

## Able Care @ Home Support Service

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

**Completed on:**  
17 May 2023

**Service provided by:**  
Absolute Recruitment (UK) Ltd

**Service provider number:**  
SP2015012558

**Service no:**  
CS2017354749

## About the service

Able Care @ Home is registered to provide a service to older people and adults with physical disabilities or sensory impairment in their own homes and in the community. Their office base is in Aberdeen City centre. At the time of inspection, they supported people in Aberdeen City and staff generally walked or used public transport to carry out visits.

## About the inspection

This was a short notice announced inspection which took place on 10 May 2022 between 10:00 and 14:00, with further visits taking place on 12 May, 15 May and 17 May 2023. The inspection was carried out by one inspector 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 to four people who were receiving a service from Able Care as well as some family members
- spoke with staff and management
- spoke with external professionals who support the service
- reviewed documents.

## Key messages

- A significant amount of work had been undertaken to develop a culture of improvement and improve people's experience of the care and support provided.
- The two requirements and three areas for improvements have been met.
- People told us the carers were kind, helpful and they never felt rushed.
- People and families were involved in planning their care and support.
- The management team have a clear understanding of their responsibilities.
- The management team need to become proactive about developing the service and staff.
- Staff had updated their skills, knowledge and understanding through training.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We received mixed feedback from people about the service and carers. Most told us the staff were very good and supported them with compassion and dignity, whilst others were struggling to find support that met their needs fully. All of the people we spoke with said they appreciated having the same person or a small core group of staff visit, and they could trust them and felt safe with. They did not feel rushed. As a consequence, people were able to build trusting relationships with staff.

People were fully aware of when the carers were due to arrive. Families and people were notified quickly if the carers were running late or on the very rare occasions when a visit could not be honoured. This enabled people and their families to make alternative arrangements.

The care and support provided was becoming responsive to people's changing needs and wishes. Staff were working closely with other visiting professionals to ensure care was as seamless as practical. People's support plans were held within their home, which they or their families could readily access. Staff clearly know the clients, their families and social situations and were flexible in meeting their needs. At the present time people could not be supported with their medication. Systems and processes were in place if people required staff to collect some shopping. The manager had built trusting bonds and relationships with families. As a result, there was frequent contact and communication. Care reviews had been undertaken regularly. Senior staff had begun to visit on a more regular basis to monitor practice and ensure any changes in needs or concerns were identified and addressed. As a result, people were receiving the care and support that was right for them.

Staff had a greater understanding of safe moving and handling and the associated risks. Practice was monitored as part of the routine spot checks undertaken by senior staff. Poor practice was identified and addressed promptly. This contributed to ensure people's care was safe and effective.

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A requirement and an area for improvement were made at the previous inspection. Since then, the service had put an action plan in place to manage the improvements needed. The service had met both the requirement and the area for improvement. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and 'What the service has done to meet any areas for improvement we made at or since the last inspection').**

A significant amount of work had been undertaken by the management team to develop a culture of improvement and improve people's experience of the care and support provided. The policies and procedures had been rewritten and were relevant to the service provided. The manager planned to upload these documents onto the service's electronic system to ensure they could be easily accessed by staff.

The roles and responsibilities, of all the management team, had been formally reviewed. There was clear understanding of responsibilities. However, at times concerns raised by people or families regarding staff practice was not shared with the whole management team in a timely manner. Direct action had been taken to address these concerns, for example, the carer was spoken to or replaced by another carer. However, a person said "they are quick to get things sorted, good at problem-solving but not planning ahead". There was no development or further support for staff following concerns highlighted. The systems in place are based on being reactive to an issue or a concern. The management team need to become proactive about developing the service and staff. We discussed the need to develop a formal improvement plan and the benefits of this being used as a document to support the service and staff with future developments. Having an improvement or development plan will support a culture of continuous improvement within the service. Concerns or issues raised by people, relatives or during the inspection were addressed promptly by the management team. Systems and processes, including the complaints process, were in place to gain people's views, thoughts and ideas that could be made to improve people's lives.

Recruitment records were in good order. As a result, people were reassured that staff were being recruited in line with best practice.

### How good is our staff team?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Two areas for improvement were made at the previous inspection. Since then, the service had put an action plan in place to manage the improvements needed. The service had met both areas for improvement. **(See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

The organisation has an electronic allocation system, Tagtronics. People and staff were given a list of planned visits on a weekly basis either via the App, email or as a hard copy. As a result, people knew who to expect and when, and staff knew who they were working with. However, travel time for staff was not built into the system. As a result, staff could often be late for visits, or visits were cut short of their allocated time. The management team were fully aware of these issues and were working with staff to address this issue.

Training and induction for staff was on going. There was a mix of eLearning and face to face training taking place. Further training in medication management, wound management and cultural awareness had been identified as being required to ensure people could be fully supported by the staff team. Staff competencies and monitoring of practice was closely monitored by the management team to ensure staff remained compliant.

One-to-one support for staff and team meetings had been established. The management team had a good oversight of staff training and staff supervision. Staff competencies and monitoring of practice had all taken place. Most concerns were addressed through one-to-one development session, reflective discussions and disciplinary action where necessary. However, at times some concerns raised by people were not fully addressed, resulting in the staff being unaware of the impact their actions were having on people. As a result, staff were not always given the opportunity to reflect or improve on their practice.

All staff were fully registered or in the process of being registered with the Scottish Social Services Council (SSSC). As a result, people were reassured that staff were of their professional and organisational codes.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A requirement was made at the previous inspection. Since then, the service had put an action plan in place to manage the improvements needed. The service had met this requirement. **(See 'What the service has done to meet any requirements we made at or since the last inspection'.)**

A significant amount of progress has been made to review, evaluate, and rewrite people's care plans and risk assessments. People and their relatives were now involved in reviewing their care and developing their care plan. The management team needs to ensure that all new clients have a home visit. This would ensure that people's expectations and individualised care and support needs and any areas of concerns are fully discussed. As a consequence, this would assist in ensuring that people receive the care and support from a team of staff that have the correct skills, knowledge and understanding for that individual.

Care and support plans held some important and relevant information, but there were still some gaps, especially where the care and support had changed. There was a risk that people's care may not be consistent. Staff need to be more proactive in reviewing and updating the personal plans to ensure they reflect current practice. This will ensure that people get the care that is right for them.

The management team were reviewing and monitoring the care notes and daily notes. There was some confusion as to the expectations of how often staff need to make entries within the notes. This was discussed in detail with the manager. These records form part of the ongoing care planning evaluation as well as being a vital form of communication both with families and other visiting professionals.

The manager was in the process of reviewing the anticipatory care plans and any legal powers, such as guardianship and Power of Attorney (POA) that were in place. This will ensure that people's wishes and thoughts are respected.

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

### Requirements

#### Requirement 1

By 18 September 2019 the provider must ensure that their service has accurate and robust systems to safeguard the welfare of everyone involved, the provider must:

a) review all policies and processes are reviewed, to reflect current best practice and the aims of the service.

- b) ensure all recruitment follows the best practice guidance for safer recruitment (available on the Care Inspectorate Hub)
- c) further develop the complaints log and annual report, to be compatible with Duty of Candour requirements.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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

**This requirement was made on 19 September 2018.**

## Action taken on previous requirement

This requirement was met. See 'How good is our leadership?

## Met - outwith timescales

### Requirement 2

By 10 June 2022 the provider must ensure positive outcomes for service users by further developing robust systems to effectively demonstrate that individual care/support plans are sufficiently detailed and provide staff with effective guidance on how to support service users.

To do this the provider must:

- a) ensure that people, where appropriate have an anticipatory care plan (ACP) in place that reflects their wishes and, where appropriate, those of their representatives
- b) ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this
- c) be able to show evidence of regular monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, and can demonstrate this through their practice
- d) ensure staff are aware of and have ready access to the Care Inspectorate guide for providers on personal planning audits.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7); and

'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 3.07).

**This requirement was made on 23 March 2022.**

## Action taken on previous requirement

This requirement was met. See 'How well is our care and support planned?'

**Met - outwith timescales**

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

### Areas for improvement

#### Previous area for improvement 1

To support a clear understanding of responsibilities of the management team, the provider should formally define each person's roles and responsibilities.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

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

**This area for improvement was made on 16 June 2022.**

#### Action taken since then

This area for improvement was met. See 'How good is our leadership?'

#### Previous area for improvement 2

To ensure people have confidence in staff because they are trained, competent and skilled, the provider should:

- a) ensure all new staff undertake a comprehensive induction program, including the level of supervised shifts staff need to do
- b) provide a supervision and appraisal program that supports, develops and values staff.

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

**This area for improvement was made on 16 June 2022.**

#### Action taken since then

This area for improvement was met. See 'How good is our staff team?'



### Previous area for improvement 3

To support staff maintain their Scottish Social Services Council (SSSC) registration the provider should:

- a) ensure systems and process are fully implemented to ensure all staff renew their registration within the agreed time frame.
- b) systems and processes are developed to support staff to meet any conditions on their registrations.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

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

**This area for improvement was made on 16 June 2022.**

#### Action taken since then

This area for improvement was met. See 'How good is our staff team?'

## 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

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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