

# Tenacity Home Care Support Service

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Announced (short notice)

**Completed on:**  
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**Service provided by:**  
Tenacity Homecare Ltd

**Service provider number:**  
SP2020013542

**Service no:**  
CS2020380225

## About the service

Tenacity Home Care provides a service to older people and adults with life limiting conditions in North Edinburgh in their home and in the community.

The service operates from an office in Blackhall Edinburgh and supports people in the surrounding area.

At the time of this inspection the service was providing care and support to 11 people.

The service provider is Tenacity Home Care Ltd a private limited company.

## About the inspection

We carried out an inspection of the service by initially visiting the office base in Blackhall Edinburgh on 25 July 2023 and later shadowing care staff on their tea visits to four supported people. We also visited the office base on 26 July 2023.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the registration of the service in October 2020.

The inspection was carried out by one inspector from the Care Inspectorate. The office visits were then followed by time examining evidence remotely and having discussions via telephone with supported people and relatives.

In making our evaluations of the service we:

- Spoke with five supported people and nine relatives
- Spoke with three staff and management
- Reviewed documents.

## Key messages

- The manager demonstrated a commitment to provide high quality care and support to people
- People experienced dignity, respect and compassion in how they were supported
- People could be confident their care and support needs would be met by staff they knew
- When requested, timings of visits were flexible to meet people's changing needs and to attend appointments
- People could not be confident they had an up-to-date care plan which set out how their needs would be met
- The recruitment process was poor so people could not be confident staff had been appropriately and safely recruited.
- People could not be confident care staff were trained, competent and skilled to meet their care and support needs.
- The manager had been undertaking care visits due to staffing shortages which had led to managerial responsibilities being overlooked
- Three requirements and four areas of improvement have been made following this inspection.

## 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?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	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?

## 3 - Adequate

We made an overall evaluation of adequate for this key question. Whilst strengths had a positive impact, key areas need to improve.

We observed supported people experiencing warmth, kindness and dignity in how they were supported and cared for. Both supported people and relatives told us they were treated with dignity and respect. One relative told us "Caring is the key part - carers are good".

Tenacity Home Care is a small service which meant people could be confident they were supported and cared for by staff they knew, so they experienced consistency and continuity. One person told us "I have familiar carers visiting - they are so kind, very caring, nothing's too much for them".

There were effective visit scheduling systems in place. Visits were largely reliable and provided assurance. When requested, timings of visits were flexible to meet people's changing needs and to attend appointments.

People were advised and supported to get appropriate medical help. Several people told us of care staff advising them to contact their doctor when there were health concerns. Staff also reported concerns about people's health and wellbeing to management where people had reduced capacity. They then contacted the appropriate agencies and relative to progress further. One relative told us "If they are worried about anything they will phone me and keep me informed".

Several people told us how the team go "above and beyond". This included going out at night to provide emergency support and regularly checking in with people when they had declined a care visit to monitor their wellbeing.

Systems were in place to support people with their medication. Areas for improvement relating to medication have been identified. These include having protocols in place when a person is supported with "as needed" medication and undertaking effective medication risk assessments.

### **See area for improvement 1.**

We observed people being appropriately and gently supported with their mobility. However, moving and assisting training was insufficient and associated risk assessments did not include how to minimise risks.

Care planning around infection control reflected concerns from one relative, that personal protective equipment (PPE) was, at times, not being used correctly. Staff delivering care had not undertaken infection control training.

The evaluations for quality indicator 1.3 have been impacted by the need for improvements detailed under other key questions in this report.

### **Areas for improvement**

1. People should be confident their medication regime is being managed safely.  
Therefore, the provider should ensure:

- a. Protocols for "as needed" medication are in place;
- b. Medication risk assessments assess the person's abilities to self-administer to then identify the level of support needed to minimise risks.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

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

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

We had positive feedback from staff and supported people and relatives about the manager, who was also the owner and provider of the service. One relative told us "The manager's really great - very approachable". Care staff told us the manager was "The best boss ever - we're all treated the same - service users are their main priority"

The manager demonstrated a commitment to provide high quality care and support to people. Since the registration of the service the manager had struggled to recruit and retain care staff. This meant the manager had been undertaking care visits which had led to managerial responsibilities being overlooked. These included ensuring essential training was provided, staff's competencies checked and having up to date care plans for care staff to refer to. All of which underpin the overall safety for supported people and staff.

People could also not be confident staff who support and care for them had been appropriately and safely recruited. There was no effective recruitment process in place to track recruitment tasks, to ensure all pre-employment checks had been completed, prior to the staff member starting employment.

**See requirement 1.**

There were no quality assurance systems and processes in place to support continuous improvement. Regulatory responsibilities at times were not being consistently met.

**See area for improvement 1.**

The size of the service had reduced over the last year. The number of supported people now down to 11. The manager does not intend to take on additional packages of care at this time and to continue to recruit new staff. This should allow the manager to re-focus their attention on their managerial role, ensuring outcomes for people remain safe and clearly documented. Improvements being made should be managed through an appropriate improvement plan.

**See area for improvement 2.**

## Requirements

1. By **31 October 2023**, the provider must ensure people could be confident staff who support and care for them had been appropriately and safely recruited.

In order to do so, the provider must ensure:

- a. Tenacity Home Care's organisational recruitment policy and procedures are always followed;
- b. There is a robust recruitment system in place which tracks recruitment tasks, including pre-employment checks;
- c. Recruitment records are kept and safely stored;
- d. A risk assessment is undertaken where a Protecting Vulnerable Groups (PVG) record is unclear;
- e. A risk assessment is undertaken where organisational procedures are not being followed.

This is to comply with Regulation 9 (1) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

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

## Areas for improvement

1. To support quality assurance processes and continuous improvement the provider should:

a. Check the quality of the service with supported people and their representatives on a regular basis. For example, through service formal care reviews, spot checks, telephone checks and satisfaction surveys;

b. Develop appropriate auditing systems for internal processes relevant to the service.

This to include (but not restricted to) auditing:

- 1. Carer communication logs;
- 2. Visit arrival and departure times and length of visits;
- 3. Missed visits;
- 4. Consistency of staffing;
- 5. Medication Administration records;
- 6. Care reviews;
- 7. Care and support plans;
- 8. Risk assessments;
- 9. Recruitment and induction;
- 10. Supervision;
- 11. Competency checks;
- 12. Training undertaken;
- 13. Accidents and incidents;
- 14. Complaints and expressions of dissatisfaction.

c) Develop a system to track the return of communication logs and medication record sheets.

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

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

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

2. To support the service's improvement agenda the manager should develop an on-going improvement plan.

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

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

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

## How good is our staff team?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

Whilst there was an induction process in place, new staff were not taken through the process effectively. This included not completing the induction workbook, having their competency formally checked and being assigned e-learning training modules to complete.

Some care staff had been assigned training modules to complete on two e-learning platforms. Of those only one staff member had completed training on a variety of topics. Two had only completed one training module. Four care staff had not been assigned any training to complete. Overall, six care staff had not undertaken any training related to their caring role since they were employed by Tenacity Home Care. These staff had been employed for more than nine months.

Moving and assisting training was insufficient for care staff to have a full understanding of the process. There were no records to evidence this training taking place. There was no tracking of training being undertaken.

Care staff had not had training in crucial topics we would consider mandatory. These include adult support and protection, medication, infection control, food hygiene, continence care and nutrition and hydration. They had no client specific training including dementia and Parkinson's.

People could not be confident care staff were trained, competent and skilled to meet their care and support needs. The lack of training put people at potential risk.

**See requirement 1.**

It is important care staff are given opportunities to discuss health and social care standards and the Scottish Social Services Council (SSSC) codes of practice. This allows them to reflect on their own practice. However, with no team meetings, no formal observations of competency and no formal one to one supervision taking place those opportunities were missed. There was no learning and development culture. People could not be confident care staff were able to reflect on their practice and follow their professional and organisational codes. **See area for improvement 1.**

All nine care staff working for Tenacity Home Care met the requirement to be registered with the SSSC. Only three were registered. This was now being rectified with applications to register submitted.

Supported people and relatives were very complimentary about staff. One supported person told us "I cannot speak highly enough of x - she's an angel she really is". One family member told us "Very good, lovely ladies visiting - all very caring towards my relative"

## Requirements

1. By **31 October 2023**, the provider must ensure people could be confident care staff were trained, competent and skilled to meet their care and support needs.

In order to do so, the provider must ensure:

- a. A mandatory training programme is developed that addresses the review of training needs, induction of new staff and taking account of any client specific training;
- b. The training programme should identify time scales for mandatory training to be refreshed;
- c. All newly recruited staff undertake an effective induction and have access to appropriate and sufficient training to develop their skills, knowledge and continuing competencies;
- d. All current staff must undertake mandatory training;
- e. All current staff must undertake client specific training relating to the needs of people they support;
- f. The delivery of practical moving and assisting training must be improved to meet the training program the registered manager has been trained to deliver;
- g. The Care Manager is given appropriate training in all aspects of their supervisory role;
- h. The competency of staff, particularly in relation to medication support and moving and assisting, is checked in the field on an on-going basis, recorded and linked into training, one to one supervision and personal development;
- i. Management track and monitor the undertaking and completion of training;
- j. There are methods in place to evaluate the effectiveness of all training, to identify the impact of the training on staff practice and to allow for reflection on how the training has helped improve practice.

This is to comply with Regulation 15 (a) (b) of the Social Care and Social Work (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

"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).



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

### Areas for improvement

1. To ensure people are confident staff can reflect on their practice and follow their professional and organisational codes the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular, formal supervision with their manager.

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

"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).

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

### How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these.

Care plans detailed people's personal care routines and preferences well. There was good information about what was important to the person, including when they were supported with meals and mobility.

However, plans we sampled were not up to date and held inaccurate information. Three people did not have a care plan in place. Some care plans had only been partially completed. Whilst care reviews may have been taking place, there was no record to support this.

The majority of care plan and risk assessment documents had no dates or signatures recorded. We were therefore unable to identify when a document was created or updated.

People could not be confident they had an up-to-date care plan which set out how their needs would be met. There was little evidence people had been involved with reviewing their care plan. **See requirement 1.**

### Requirements

1. By **31 October 2023**, the provider must ensure people will have confidence their personal support plans reflect their individual needs and inform staff how to provide that care and support.

In order to do so, the provider must ensure:

- a. All supported people have a care plan in place;
- b. All care plans are regularly reviewed and updated with accurate information;
- c. Care plans, risk assessments, review documents and other associated documents are dated & signed once developed and when reviewed and updated;

- d. There is sufficient detail in the care plan about all elements of care and support for all staff to refer to which helps people achieve their intended outcomes;
- e. Risk assessments are completed, monitored and reviewed where there is an identified risk to the supported person and / or others;
- f. Following an assessment of risk, procedures developed to reduce risk and ensure safety are detailed in the plan;
- g. Where changes to the plans are made, all relevant documentation whether in the person's home, or mobile phones, or in the office, is updated to reflect the current needs and plan of care;
- h. Care plans are formally reviewed on a minimum six-monthly basis as well as when needs change;
- i. Review documentation capture discussions held and evaluates how well support is meeting individual needs and outcome;
- j. Where a person has third party legal representation this is checked for accuracy and clearly detailed in the plan;
- k. Where a person has a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place this is clearly detailed in the plan;
- l. Managers monitor the quality of care plans and risk assessments and take action where issues are identified.

This is to comply with Regulation 5 (1) (2) (a) (b) (c) (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

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

"My personal 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).

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

## 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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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