opportunities as the aforementioned probationary review. However some people still needed to have these opportunities. Yearly appraisals to further review performance and identify development areas also needed to be undertaken with some staff. (see Recommendation 1).

There was an appropriate induction and refresher training programme in place which covered all topics we consider mandatory to ensure staff were skilled and knowledgeable to undertake essential care and support tasks. Good training was being provided about dementia and palliative care. The trainer had a plan to deliver additional client specific training over this year. One relative expressed concerns about the skills of carers when providing catheter care. We have fed these concerns back to the service to review people's competency in this area. We will follow this up at the next inspection.

The organisation had an internal SVQ qualification programme. Three care staff were undertaking the qualification with more planned to commence on the next forthcoming programme. Staff were encouraged to register with the Scottish Social Services Council (SSSC) with their registration being monitored to ensure timescales were met.

Carer meetings were taking place regularly providing opportunities for staff to meet together to be given new information about best practice guidance and internal procedures and to facilitate staff discussions and involvement. A staff newsletter provided additional information updates for staff.

The service was recognising the need to actively demonstrate they valued the care staff. There was now a "carer of the month" in place. Supported people had been phoning the office to give positive feedback about individual care staff nominating them for carer of the month. They spoke about how their carer was "first class" "worth her weight in gold", about the carer going "above & beyond" their role and being punctual. They spoke about how the carer was "competent & confident" and made them feel "comfortable" & "relaxed". These care staff were then told of the compliments being made about them.

Some care staff told us they felt better supported. The service needs to ensure care staff feel valued and supported by all service representatives.

Supported people and their representatives we had contact with were complimentary about the care and support provided by individual carers. Comments included:-

"Staff are very nice"

"Mum gets on well with the carers. There are a couple she gets on well with and can relax with"

"They all seem to know what they're doing - all very nice"

"Every carer I've ever had have been good. They really do a good job"

"The carers are quite a blessing to my life. The young girls are lovely - polite, pleasant, keen to learn. They take it in very quickly"

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 1

1. The provider should ensure that probationary reviews, supervision and yearly appraisals are provided in provided in line with organisational policy.

This is in order to review performance and identify areas where further development, training and support is needed and is consistent with the Health and Social Care Standard 3.14 which states:

"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".

Grade: 4 - good

## Quality of management and leadership

### Findings from the inspection

Customer care training had been delivered to new office staff in January 2019. It is very important that all office staff follow the customer care culture at all times. Some people told us communication with the office had improved "vast improvement". Some people were still unhappy with communication and needed to see sustained improvements to feel confident about the service. We considered overall the service had continued to improve how they communicated with people and recorded communication to a level whereby a requirement about communication had been met. Improvements still needed to be made in relation to office staff communicating service delivery changes.

(see Recommendation 1 under Quality of care and support).

Apart from one concern not being progressed appropriately, overall we were confident people's concerns were being taken seriously and investigated fully to bring about better outcomes for those people and learning for the service overall. A further development would be to check with the complainant at a later date that the improvements made following the complaint have been maintained and to record this discussion.

Incidents were largely being identified as such and duly progressed through the services incident procedures. Incidents were managed well, investigated with end outcomes identifying learning. Management were addressing performance management issues. We reminded the manager that the Care Inspectorate must be notified of allegations of poor practice in relation to care.

The service's procedures for handling people's cash monies to purchase items, for example food shopping were not being followed by some carers nor was associated documentation being audited by the service. Procedures must be reviewed as currently the process was unsafe for all.

(see Requirement 1).

We have advised the service to review and revise their medication policy and procedures to include information on practices currently undertaken by carers. This will ensure carers have up to date guidance to provide medication support safely.  
(see Recommendation 1).

People were asked about the quality of the service through reviews, telephone satisfaction surveys and competency checks. The organisation had its own internal quality assurance team who were monitoring performance and quality overall. Carer visit records and medication administration records were now being audited. However the service still needed to undertake their own audits to check on the quality of and content of individual care plans, discussions held at care reviews, one to one supervisions and competency checks. The service needed to start to audit all aspects of service delivery including consistency of staffing. The outstanding quality assurance requirement will be repeated for those improvement areas.  
(see Requirement 2).

At the time of the inspection the service did not have a full complement of office based staff. The organisation was recruiting to vacant posts to ensure improvements made are sustained and improvement work continues. The manager needs to be in a position where they are able to step aside from the day to day running of the service to undertake quality assurance work and develop their role. We advised the manager to have a service improvement plan in place which is "live" and can be shared with the whole team.

## Requirements

### Number of requirements: 2

1. In meeting this requirement people will have confidence that their care and support is being provided in a safe way.

By **18 June 2019** the provider must ensure at all times the handling of supported people's cash monies and subsequent auditing process is undertaken as per the organisation's policy and procedures to reduce associated risks.

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).

The following Health and Social Care Standards have been taken account of in making this requirement:-  
(HSCS 4.14) My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.  
(HSCS 4.27) I experience high quality care and support because people have the necessary information and resources.

2. In meeting this requirement people will have confidence that the service has robust and transparent quality assurance processes to support a culture of continuous improvement.

By **18 August 2019** the provider must:

- a) develop appropriate quality auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing:
  - 1. Visit arrival and departure times and length of visits;
  - 2. Missed visits;
  - 3. Consistency of staffing;
  - 4. Care reviews;

- 5. Care and support plans;
  - 6. Risk assessments;
  - 7. Recruitment and induction;
  - 8. Supervision;
  - 9. Competency checks;
  - 10. Training undertaken;
  - 11. Accidents and incidents;
  - 12. Complaints and expressions of dissatisfaction.
- b) Develop a system to track the return of care visit records and medication record sheets.

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).

The Health and Social Care Standards in particular standard 4.23 - "I use a service and organisation that are well led and managed" has been taken account of in making this requirement.

## Recommendations

**Number of recommendations:** 1

1. To ensure all people are supported safely and appropriately with their medication the provider should review and revise their medication policy and procedures to include information on practices currently undertaken by carers.

This ensures carers have up to date guidance to provide medication support safely and is consistent with the Health and Social Care Standards in particular standard 1.19 which states:  
"My care and support meets my needs and is right for me. "

**Grade:** 3 - adequate

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

## Previous requirements

### Requirement 1

In meeting this requirement people will have confidence that their care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.

By **29 March 2019** the provider must:

- a) ensure staff using the staff plan scheduling system are fully trained and competent to use the system effectively;

- b) through consultation with significant people (supported people, their representatives and care staff) make improvements to the visit planning and scheduling systems so that people have all their visits assigned, at agreed consistent times taking into account people's medication and personal care regimes;
- c) commence the use of the visit monitoring system by care staff in the field and by relevant office staff monitoring visits throughout the day and by on-call when the office is closed;
- d) commence the use of alerts on the call monitoring system in a planned and phased way - firstly prioritising time critical visits;
- e) create effective care visit runs which take into account geographical locations, time to travel and consistency of care so that regular and familiar carers are visiting people;
- f) ensure two care staff attend when people have been assessed as needing two carers to meet their care and safety needs;
- g) have an effective system in place to inform people if there will be changes made to the time of a planned care visit which is out with the agreed window of arrival;
- h) not make permanent changes to agreed visit times without first consulting with the supported person and/or their third party representative;
- i) ensure care staff are immediately informed if they are given additional visits to undertake during their working day so that those visits are not accidentally missed;
- j) maintain a log of all missed visits along with the reason they occurred and the actions taken to reduce the risk of a visit being missed in future;

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).

The Health and Social Care Standards, in particular standards 4.14, 4.15 and 4.16 have been taken account of in making this requirement.

**This requirement was made on 11 June 2018.**

### Action taken on previous requirement

The service had continued with improvements to service delivery. This has been further detailed in this report under Quality of care and support.

### Met - within timescales

#### Requirement 2

In meeting this requirement people will have confidence that their personal care plans reflect their individual needs and inform staff how to provide that care and support.

By **29 March 2019** the provider must ensure each supported person has an accurate, up to date personal care plan, which sets out how their individual health, welfare and safety needs are to be met. This should include, but not be limited to:

- a) sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out;
- b) information on current health conditions which is relevant to the care being provided;
- c) how mobility support is provided, including what and how equipment is used;
- d) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions;
- e) care plans are maintained and kept up to date to reflect any changes in the needs of people receiving care;
- f) care staff are informed of key information about people's needs and when any changes occur;
- g) where changes to the plans are made, all relevant documentation whether in the person's home or in the office, is updated to reflect the current needs and plan of care;
- h) care plans are formally reviewed on a minimum six monthly basis as well as when needs change;
- i) all significant people, particularly those who have third party legal responsibilities, are invited to reviews. Significant people are consulted when planning care or changes to care;
- j) care reviews are appropriately recorded to evidence the views of attendees, agreements made and meaningful discussions taking place.
- k) personal plans and review documents are signed and dated by people experiencing care, or their representatives,  
as well as the service representative to evidence agreement with the plans and review record.

This is in order to comply with Regulation 5 (1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards, in particular standards 1.15, 1.19 and 1.23 have been taken account of in making this requirement.

**This requirement was made on 11 June 2018.**

## Action taken on previous requirement

This improvement area still needed to progress. We have repeated a requirement in relation to care planning. This has been further detailed in this report under Quality of care and support.

**Not met**

## Requirement 3

In meeting this requirement people will have confidence that the service and organisation is well led and managed.

By **29 March 2019** the provider must have effective communication and recording systems in place at all times.

This should include, but not be limited to:

- a) providing communication and customer care training to all office staff;
- b) responsive answering of telephone calls, passing on telephone messages to relevant people, replying to requests to return phone calls; responsive replies to emails;
- c) recording communication in designated systems and having records easily accessible for reference purposes;
- d) ensuring and checking that all care staff record key information on completion of their care visit.

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).

The Health and Social Care Standards, in particular standard 4.23 has been taken account of in making this requirement.

**This requirement was made on 11 June 2018.**

### Action taken on previous requirement

We considered overall the service had continued to improve how they communicated with people and recorded communication to a level whereby this requirement has been met. A recommendation has been made in relation to improving communication of service delivery changes. This has been further detailed in this report under Quality of care and support.

**Met - within timescales**

## Requirement 4

In meeting this requirement people will have confidence that the service has robust and transparent quality assurance processes to support a culture of continuous improvement.

By **29 March 2019** the provider must:

- a) check the quality of the service with supported people and their representatives on a regular basis for example through service delivery reviews, spot checks, telephone checks and satisfaction surveys;
- b) develop appropriate auditing systems for internal processes relevant to the service. This to include (but not restricted to) auditing:
  - 1. Carer visit reports;
  - 2. Visit arrival and departure times and length of visits;
  - 3. Missed visits;
  - 4. Consistency of staffing;
  - 5. Medication Administration records;

6. Care reviews;
7. Care and support plans;
8. Risk assessments;
9. Recruitment and induction;
10. Supervision;
11. Competency checks;
12. Training undertaken;
13. Accidents and incidents;
14. Complaints and expressions of dissatisfaction.

c) Develop a system to track the return of communication logs and medication record sheets.

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).

The Health and Social Care Standards, in particular standard 4.23 has been taken account of in making this requirement.

**This requirement was made on 11 June 2018.**

## Action taken on previous requirement

The service was now meeting element (a) of this requirement. However elements (b) and (c) still needed to be achieved. We have repeated requirement elements (b) and (c). This has been further detailed in this report under Quality of management and leadership.

**Not met**

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

## Previous recommendations

### Recommendation 1

The provider should ensure all supported people have the opportunity, if they choose, to know which carer will be undertaking each of their care visits.

This ensures care and support is consistent with the Health and Social Care Standards 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).

**This recommendation was made on 11 June 2018.**

## Action taken on previous recommendation

Whilst people were receiving weekly rotas they were not consistently being informed of changes to the scheduled carer. Some rotas listed some visits as "unallocated" or "agency". When a carer was assigned to that

visit people were not contacted to inform them who the carer would be. We have incorporated this recommendation into a new recommendation in relation to overall communication.

This recommendation has been: **Not met**

## Recommendation 2

All supported people's gender preferences in relation to receiving intimate personal care should be met by the provider.

This ensures care and support is consistent with the Health and Social Care Standards which state that: "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4).

**This recommendation was made on 11 June 2018.**

### Action taken on previous recommendation

The service was meeting people's gender preferences.

This recommendation has been: **Met**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
14 Jan 2019	Re-grade	Care and support
		3 - Adequate
		Environment
		Not assessed
		Staffing
		Not assessed
		Management and leadership
		3 - Adequate

Date	Type	Gradings
18 Dec 2018	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
29 Oct 2018	Re-grade	Care and support Environment Staffing Management and leadership 2 - Weak Not assessed 3 - Adequate 2 - Weak
25 Sep 2018	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
18 Jul 2018	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed
11 Jun 2018	Unannounced	Care and support Environment Staffing Management and leadership 1 - Unsatisfactory Not assessed 2 - Weak 1 - Unsatisfactory
24 Oct 2017	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
2 Sep 2016	Unannounced	Care and support Environment Staffing Management and leadership 3 - Adequate Not assessed 3 - Adequate 3 - Adequate
27 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership Not assessed Not assessed Not assessed Not assessed

Date	Type	Gradings	
10 Sep 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
26 May 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
9 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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