

## Tanshe Care Services Housing Support Service

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**Type of inspection:**  
Unannounced

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**Service provided by:**  
Tanshe Limited

**Service provider number:**  
SP2015012564

**Service no:**  
CS2019377412

## About the service

Tanshe Care Services are registered to provide care at home and housing support. The office is based in the South East of Edinburgh.

Tanshe Care Services (referred to as "Tanshe" hereafter in this report) state that

Tanshe Care Services aims to provide a cutting edge, person-centred, individualised and holistic service which enhance the experiences of all service users under its domain.

- To provide flexible, efficient, and quality domiciliary and housing services that enable our service users to achieve their identified and potential outcomes.
- To ensure that our services are individualised and promoting service users' choices and preferences.
- To provide an uninterrupted 24-hour service all year round and ensure that all enquiries are dealt with in a timely and appropriate manner.
- To deliver care with courtesy, compassion and competence.
- To comply with all relevant statutory requirements and best practice guidance for the provision of care services.
- To provide our services to everyone regardless of race, nationality, religion or beliefs; where individual's rights and choices are respected.
- To proactively seek better ways to train and develop our workforce to help us achieve our objectives.
- To ensure that we have effective monitoring systems that will enable the company to evaluate its performance, improve services and grow and develop, we will continually evaluate our service provision through data received from feedback and input from our staff, service users and their Carers and stakeholders.
- To ensure that staff are recruited safely and fit to do the work they are required to do.
- To treat each service user with respect and dignity by adhering to the Health and Social Care Standards
- We aim to match service users' packages of care based on carers experience
- We aim to involve service users and their Carers as partners in service planning and delivery. Service users and their carers will be involved and included in reviews and evaluations and use the information gathered to continuously improve our services
- Employ a rigorous vetting process to ensure that our service users get the best quality care and carry out PVG and SSSC checks to help safeguard and protect our service users
- We will use evaluation as a key strategy to help us understand how we deliver our services and how best we can improve.

## About the inspection

This was a full inspection which took place between 04 & 17 October 2022. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed intelligence about this service. This review included registration information, information submitted by the service and intelligence gathered from notifications the service make to the Care Inspectorate .

In making our evaluations of the service we spoke with five people using the service and four of their family representatives We also spoke with spoke with five staff and the management team, observed staff practice, reviewed key documentation and spoke with a professional from the local Health and Social Care partnership.

## Key messages

People said that they had been consulted in planning their care and felt that they were supported on a person-led basis.

Staff were described as being reliable and caring. People said that they had established effective working relationships with the staff delivering support.

There were concerns around aspects of safe recruitment, including the right to work in the UK.

The Provider should progress the provision of competency-based observations of staff practice, staff supervision and team meetings.

Staff training must be recorded in a way that allows management overview of what has been undertaken and when training needs refreshed. Staff offering manual handling training must be appropriately qualified to do so.

There was a good consistency of staff providing care. Workers turned up at the time for scheduled visits and stayed for the duration of the time allocated to them. People said that staff worked at a pace appropriate to their needs and abilities, adding that they never felt rushed.

Care planning documents should be signed, dated and shared with key stakeholders. Service reviews must be convened at a minimum of six monthly intervals.

Management were described as being accessible and responsive. People said that office staff returned calls adding that they felt listened to when they spoke with management and senior staff.

## 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?	2 - Weak
How well is our care and support planned?	4 - Good

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

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

## 3 - Adequate

We highlight some good practice in this key question, alongside some significant areas for improvement. These improvements are required in order to ensure continuing good outcomes for people experiencing care.

People who experienced care, and their representatives, were unanimous in telling us that Tanshe staff worked with appropriate kindness and empathy whilst delivering support.

We observed staff practice during a home visit and noted that staff engaged well during care delivery. Staff carried out a good quality moving and handling procedure, with suitable technique and positive interactions between staff and the person experiencing care.

It was clear, from our observations and from the feed back we received from stakeholders that staff from Tanshe staff work with a mindfulness of key principles of compassion, respect and dignity. These factors significantly contributed to positive well-being outcomes arising from support and helped us establish that people get a service that is right for them.

Personal plans were variable in quality . Some plans had very good detail around people's choices and routines, with complex guidance around nutritional intake, ventilation and moving and handling adapted from information provided by involved professionals. People said that staff were adept at following this guidance and that the care provided significantly contributed to positive health and well being outcomes.

However, there were some significant areas for improvement around other aspects of documentation and care delivery. The service should ensure that the personal plans accurately indicate appropriate levels of support around the administration of medication and that they have essential paperwork in place around the recording of medication administration (see area for improvement 1).

There were areas for development around the quality and depth of information found in some risk assessments. Additional detail was required to help support and guide staff in order to ensure that they fully understood presenting risk, particularly around the likes of moving and handling, cognition, medication administration and risk of falls. (see area for improvement 2)

We were advised by people experiencing care and their representatives that care staff were mindful of good Infection Prevention and Control (IPC) practice during visits. People told us that staff wore appropriate Personal Protective Equipment (PPE) during care delivery.

However, management must evidence that they have oversight around the safe use of PPE and on staff compliance with IPC best practice. This has been a significant area for scrutiny across the pandemic and we were unable to see that competency evaluations of staff practice had been undertaken or recorded on a systematic basis.

Observations of practice are a key element of establishing staff competency and compliance. These should be embedded in the service. Management must also consider other essential aspects of support that are central to the delivery of positive care outcomes, extending competency observations to the likes of; use of equipment, moving and handling practice, food hygiene and staff engagement with people who experience care (see requirement 1).

## Requirements

### 1. By 31 December 2022

In order to ensure that staff are able to deliver safe and effective support outcomes the Provider must;

- Regularly monitor staff practice in order to ensure that they are competent in key aspects of care delivery. Observations should include, but not be limited to, practice associated with, Infection Prevention and Control, use of Personal Protective Equipment, Moving and Handling, use of Equipment, Food Hygiene and Medication Administration

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users.

## Areas for improvement

1. In order to ensure that staff have the requisite information required to offer good quality support, based on current and up-to-date information, the Provider should;

- Ensure that personal plans are up-to-date, detailed, accurate and offer clear guidance to staff providing care around all aspects of support around medication administration.

Health and Social Care Standards My support, My Life (Scottish Government, 2018)

4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

2. In order to ensure that personal plans remain relevant, the Provider should:

- Ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met.
- Ensure that they evidence that care planning documentation is shared with people who experience care and their representatives.

Health and Social Care Standards My support, My Life (Scottish Government, 2018)

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

## How good is our leadership?

### 3 - Adequate

We assessed the performance of the provider in this area as adequate. Although there were important strengths in the way the service performed, these were outweighed by significant areas for improvement. Improvements are required in order to maintain key aspects of quality assurance, improvement and wellbeing. This will help ensure that people consistently have experiences and outcomes which are as positive as possible.

Management should develop processes which allow stakeholders to participate in quality based evaluations of their care and support. Service reviews must be carried out at a minimum of six monthly intervals and /or as people's needs change. Reviews should be outcomes focussed and evaluative, ensuring that they capture feed back on the quality of staff and directly address people's desired outcomes. Review minutes must be shared with people who experience care and where appropriate, their family representatives (see Requirement 1).

Opportunity should be afforded for people to participate other quality based evaluations. Consideration should be given to facilitating a quality based service wide survey. Intelligence derived from the survey may be used to inform service development and improvement planning.

The Provider should develop it's systems for the recording of accidents and incidents, ensuring that they thoroughly document key events, outcomes and notify the Care Inspectorate, as per regulatory guidance.

There were gaps in the provision of staff supervision and appraisal. Supervision is a key element in a service's improvement process, playing a significant role in supporting staff and identifying their learning and development needs. The Provider should ensure that staff are provided with regular formal supervision and that a minute is taken and maintained on the service's records. Staff supervision for new staff should be linked to observations of their practice. This will help management ensure workers are competent whilst carrying out their duties. (see Area For Improvement 1).

Team meetings were undertaken, but there was a lack of minutes arising from these meetings. The Service should ensure that all staff have access to regular team meetings. The team meeting provides an opportunity for workers to share views on support and service development (see Area for Improvement 1).

## Requirements

1. By 31 December 2022

In order to promote participation and quality based evaluations., the Provider must;

- Ensure that personal plans are reviewed at a minimum of six monthly intervals, or when people's needs change.
- Ensure that reviews must be appropriately detailed, evaluative and outcomes focused.
- Ensure that review minutes must be shared with people who experience care and, where appropriate, their representatives.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4, and SSI 2011/ 210 regulation 4(1)(a).

## Areas for improvement

1. In order to support and sustain good staff practice the provider should;

- Provide staff supervision should be offered to all workers at regular intervals.

- Facilitate supervision that has a focus on reflective practice and support staff to identify learning and development needs.
- Offer team meetings should be convened on a regular basis and include for staff at all levels in the service.
- Develop systems that ensure minutes from both staff supervision and team meetings should be maintained.

Health and Social Care Standards, My Life-My Support (Scottish Government 2018)

4.23 - I use a service and organisation that are well led and managed.

4.26 - If I have a carer, their needs are assessed and support provided.

4.27 - I experience high quality care and support because people have the necessary information and resources

## How good is our staff team?

## 2 - Weak

We assessed the performance of the provider in this area as weak. Although there were some clear strengths in the way the service performed, these were outweighed by significant areas of for improvement. Improvements are required in order to maintain key aspects of safety and wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

We considered safe recruitment practice, looking at whether the Provider recruited new staff in line with best practice guidance outlined in the Scottish Government's "Safer Recruitment Through Better Recruitment (2016)".

Although staff were generally registered with the Scottish Social Services Council (SSSC) and had undertaken appropriate Disclosure checks to ensure they were suitable to work in social care settings, we found some significant variation in the quality of other aspects of recruitment practice.

The Provider must ensure that current and future staff have satisfied requirements around their right to work in the United Kingdom and that recruitment files evidence this compliance clearly.

The Provider must also clearly demonstrate that they understand restrictions on the right to work, clearly indicating compliance with limitations associated with student status and term time working.. This must be appropriately documented in staff personnel files. Documentation should clearly indicate the dates when staff commenced their employment.

In addition, the Provider must ensure that they uptake suitable references for all potential new recruits prior to commencing their employment, in line with provider policy and best practice guidance (see requirement 1).

We considered staffing in the service, we were concerned that not all staff were registered with the SSSC or not registered in roles appropriate to the work they undertake at Tanshe. This is an area for improvement and the Provider should progress registration compliance, maintaining an accessible database that allows oversight of staff registration (see Area For Improvement 1).



Staff had undertaken training around Moving and Handling and a range of learning relevant to the needs of people experiencing care. Whilst we noted that the Provider had a well provisioned training suite, with a range of aids and equipment, we found that one of the designated trainers did not have a current "train the trainer" type certification for delivering this type of learning. The Provider should ensure that the people delivering this fundamental training are appropriately qualified to do so (see Area for Improvement 2).

When we considered staff training, we saw some significant inconsistency around the depth of learning undertaken. Whilst there was some very good bespoke training undertaken, we also saw that a significant amount of learning was of a basic nature, often undertaken in a single day of study. Several staff we spoke with said they feel they would like to participate in more detailed training. The provider should use staff supervision in order to identify and facilitate a wider range and depth of staff learning (see Area for Improvement 3).

The Provider has not developed fit for purpose systems for recording and evidencing staff training. There were significant gaps around evidencing staff training. The Provider should develop a fit for purpose system for recording and updating training undertaken. The provider should develop a suitable system for recording staff training, when it was undertaken and when it needs refreshed (see Area for Improvement 3).

## Requirements

1. By 31 December 2022,

In order to ensure that staff are recruited safely and work in accordance with statutory restrictions and national guidance, the Provider must;

- Ensure that staff are safely recruited and follow and implement the best practice guidance from the Scottish Government's guidance : Safer Recruitment Through Better Recruitment, 2016.
- Ensure the uptake of appropriate references, as well as full documentation of people's right to work in the UK and evidence of Provider compliance with any associated restrictions.

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

4.11 - "I am confident that people who support and care for me have been appropriately and safely recruited."

Health and Social Care Standards-My Support, My Life (Scottish Government, 2018)

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation, a Regulation relating to the fitness of employees and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

## Areas for improvement

1. Staff should be registered with the SSSC and registration should be in the the area appropriate to the work undertaken at the service.

The Provider should develop systems that allow a management overview of staff and SSSC registration dates.

Codes of Practice for Social Service Workers and Employer-Code of Practice for Employers of Social Service Workers (revised Edition, 2019).

2. In order to ensure safe care delivery, in line with current best practice guidance, the Provider should ensure that all staff charged with delivering training have a recognised and current qualifications to do so.

3.14 - 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.

4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

4.26 - If I have a carer, their needs are assessed and support provided.

Health and Social Care Standards, My support, My Life. (Scottish Government 2018).

3. In order to maintain and develop staff learning, the Provider should support staff with continuous learning and development.

Training and other formal learning should be recorded in a way that allows management overview of what has been undertaken.

3.14 - 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.

4.19 - I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Health and Social Care Standards, My support, My Life. (Scottish Government 2018).

## How well is our care and support planned?

4 - Good

People said that they felt consulted and involved in planning care delivery approaches and strategies. This involvement was apparent from some personal plans, which included very good detail around people's choices, preferences and indicated their desired support outcomes. Those plans contributed to good person-led support outcomes for the people concerned.

It was clear that the service had worked collaboratively with professionals from health and community based services in order to integrate complex support guidance into care delivery strategies.

However, we found some inconsistency in terms of the overall quality of support plans, with some that did not adequately detail all presenting needs or issues. We noted that support files generally lacked evidence for a detailed needs assessment upon which care planning is based.

Some care plans weren't signed or dated and we were unclear as to whether the care indicated was still current or whether the person experiencing care agreed with the information contained within their plans.

The service should ensure that all care plans are signed and dated, evidence sharing with people who experience care and/or their representatives and clearly indicate who wrote or reviewed them ( see Area for Improvement 1).

## Areas for improvement

1. The Provider should seek to ensure that all personal plans have detailed and accurate guidance in order to facilitate positive support outcomes.

Personal plans should clearly indicate the author, the date they were produced and they should be signed and dated by the author and the people who experience care/or their representatives.

Personal plans should be shared with people who experience care/or their representatives.

1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.15 - 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

2.17 - I am fully involved in developing and reviewing my personal plan, which is always available to me.

4.11 - I experience high quality care and support based on relevant evidence, guidance and best practice.

Health and Social care Standards, My Support, My Life (Scottish Government 2018).

## 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	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People are getting the right service for them	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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