

Greymate Care Ltd Support Service

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Type of inspection:
Announced (short notice)

Completed on:
26 October 2023

Service provided by:
Greymate Care Ltd

Service provider number:
SP2022000159

Service no:
CS2022000233

About the service

Greymate Care Ltd is registered to provide a service to adults including older people in their own homes and in the community. Their office base is in Aberdeen. At the time of inspection, they supported people in Aberdeen City.

About the inspection

This was a short notice announced inspection which took place between 17 October and 26 October 2023. The inspection was carried out by one inspector from the Care Inspectorate.

This was the service's first inspection. To prepare for this inspection we reviewed information about this service. This included registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke to five people and their families who were receiving a service from Greymate
- spoke with staff and management
- reviewed documents.

Key messages

- People were supported by a small core group of staff.
- People and families were unclear as to what to expect from the carers, as they were not involved in planning their care and support.
- The quality assurance system was not always linked to people's experiences or outcomes.
- Staff training had not always been put into practice, resulting in some people feeling they were not always treated with dignity and respect.

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?	3 - Adequate
How well is our care and support planned?	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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve.

We received very mixed feedback from people about the service and carers. All of the people we spoke with said they appreciated having the same person or a small core group of staff visit. Unfortunately, some carers were in a hurry to leave and as a result people felt awkward and embarrassed asking them to stay. Other carers were described as having an, "excellent attitude" and took the time to sit and have a cup of tea with people. People felt they were not always treated with dignity and respect. **(See Area for Improvement 1)**

People were supported by a small team of staff and were aware of when the carers were due to arrive. There were concerns about time keeping and carers turning up late. The manager was working on systems, to ensure people knew ahead of time which carers to expect. Senior staff had begun to visit people in their homes, to monitor practice and ensure any changes in needs or concerns were identified and addressed. The manager needs to improve the oversight of visits, to ensure people's care is not rushed or compromised due to poor timekeeping.

The care and support provided was responsive to people's changing needs and wishes. Staff quickly notified the manager of any changes or concerns regarding a person's care or support and increased visits were put in place. Most staff knew the people well and were flexible in meeting their needs. Communication with families could be improved on, as families were often unaware of changes in care packages.

People were unaware of their personal support plan and as a result there was confusion around expectations of the care provided. This had resulted in staff declining to do some household tasks, such as changing the bed. People were being supported to take their medication. Systems and processes were in place if people required staff to collect some shopping. People's personal plans and risk assessments were not person centred. Some plans contained important information about people's likes and dislikes but gave limited details of the care and support required. As a result, the care was often inconsistent. People and their families had not been involved in planning their care. Where other care providers are involved in supporting a person, the support should be well coordinated. The manager had begun to review the personal plans and implement risk assessments. This would ensure staff were fully aware of their roles and expectations when undertaking a visit. **(See Requirement 1)**

Requirements

1. By 31 January 2024, the provider must ensure positive outcomes for service users by effectively demonstrating 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 documentation and records are accurate, sufficiently detailed and organised and reflective of the care/support planned or provided.
- b) Ensure that all risk assessments are accurate and updated regularly.

- c) Ensure that people where appropriate have an Anticipatory Care Plan (ACP) in place, that reflects their wishes and where appropriate those of their representatives.
- d) Ensure that personal plans include people's individual aspirations and outline the support that will be provided to help them to achieve this.
- e) 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.

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 state 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).

Areas for improvement

1. To ensure that all service users experience dignity and respect in all aspects of their care and support, the provider should at a minimum ensure that:

- a) staff have a clear understanding of dignity and respect
- b) staff have a clear understanding of their roles and responsibilities
- c) people's human rights are respected and promoted at all times.

This is to ensure that care and support is consistent with the principle of 'dignity and respect' as stated within the Health and Social Care Standards (HSCS).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve.

We acknowledged that Greymate Care Ltd is a new provider and have increased their client groups significantly in recent months. The service had recently implemented a quality assurance system. This meant that they had only just begun to have oversight of all the key functions of service delivery. The quality assurance system was focused on processes and performance. As a result, improvements were not always linked to people's experiences or outcomes. **(See Requirement 1)**

There was some confusion over the service's responsibilities and expectations of those people contracted by the local authority. This had resulted in poor communication and oversight, specifically in relation to safeguarding people.

A formal improvement plan was in place based on some self-evaluation. We discussed the benefits of this being used as a working document, to support the service and staff with improvements and future developments. Having a working improvement or development plan will support a culture of continuous improvement within the service. Concerns raised by people and relatives should be fully documented and addressed promptly. This will assist in building positive relationships and improve people's experience of care.

Requirements

1. By 31 January 2024, the provider must improve and support better outcomes for people. To do this the provider must ensure the quality assurance system links directly to and improves the outcomes and experiences for people.

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 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve.

The service was actively recruiting for staff. The manager was working with the Home Office to sponsor overseas staff. Recruitment was in line with best practice.

There was a detailed extensive training and induction program. There was a mix of eLearning and face to face training taking place as well as an additional reading list for staff. However, there had been limited monitoring of staff practice to ensure that the training was being put into practice. Feedback from relatives and people was that some staff's attitude was poor, they were unaware of their roles, lacked attention to detail, were unable to use or operate household equipment and refused to undertake tasks. This was discussed in detail with the manager. The manager needs to ensure that staff are effectively monitored, to confirm that all staff have the correct skills, knowledge and understanding. **(See Requirement 1)**

One to one support for staff and regular communication to share best practice had been established. The manager had a good oversight of staff training and staff supervision. 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 aware of their professional and organisational codes.

Requirements

1. By 31 January 2024, the provider must ensure people are supported by staff who are well trained, competent and skilled and who are enabled to reflect on their practice in order to develop.

To do this the provider must at a minimum:

- a) ensure supervision and reflection is regular, tracked and recorded
- b) carry out regular observations of staff competency.

This is to comply with Regulation 15 (Staffing) 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 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).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve.

People were not fully involved in the assessment and planning of the care and support they were receiving. This meant that people's personal plans did not always detail their choices and preferences.

People's plans did not always contain relevant guidance, which may have an impact on the support required from the wider health and social professionals. This may mean opportunities to maximise people's health and wellbeing could be missed. This may mean people do not experience care and support consistent with their current needs and wishes. **(See Requirement 1)**

Requirements

1. By 31 January 2024, the provider must ensure people receive support in line with their agreed needs, wishes and preferences, the service should ensure people and those important to them are fully involved in planning and reviewing their support plans.

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 state that: '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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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?	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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