

## Caledonia Homecare Support Service

Westerton Road Industrial Estate  
Keith  
AB555EP

Telephone: 01467 672 517

**Type of inspection:**  
Unannounced

**Completed on:**  
29 September 2021

**Service provided by:**  
466734

**Service provider number:**  
SP2014012291

**Service no:**  
CS2014325433

## About the service

Caledonia Homecare is registered with the Care Inspectorate to provide a support service to adults in their own homes. The service is provided to people who live in the Moray local authority area and there is an office base in Keith.

Caledonia Homecare was registered with the Care Inspectorate 7 May 2014.

This inspection was carried out by one inspector 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:

- 'The girls are very attentive, they are really caring. I think they do more than they should'.
- 'I haven't been involved in a review'.
- 'Some of the staff are better than others'.
- 'The office does usually try and sort things for me'.
- 'The times can be different, and I've only been let down a few times'.
- 'Good carers, I have no complaints'.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**2 - Weak**

How well do we support people's wellbeing was evaluated overall as weak. There were important weaknesses and urgent action is required to make improvements.

### **1.1 People experience compassion, dignity and respect was evaluated as adequate. There were some strengths that just outweighed weaknesses.**

People were treated with respect, dignity, and compassion by most staff, leaving them feeling comfortable with their support. People were more likely to feel like this when they knew their carers. Experiences did vary at times for other people. For example, one person said they had limited conversation with some carers, which they didn't feel good about. Another person said a carer sometimes rushed through their visit and left early.

Staff were observed not speaking respectfully about people during a team meeting we attended. This will be reported on under key question 3 - how good is our staff team?

The provider did not always seek people's views about their care experiences to help improve the service. This will be reported on under key question 5 - how well is your care and support planned?

### **1.2 People get the most out of life was evaluated as adequate. There were some strengths that just outweighed weaknesses.**

People did not know in advance who was going to support them. Visit times varied and planned times within people's care and support plans did not always match actual visits. This meant people did not always know when their carers were coming in, which was unsettling for them. People said they had recently seen an increasing number of different carers visiting them. This was a change from their previous experience when they had more regular and consistent carers. **(see area for improvement 1).**

The provider did not always support people safely, because they did not have appropriate arrangements in place for reporting or taking action when there was an accident or incident. There must be a process to assess if people's care and support needs to change, to promote their health, safety, or wellbeing. **(see requirement 1).**

### **1.3 People's health and wellbeing benefits from their care and support was evaluated as weak. There were important weaknesses and priority action required.**

People's care and support was not always right for their health and wellbeing needs, because staff did not always follow their care and support plan. For example, staff did not follow a diet and nutrition plan for a person who was diabetic.

Staff were not always trained to support people's health and wellbeing. For example, some staff had not received training so that they knew how to safely assist people to move, or what to do if they were concerned someone was at risk of harm. This will be reported on under key question 3 - how good is our staff team?

Legally appointed guardians sometimes experienced resistance from care staff when they made suggestions for their loved one's care and support. For example, when they were trying to improve their loved one's food and fluid intake. **(see area for improvement 2).**

## **Requirements**

1. By 2 November 2021, the provider must ensure 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:

- a) implement an accident and reporting procedure which includes clear follow up actions;
- b) where follow up actions are required, these are recorded and reported onto the relevant agency, for example adult protection reporting, or the Care Inspectorate; and
- c) ensure that health and wellbeing concerns are recorded correctly, detailing the follow up actions taken.

This is in order to ensure that 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.  
The provider should ensure that people know who is coming in to support them on a daily basis, and that they are notified when changes need to take place.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that 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).

2. The provider should ensure that if a person is unable to make their own decisions at any time, the views of those who know their wishes, such as a legally appointed guardian are considered and acted upon.

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

**'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.'** (HSCS 2.12).

## How good is our leadership?

### 2 - Weak

How good is our leadership was evaluated as weak. There were important weaknesses and urgent action is required to support improvement

#### 2.2 Quality assurance and improvement is led well was evaluated as weak.

The management team had changed significantly prior to our inspection with the introduction of more service coordinators. Two recently appointed service coordinators had identified areas for improvement they wished to make.

Self-evaluation of the service had not taken place and there were limited quality assurance checks in place. This meant improvement planning had not been carried out and there were several significant areas that required improvement. For example, staff recruitment, staff practice, staff training, and planning people's care. **(see requirement 1).**

## Requirements

1. By 24 November 2021, the provider must 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:

- a) introduce ways to self-evaluate all aspects of their service to identify areas for improvement and development;
- b) involve people who use the service, staff, and relevant others, for example allied professionals in the improvement process;
- c) develop an improvement and development plan to address those areas identified through self-evaluation; and
- d) 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).**

## How good is our staff team?

### 2 - Weak

How good is our staff team was evaluated as weak. There were important weaknesses and urgent action is required to make improvements.

#### 3.1 Staff have been recruited well was evaluated as weak.

Staff were not safely recruited. Safer recruitment checks were not followed. For example, it was unclear who had given staff references, and whether the referee had authorisation to give the reference. Questions asked at interview were basic and did not fully explore a candidate's suitability for the role. **(see requirement 1).**

#### 3.2 Staff have the right knowledge, competence and development to care for and support people was evaluated as weak.

The way that staff were inducted into their new role required improvement. Shadow shifts varied and were inconsistent for new starts. For example, someone with limited care experience was offered one shadow shift, whereas an experienced care worker had been offered three.

Staff training arrangements were weak. A training needs analysis had not been carried out for the staff

team. There was no training plan and training records were not up to-date. Staff carried out duties, they had not been trained for. For example, not being trained in moving and assistance, but offering people support with this. Staff supervision did not happen regularly. **(see requirement 2).**

The provider had identified some training gaps and booked courses in moving and handling, medication, continence, podiatry, and diabetes. Training was planned to take place throughout October.

## Requirements

1. By 27 October 2021, the provider must ensure that people are confident in staff because they are appropriate and safely recruited. To do this, the provider must review recruitment processes to ensure:

- a) applications from potential candidates are fully completed and appropriate;
- b) that the interview questions appropriately explore a candidates values and suitability to be employed;
- c) that authentic and appropriate references are sought and recorded properly;
- d) that any gaps within the application process are explored fully and the outcomes of this are recorded fully within the candidates recruitment file; and
- e) recruitment files are audited to ensure safe recruitment practices are followed at all times.

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

**'I am confident that people who support and care for me have been appropriately ' and safely recruited. (HSCS 4.24); and**

**In order to comply with Regulations 9(1) Fitness of employees, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).**

2. By 27 October 2021, the provider must ensure that people have confidence in staff because they are trained, competent and skilled. To do this, the provider must:

- a) review the induction pathway, including the level of shadow shifts staff needed to do;
- b) 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 (use of PPE, donning and doffing), medication, adult protection, moving and handling, skin care, continence care and nutrition;
- d) carry out competency assessments on staff regularly to assure safe practices are being followed; and
- e) 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) and (d), 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**

How well is our care and support planned was evaluated as adequate. There were some strengths that just outweighed weaknesses.

**5.1 Assessment and personal planning reflects people's outcomes and wishes was evaluated as adequate.**

Personal plans contained some person-centred information, but sometimes plans were out-of-date. Risk assessments need to improve, as they were too general and did not contain enough detail to support people safely. Staff did not always follow people's personal plans and sometimes support times in their plans were wrong.

Regular reviews with people had not taken place. Records of reviews were not up-to-date. This meant people's views were not always being considered and their plans for their support were not always right for them. **(see requirement 1).**

**Requirements**

1. By 22 December 2021, the provider must ensure that people's personal plans are up to date. To ensure this, the provider must:

- a) carry out an audit of support plans to identify information which requires review;
- b) develop timescales and plan to implement the required improvements;
- c) implement a safe and robust risk assessment, which ensures that care and support being offered is safe; and
- d) to carry out planned reviews with people, using their views and experiences to shape and direct how they prefer their care and support to be offered.

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

**'I experience care and support where all people are respected and valued.'** (HSCS 4.3);  
**'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.'** (HSCS 1.23); and

In order to comply with Regulations 4(1)(a) and 5(a)(b) of the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**How good is our care and support during the COVID-19 pandemic?****2 - Weak**

How good is our care and support during the Covid-19 pandemic was evaluated as weak. There were important weaknesses and urgent action is required to make improvements.

**7.2 Infection prevention and control practices are safe for people experiencing care and staff was evaluated as weak.**

Staff showed limited understanding of when and how they should use personal protective equipment (PPE)

and other infection prevention and control methods, such as handwashing.

Staff did not know how to protect people from the spread of infection because staff were not familiar with, and did not follow, up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland, and the Scottish Government.

Staff car shared regularly without a robust risk assessment to mitigate the risks.

Contingency plans were not in place, which meant the service was not ready to respond if there was an outbreak.

Covid-19 outbreak notifications had not been reported to us, despite follow up requests for this to be done. **(see requirement 1).**

PPE supplies were adequate, and staff had appropriate supplies.

### **7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care was evaluated as weak.**

Staffing levels were short, which was caused by staff absences and vacancies. This meant staff arrangements were unreliable and people's outcomes were being affected. Staff were working under pressure, and aspects of care and support were being missed.

The provider had not implemented a contingency plan, detailing how the service would respond to the effects of COVID-19 for staff, people experiencing care, their families, and carers. **(see requirement 2).**

Covid-19 specific training was lacking. The provider had not checked staff practice to gain assurance that staff were knowledgeable and followed IPC guidance in their everyday work. A requirement was made under key question 3 about infection prevention and control training and Covid-19 specific training.

## **Requirements**

1. By 13 October 2021, the provider must ensure that all appropriate notifications are being reported to the relevant agencies. This must include the following:

a) Covid-19 notifications and all other notifications required by the Care Inspectorate.

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

**'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.'** (HSCS 4.18); 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. By 27 October 2021, the provider must ensure the service has a robust and comprehensive contingency plan in place. To do this the provider must implement a contingency plan which takes into account the



following:

- a) staffing absences related to Covid-19 or other matters;
- b) preparation for the provision of care within an outbreak situation, whether this is suspected or confirmed;
- c) anticipatory care planning for people the service supports; and
- d) implementation of the service's risk assessment process linked to people's care and support needs.

The contingency plan must be reviewed regularly to ensure the plan continues to be fit for purpose and the plan must be communicated to all staff, and other necessary partners.

This is in order to ensure that 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).**

## 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?	2 - Weak
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	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak

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?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	2 - Weak
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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.