

# Home Assessment Recovery Team Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
15 November 2022

**Service provided by:**  
Perth & Kinross Council

**Service provider number:**  
SP2003003370

**Service no:**  
CS2004081194

## About the service

The Home Assessment Recovery Team (known as HART) provides re-ablement and recovery support to people living in their own home. HART Plus is a crisis intervention service and provides care for a period of up to 72 hours. The service is available to adults living within the Perth and Kinross council area. At the time of inspection the service was supporting 284 people.

The stated vision:

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

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

## About the inspection

This was an unannounced inspection which took place between 1 November and 10 November 2022. The inspection was carried out by 3 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 18 people using the service
- spoke with 14 members of staff
- spoke with 2 external professionals
- reviewed documents.

## Key messages

- People were generally satisfied with the care and support they received.
- Staff were motivated and focussed on providing good support for people.
- Care and support plans require more detail in order to accurately reflect the support required.
- The management of incidents and complaints requires improvement.
- A robust quality assurance process will improve people's outcomes.

## 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

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

People's health and wellbeing should benefit from their care and support. We made an evaluation of adequate for this key question; there were some strengths but these just outweighed weaknesses. Whilst strengths had a positive impact for some people, the likelihood of achieving positive experiences and outcomes for everyone was reduced because key areas of performance needed to improve.

The majority of people we spoke with told us that they received good care and that staff were kind and caring. External professionals were very complimentary about the service. Staff we spoke with were clear about the process in place should they need to report changes or concerns regarding people's health and support needs.

One service user told us "they are very caring" whilst another said "they are great, always immaculate and clean". Whilst people benefitted from their care and support, service users told us that they did not know who would be coming to provide their support, or when to expect them. Comments included "that's the only criticism I have, I don't know the person or the time, but I can't fault them, they are all pretty professional". Another service user told us "I am quite happy with the service I get, I have no real complaints, apart from not knowing when they are coming to me." As a result, some people did not feel confident about their care.

People receiving a service were given a two hour window in which they would receive their care. Whilst we acknowledge the staffing crisis in health and social care and the pressure this places on services, the consequence of the time banding system was that people did not know who was coming to their door, or when they would arrive. People experienced a lack of consistency and stability and they told us that getting prior notice of who was coming would help them to feel less vulnerable. Not knowing who would be providing their care created anxiety, limited people's ability to build trusting relationships with staff and left people at potential risk. We discussed with the service the need for improved communication with service users in order to establish consistency and reliability across the service. A requirement was made.

We looked at a sample of referrals and initial care plans and found that the level of information they contained did not adequately guide staff as to the support people required. The information within people's reviews was much better, but we were concerned about the time lapse between referral and review and how this may impact on people's support. We saw some discrepancies between people's assessed level of need and the level of support provided and, in some instances, the information within people's support plan was vague. This meant that staff did not always have access to the necessary information to provide the right care and support. A particular area of concern was around medication, support plans contained insufficient information regarding the assistance people required and why, and the timing between medication dosages. This had the potential to impact negatively on people's safety and health. Documentation should be clear and concise in order to keep people safe and reduce the risk of error. A requirement was made.

We were encouraged to see that a new scheduling system will be implemented next year. This will support managers to match available staff hours to demand, ensure sufficient travel time between visits and safeguard against missed visits.

Staff we spoke to were able to demonstrate their values in supporting people to maintain their independence and have choice. They told us that the quality of training they received equipped them with the necessary skills to meet people's needs.

All new staff completed induction training and 'shadowing' before working alone. We saw that there were regular observations of staff practice and that staff received regular supervision.

The service had piloted a project where staff accompanied service users on a walk, or with gentle exercise. This helped improve people's strength and balance, whilst also increasing their confidence. The feedback from the pilot had been very positive and we were encouraged to hear that these sessions will continue. This work evidenced good practice and supported positive outcomes for people by helping them regain their independence.

We assessed the performance of the service with regards to infection prevention and control (IPC) practice as good. Staff had received appropriate training and this included the use of personal protective equipment (PPE). Staff were aware of the national guidance and were kept up to date with any changes.

Observations of practice and spot checks had taken place to ensure staff followed best practice and we saw examples of IPC being discussed during supervision and team meetings. Staff said they felt confident to perform their tasks in a safe manner, and people receiving support told us that staff were diligent in their use of PPE and IPC practice. Staff were committed to their role in protecting the people they supported from infection. This helped keep people safe.

## Requirements

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

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

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

2. By 31 March 2023, the provider must ensure positive outcomes for service users by ensuring care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

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

- a) documentation and records are accurate, sufficiently detailed, and reflective of the care/support planned or provided
- b) all risk assessments are accurate and updated regularly
- c) people have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- d) personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this

e) they are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

This is in order that care is consistent with the Health and Social Care Standards including: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15)

This is also to comply with: Regulation 5 Personal plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## How good is our leadership?

## 3 - Adequate

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

The service had various quality assurance processes in place to support management oversight. These included meetings, audits, feedback from people experiencing care, and observations of staff practice. Audits of records within people's homes and medication records had been completed. However, where the service had identified areas for improvement and development, we could not see how these informed an action plan. This meant that improvement within the service was not being driven as well as we'd expect.

We saw that the service's improvement plan had identified areas for development. This included staff supervision and appraisal. Records of supervision indicated that staff received the specified number of supervisions throughout the year and an annual appraisal. Discussions with staff confirmed these meetings were taking place.

Service users had been issued satisfaction questionnaires and the feedback from these was mixed. We discussed with the service the need to encourage more in-depth discussions and identify clear action points to ensure that surveys are meaningful and promote positive change to people's lives.

The service had a corporate complaints process in place with all complaints logged on a central system. Complaints could be investigated by the service themselves or other departments, such as complaints or data management. The service also maintained a spreadsheet to track complaints. However, there was insufficient information to evidence how incidents and complaints had been investigated or the outcome of same. A requirement was made.

Since the last inspection, the service had implemented a time banding system for visits. This meant that people were given a two hour window for when staff would deliver care. We were advised the system had been put in place following a consultation exercise with people using the service. However, there was no evidence to confirm that consultation had taken place. We request that the banding system is reviewed with service users, and that the outcome of the review is used to inform the timing of visits. A requirement was made.

Whilst the service maintained records of accidents and incidents that had occurred, there were delays and omissions to the required notifications to the Care Inspectorate. Improvements were required to the recording, reporting and escalation of incidents to the Care Inspectorate.

We could therefore not be assured that the provider and management team were confident in recognising and reporting information, including incidents of harm or potential harm. This has the potential to result in poor outcomes for people. A requirement was made.

Quality assurance systems were being used to measure the improvement and progress of service delivery and we saw examples of people participating in the evaluation of the service. This offered people the opportunity to have their opinions heard and to influence change. There was a current improvement plan in place, with actions and expected completion dates in place. Whilst this evidenced some progress, we did not see evidence of how these were put into action to improve outcomes for people.

A staff newsletter provided a wide range of information, including compliments from people using the service and their families. This kept staff updated and also evidenced to staff the value of their role. The manager confirmed that they were in the process of introducing a quarterly newsletter for service users and their families.

## Requirements

1. By 31 March 2023, the provider must support better outcomes for people receiving care, by ensuring that the service provided is managed and led well and that there are robust and transparent quality assurance systems in place. This must include, but is not limited to:

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

This is in order to ensure that 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.' (HSCP4.19) and

in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210).

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

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

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

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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