

# Short Term Assessment and Reablement Team (START) Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2018370161

## About the service

The Short Term Assessment and Reablement Team (START) is a short-term support service delivering care at home to adults and older people living in their own homes. The service helps re-able people coming home from hospital or those from the community following an illness or change of circumstances. The provider is Moray Council.

The aim of the team is to support and encourage the person to become more able and independent over time. The service is provided between the hours of 06:45 to 22:30.

At the time of the inspection, the service was delivering support to 27 people.

## About the inspection

This was a full inspection which took place from 28 October 2025 to 04 November 2025. 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke to or liaised with 14 people using the service and five of their family
- spoke to or liaised with 20 staff and management
- spoke to or liaised with five visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- People were very positive about the support they received from the service.
- Staff supported people in ways that were consistent, person-centred and promoted independence.
- Staff were led well and described their leaders as visible, approachable and responsive.
- Staff practice around infection prevention and control had improved.
- There were very good quality assurance systems in place which led to improved outcomes for people and staff.
- People's health and wellbeing benefitted from a stable, well-trained staff team that worked well with each other.
- Personal planning and care reviews had improved.
- Some plans needed more detail and consistent advice regarding support for specific health conditions and a person's wishes in the event of a health emergency.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We received very positive feedback about the support people received. People described the care staff as 'wonderful', 'marvellous' or 'smashing'. Staff took their time when supporting people. People were spoken to in a respectful manner and choice was offered throughout the visits. This meant people were treated with dignity and respect.

Staff supported and encouraged people in ways that helped them become more independent. Staff communicated with each other and their managers daily about what methods worked to support the person's independence during a visit. This meant most staff knew what helped someone and what did not. As a result, people were supported consistently, helping them build skills and confidence to do more for themselves.

The service had good links with health and social care partners, such as occupational therapists, who referred people to the service. Staff supervisors attended weekly meetings with these professionals to discuss each person's progress and passed on any advice to carers. This teamwork helped improve people's health and wellbeing.

Staff also had regular meetings with their supervisors to talk about each person's progress. These meetings gave staff the support and guidance they needed to do their jobs well. As a result, people's health and wellbeing improved because staff worked in a consistent and informed way. The manager told us they were exploring ways to involve referring professionals in these meetings too. This would provide additional support for staff and help strengthen the positive impact on people's outcomes.

The systems for storing and administering medication were very good, and respected people's own abilities and choices about their medication. Staff were following the procedures well, which helped protect people's health and wellbeing. We did note that opening and expiry dates for creams were not being consistently recorded which meant there was a risk that people could be using creams that were no longer effective. We discussed this with the manager and were assured this concern would be addressed promptly. This will help protect people's skin health. We will review progress with this at the next inspection.

Staff practice around infection prevention and control (IPC) had improved significantly since the last inspection. We saw staff supporting people in their own homes while using appropriate personal protective equipment (PPE). Staff showed a very good understanding of when to change their PPE, and they stored and disposed of used PPE safely. This reduced the risk of cross-contamination to a minimum, helping to keep people safe and lowering the risk of infection for everyone.

## How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were led well and spoke highly of the support they received from their supervisors and the service manager, describing them as approachable, helpful and responsive. Supervisors carried out regular

supervisions, team meetings and competency assessments, and frequently visited people. They worked closely with staff and individuals to find ways to help people become more independent. This hands-on approach strengthened trust and relationships between staff, people, and leadership. As a result, staff grew in confidence and skills, and reported high morale across the team. This contributed to improved person-centred support and better outcomes for people.

The service had developed a detailed and easy to follow action plan to help them make the improvements that were identified at the last inspection. The manager had used the plan effectively to monitor progress of each action. As a result, the service had achieved improvements in how people were supported and how planning information was managed. This led to better health and wellbeing outcomes for people and showed the service's strong commitment to ongoing quality improvement.

The service had very good quality assurance systems in place that effectively monitored key areas of support, including medication management and care reviews. The systems also supported staff development through monitoring of supervision, training, competency checks, and professional registration. These processes gave the management team clear oversight of the service, making it easier to spot issues and implement improvements. As a result, people's health and wellbeing benefitted from a culture of continuous improvement.

We reviewed records of accidents, incidents, and medication errors. These were generally clear and easy to understand. In most cases, issues had been thoroughly investigated and appropriate actions taken to address concerns and learn from mistakes. This gave people confidence that the service responded effectively to concerns and worked to reduce the risk of harm. Some records could have included more detail about the supervisor's actions, particularly around support provided to staff and steps taken to lower risks. After discussing this with the service, we were assured these areas would be improved in future records. This will help to further protect staff and people's health and wellbeing.

## How good is our staff team?

## 5 - Very Good

We found significant strengths in aspects of the service provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff felt supported by their supervisors and each other. A staff member told us, 'I love my team and love having colleagues you can rely on'. Good teamwork meant staff were proactive in sharing information and ideas. Staff had a comprehensive understanding of people's needs and were very enthusiastic about encouraging people to gain more independence and control. People benefitted from a team who worked well together and focused on helping them meet positive outcomes.

Staff had the relevant skills and training to support people's outcomes. New staff had opportunities to shadow more experienced colleagues before working independently. The length of shadowing was flexible and tailored to each staff member's needs and preferences. This approach contributed to high levels of staff satisfaction and retention. This also meant that people benefitted from a well-trained, confident and stable staff team.

Staffing levels were very good. Rotas were well organised, and staff had sufficient time to provide support in a safe, unhurried and meaningful way. This contributed positively to people's health and wellbeing. Some staff did report occasional short notice changes to rotas, especially at weekends. This sometimes caused stress for staff and had the potential to impact the quality of care if they did not have enough time to review people's records beforehand. We raised this with management, who assured us they would

address the issue with staff responsible for organising care. This will help improve both staff wellbeing and quality of care provided.

Staff were involved well in decisions about care reviews and suggesting changes to people's care that could promote people's independence. Supervisors also took part in care delivery and supported people to regain skills and confidence. Working together in this way helped staff feel valued and strengthened trust between people, staff and management. As a result, people benefitted from everyone working together to improve their outcomes.

Staff worked well with external professionals, who spoke highly of the service and praised staff for their approach. People's experiences were enhanced through this collaborative approach to care.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People's care and support planning had improved since the last inspection. When people required ongoing care, this was supported by individualised personal plans developed in partnership with people. The plans generally contained detailed, person-centred information about people's needs, wishes and desired outcomes. This increased the likelihood of people receiving high quality care that benefitted their health and wellbeing.

Some personal plans lacked sufficient or consistent detail about people's specific needs related to their health conditions, such as diabetic care, or their wishes in the event of a health emergency, including whether they wished to be resuscitated. We discussed this with the service, who assured us they will review all personal plans and improve the recorded information where required. This will help ensure people receive the care that is right for them and that their wishes are respected at all times.

Staff communicated people's reablement progress daily to supervisors and colleagues through emails. Supervisors also used weekly progress notes to monitor people's improvements throughout their reablement journey. This enabled the service to respond quick and adapt support as needed, further promoting people's independence. People were included in discussions and decisions about changes to their support, which helped them feel empowered and in control of their lives.

Formal reviews were carried out at six weeks, or sooner if appropriate, to assess whether the service could be reduced or ended safely, or if ongoing care was required. Where ongoing support was needed, a detailed personal plan was developed in partnership with the person. For those receiving longer-term care, reviews were carried out at least every six months. This ensured that care and support remained responsive to people's changing needs.

The quality of visit notes recorded by staff on the digital care planning system had improved. However, some inconsistencies remained in the level of detail and how information was recorded. For people receiving reablement, detailed staff emails to supervisors and colleagues helped supplement visit notes. This process was not consistently used for people receiving ongoing care, which increased the risk of important information being missed or not shared. We raised this with the service, who assured us they would address this with staff to improve the quality and consistency of visit recordings. This will help improve both staff communication and people's outcomes.

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

### Requirements

#### Requirement 1

By 4 July 2025, the provider must ensure support plans are up-to-date, easily accessible and used by all carers, to ensure people get the right support for them. To do this the provider must, at a minimum ensure:

- a) Everyone supported by the service has person-centred planning information in place.
- b) People's plans are adapted to reflect their long-term support needs once the reablement period has concluded.
- c) Six monthly reviews take place and plans are updated accordingly.
- d) Personal planning and review information is fully accessible to all staff at all visits.
- e) People's daily notes include information on meaningful engagement.

This is to comply with Regulation 5 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 is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); and

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

**This requirement was made on 22 April 2025.**

#### Action taken on previous requirement

People's care and support planning had improved significantly since the last inspection. All individuals supported had person-centred planning information in place. For those receiving ongoing care, six-monthly reviews were taking place, and personal plans were being updated following these reviews. The quality of visit note recordings had also improved.

There remained some scope for further improvement in aspects of personal plans and visit notes. Please see 'How well is our care and support planned?' section for more detail.

There was sufficient evidence to demonstrate that this requirement had been met.

**Met - within 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 protect people's health and wellbeing, the service should ensure medication administration procedures are consistently followed by staff. This should include but not be limited to:

- a) Ensuring medication administration recording sheets are kept up-to-date, with any discontinued medication removed from the sheet.
- b) Medications not in use should be promptly returned to the pharmacy for safe disposal.
- c) Staff receiving appropriate training and support in the management and administration of medicines.
- d) Direct observations and assessment of staff practice in medication management being regularly undertaken.
- e) Medication support plans, risk assessments and administration charts being regularly audited to monitor compliance.

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

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

**This area for improvement was made on 22 April 2025.**

#### Action taken since then

The service had very good systems in place for medication administration and quality assurance, which were being consistently followed.

Staff had received appropriate training, and their practice was regularly observed through competency assessments. Where further support or training was identified following observations, this was provided. Observations also included checks to ensure that any medication no longer in use was safely disposed of in line with procedures.

We advised the service to ensure that dates of opening and expiry for topical medications, such as creams, were consistently recorded and monitored. This will help protect people's skin health. We will review progress with this at the next inspection.

There was sufficient evidence to demonstrate that this area for improvement had been met.

## Previous area for improvement 2

In order to promote positive outcomes for people, the service should ensure that quality assurance processes are effective and reflective of the experiences of people and staff practices. This should include but not be limited to ensuring:

- a) All quality assurance checks are completed accurately.
- b) Any issues or concerns arising from checks are investigated and analysed appropriately and actions taken to ensure improvement.
- c) Information is kept up-to-date across all systems.

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).

**This area for improvement was made on 22 April 2025.**

### Action taken since then

The service now had very good quality assurance systems in place. Staff practice observations, supervisions, and people's reviews were regularly planned, carried out, and monitored to ensure due dates were met.

Issues arising from incidents were investigated and analysed, with appropriate actions taken. However, there was scope for supervisors to improve how they recorded the actions taken. Please see 'How good is our leadership?' section for more detail.

There was sufficient evidence to demonstrate that this area for improvement had been met.

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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