

# Capercaillie Care Ltd

## Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 June 2021

**Service provided by:**  
Capercaillie Care Ltd

**Service provider number:**  
SP2020013524

**Service no:**  
CS2020380369

## About the service

Capercaillie Care Ltd is registered with the Care Inspectorate to provide a care at home service to adults in their own homes and in the wider community. The service is provided to people who live in Moray, Aberdeenshire, Aberdeen City and Angus. The provider is Capercaillie Care Ltd.

The service aims to:

*'Capercaillie Care carers will help you to remain independent in your home environment, assist you in making informed choices, provide the level of care that is right for you and provide a service which you can rely upon'.*

The service was registered with the Care Inspectorate 10 June 2020.

This inspection was carried out two inspectors from the Care Inspectorate.

## What people told us

During the inspection we spoke to people who experienced support, and some representatives to gain their views. Some of the things people told us were:

- 'My carer and I have shared interests, we talk about these, which is great'.
- 'They help me to do the things I need, and I can get on with the rest. That is the way I like it'.
- 'My time changed and I don't like it. But they haven't changed it'.
- 'Usually they are here on time, sometimes they can be late. I think I've had a call to say they are running late occasionally'.
- 'They always ask if I need anything else doing'.
- 'I feel rushed sometimes by one or two of my carers, but the rest are excellent'.

Most people's support experiences were positive, but there were some things that could be improved.

## 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
How good is our care and support during the COVID-19 pandemic?	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

How well do we support people's wellbeing was evaluated as adequate. This means there were strengths which just outweighed the weaknesses.

Most people said they were treated with respect, dignity, and compassion. Some people felt more comfortable with their support because they had a stable staff team. One person spoke about having shared interests with their staff. Others spoke about having many 'laughs' and 'good banter'.

Other people had fewer good experiences because they were supported by staff they did not know. This meant, occasionally people were not treated with respect, dignity, or compassion. For example, a person felt unsafe when staff did not follow their care plan. When people raised concerns about their care, the service did not always follow their complaints procedure. People's complaints should be investigated to find out what happened, and to make sure all the right actions are taken to support improvement (see area for improvement 1).

People who had a stable team felt their support was right for them. Staff knew their preferences, they felt comfortable and unhurried. Their staff knew what was important to them. Most people said their support was planned for times that suited their needs and preferences.

Some people were less happy with their support because staff did not know their preferences, and sometimes they felt uncomfortable, or frustrated. People also felt frustrated sometimes when staff ran late, or sometimes arrived early. People were sometimes informed by office staff, but on many occasions, they had not been told. This caused people to worry at times. Their service agreements said a late or early visit was between 15 - 30 minutes. We asked the service to decide whether it was 15 or 30 minutes so that people are clear about when to expect their care worker to arrive.

Most people said they benefited from their support and it promoted their independence. People said that their support adjusted to meet their changing needs, with support from relevant professionals if required. Most of the time information about people's changing needs was well communicated with staff and other important people.

Staff said they did not always receive feedback when they escalated a concern about a person's health and wellbeing. The manager knew this was an area for improvement and was introducing a new system to record and respond to concerns.

The provider did not have effective arrangements in place for reporting accident and incidents. They must implement an effective reporting procedure, including appropriately referrals where necessary, to help ensure people are safe and get the right care and support when they are involved in an accident or an incident (see requirement 1).

## Requirements

1. The provider must ensure by 22 July 2021, people's care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. To do this, the provider must:

- commence implementation of an accident and reporting procedure which includes clear follow up actions; and
- where follow up actions are required, these are recorded and reported onto the necessary agency, for example adult protection reporting, or the Care Inspectorate.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that:

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

In order to comply with Regulations 4(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. People should feel confident the service will take appropriate actions when raising a concern about their care or support. The service should follow their complaints procedures, including when a concern is raised about a staff member.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I know how, and can be helped, to make a complaint or raise a concern about my care and support.' (HSCS 4.20).

## How good is our leadership?

### 3 - Adequate

The management team met for beneficial discussions about operational and development matters each day. Clear expectations and responsibilities were agreed. These meetings meant necessary information was being shared and actions taken where necessary.

There had been some changes in the management team, and the team had spent considerable time setting up new services. This meant they struggled to find time to work on developing their leadership. As a result aspects of leadership required improvements.

The provider needs to improve how they self-evaluate the service, seeking the views of people and relevant others. This will mean people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Self-evaluation should include a focus on registration of staff with the Scottish Social Services Council (SSSC) (see requirement 1).

People's care records were unclear, for example, entries in the electronic recording system. There must be a complete and easy to understand record about people's care and any action taken by staff to ensure people get the right care (see requirement 2).

## Requirements

1. The provider must by 5 September 2021, make sure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. To do this, the provider must:

- introduce ways to self-evaluate all aspects of their service to identify areas for improvement and development;
- participate in a way which involves people who use the service, staff, and relevant others, for example allied professionals;
- develop an improvement and development plan to address those areas identified through self-evaluation; and
- introduce ways to quality assure all aspects of the service to gain assurances of the quality.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and

In order to comply with Regulations 4(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. The provider must by 22 August 2021, make sure people experience high quality care and support because people have the necessary information and resources. To do this, the provider must:

- review record keeping and evaluate the effectiveness of this;
- identify improvement and development from this evaluation;
- develop an improvement plan which is shared with staff, including staff training on record keeping; and
- monitor and evaluate improvements in record keeping.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state that:

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

In order to comply with Regulations 4(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our staff team?

## 3 - Adequate

How good is our staff team was evaluated as adequate, which demonstrated strengths that just outweighed the weaknesses.

People were recruited safely, however, applicants' interview responses were not evaluated against a consistent standard. Recruitment would benefit from audit and a standard-setting advice to support consistent evaluation. Staff required to be registered with the Scottish Social Services Council within their first 12 months of employment. When we looked at the register it was unclear if staff had applied for registration. The provider needs to ensure staff are registered within the required timescales and that they have a system in place to monitor this.

The service had recruited staff with limited or no experience and the level of shadow shifts they were offered was not good enough. Staff would benefit from a more supportive shadow experience with experienced staff members, allowing enough time for them to get to know the people they will be supporting. There was not a training plan in place to support team members' initial and future learning (see requirement 1).

## Requirements

1. The provider must ensure by 26 August 2021 that people have confidence in staff because they are trained, competent and skilled. To do this, the provider must:

- review the induction pathway, including the level of shadow shifts staff needed to do;
- carry out a training needs analysis and set out a training plan for staff's ongoing learning and developments. To include infection prevention and control measures, Covid-19 specific training, medication, adult protection, moving and handling, skin care, continence care and nutrition;
- carry out competency assessments on staff regularly to assure safe practices are being followed; and
- evaluate and monitor and make necessary improvements where required.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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); and  
In order to comply with Regulations 4(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How well is our care and support planned?

### 3 - Adequate

People had been involved in agreeing what should be in their support plan, and they had their own copy. People had been involved in a review when it was due. Moving and handling assessments were up-to-date. Support plans were completed with various level of detail. Where plans had enough detail, these clearly set out preferences for the person. Some plans would benefit from more information to help support getting people's care and support right for them (see area for improvement 1).

## Areas for improvement

1. People's personal plans should set out sufficient detail about their preferences, choices and wishes, supporting staff to offer support, which was right for them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).

**How good is our care and support during the COVID-19 pandemic?****3 - Adequate**

People spoke about the measures their staff took to keep them safe, from wearing appropriate personal protective equipment (PPE) through to proper hand hygiene. The service had not had an outbreak of Covid-19 and most staff had their Covid-19 vaccinations. Staff testing had not yet started. The provider needs to discuss with the health and social care partnerships to get staff testing in place. Office safety was raised as a concern, in particular the importance of social distancing and the use of face masks where necessary. This was resolved during the inspection.

Training had taken the shape of sharing best practice guidance with staff, and some practical observations in day-to-day practices. The provider was asked to look at their training around Covid-19 and to introduce more in-depth training for all staff, see requirement 1 under key question 3.2.

Staff told us they knew about effective infection prevention and control procedures and explained the levels of PPE they used and the measures they would put in place if a suspected case of Covid-19 was identified.

**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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	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
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	3 - Adequate



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