

Care Quality Services Limited - Moray Housing Support Service

4 Moycroft Industrial Estate
Elgin
IV30 1XZ

Telephone: 01343 550 074

Type of inspection:
Unannounced

Completed on:
26 May 2025

Service provided by:
Care Quality Services Limited

Service provider number:
SP2018013250

Service no:
CS2018371995

About the service

Care Quality Services Limited - Moray provides a housing support and care at home service for adults in the Moray area. They support people with a range of needs, including people who are living with dementia, are older, frail, have physical disabilities, and/or learning disabilities.

At the time of inspection they were supporting 138 adults in their own homes.

About the inspection

This was an unannounced inspection which took place between 18 March 2025 to 21 March 2025. The inspection was carried out by two 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 15 people using the service and three of their family
- spoke with 21 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People enjoyed support which was dignified and respectful.
- Staff recruitment was managed well by the service.
- Staff had time to provide care in a calm and unhurried manner.
- Staff felt valued and supported by their management.
- Improvements were required to ensure people benefitted from safe medication procedures and appropriate use of personal protective equipment.
- Improvements were needed to details within some visit notes and personal plans.

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?	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?

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.

We observed warm and compassionate care and interactions between people and carers which were friendly, good natured, and humorous. It was clear that carers knew people very well. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We were confident that people's dignity was respected, and their day-to-day needs were met.

Feedback from people was positive. One person told us, "I am pleased with the carers and the service I receive" and another said, "All the carers are pretty good". Feedback from relatives was also mainly positive. One relative told us, "I can't fault them" and another said, "The carers are all quite nice". One relative felt that communication with them could have been better. We shared details with management who said they would explore this further and address any concerns.

Staff communicated well with people and their families, using methods tailored to each person's needs. For example, in one house, they used a notebook to keep in regular contact with a family member. This helped both staff and family monitor the person's health after a vaccination and quickly seek medical advice, if needed. Staff also used non-verbal communication effectively and respectfully. For instance, when supporting someone with eyesight difficulties, they used their body position and gentle touch to reassure the person and guide their hands to food and drinks. As a result, people benefitted from communication that was right for them.

People's health and wellbeing benefitted from good links between the service and the health and social care partners such as occupational therapists, and social workers. Advice was sought from professionals in a timely manner when needed and the communication with professionals had improved. A professional told us, "There is a clear drive to try and improve relations and respond quicker and more effectively to concerns or issues should they arise for people in our community". This teamwork helped improve people's health and wellbeing by addressing concerns promptly and effectively.

People were supported to take their medication in ways that suited their abilities and promoted independence. However, staff didn't always follow the correct procedures for administering medication, which increased the risk of mistakes. For example, one person received their bedtime medication during teatime on a couple evenings because staff didn't check the medication label and recording sheet before administering medication. The service will benefit from discussing good medication practice with staff to raise the standards. The system for recording medication administered could also be improved to make it easier to spot if a dose had been missed. These improvements will help protect people's health and wellbeing (**see area for improvement 1**).

Staff used appropriate personal protective equipment (PPE) when supporting people. They understood their role and responsibilities in preventing the spread of infection. However, the use of PPE and how staff washed their hands was not in line with best practice. We discussed this with the manager who started planning more training to support staff. This will help keep people safe and reduce the risk of infection for everyone (**see area for improvement 2**).

Areas for improvement

1. To protect people's health and wellbeing, the service should ensure medication administration procedures are improved where necessary and consistently followed by staff. This should include but not be limited to:

-
- a) improving the system for administering and recording medication so that staff can easily check if any doses have been missed
- b) providing staff additional training or support to improve their understanding of, and ability to follow, medication management procedures
- c) continuing regular recorded direct observations and assessment of staff practice in medication management to ensure that the additional support results in consistently better practice
- d) regularly auditing medication support plans, risk assessments and administration charts 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).

2. To protect people's health and wellbeing, the provider should regularly monitor and improve staff compliance with effective hand hygiene practices and safe use of personal protective equipment (PPE).

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 good is our leadership?

5 - Very Good

We found significant strengths in quality assurance and leadership and how this supported positive outcomes for people, therefore we evaluated this key question as very good.

Carers we spoke with were all positive about their experience working for the service and felt supported to carry out their role to the best of their ability. We were told that the management team were visible and approachable, and that all feedback was constructive and helpful. Regular team meetings, supervisions and competency checks were in place and highlighted areas of good practice and areas for development. We were confident that staff were led well.

The service had very good quality assurance systems in place. A range of audits were used to highlight areas for development and improvement, and these contributed to the service improvement plan. The service improvement plan was detailed and easy-to-understand. The actions in it were achievable and showed an understanding of areas of practice that benefitted from monitoring to improve outcomes for people and staff. The manager was using the plan well to track the improvements being made with each

area of practice. This meant people benefitted from a culture of continuous improvement within the service. The service was seeking people's views to plan further improvements to their care as well, but this was not reflected in the improvement plan. We encouraged management to consider highlighting this feedback and its contribution to actions within their improvement planning.

We reviewed the accident/incident and complaint records and found that they were easy-to-understand. Any issues had been investigated thoroughly and appropriate actions had been taken to address concerns and learn from any mistakes. Appropriate notifications were made to external agencies, such as the Care Inspectorate and the adult protection team. This meant people could be confident that action would be taken to address any concerns and mitigate risks of future harm when necessary. This also meant the service operated in an open, transparent and person-centred manner.

How good is our staff team?

5 - Very Good

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

The service had recently recruited many staff, allowing office staff to focus on their roles and provide better support to care staff. As a result, the rotas were well organised, helping ensure that people saw the same carers at the same times as much as possible. Staff had enough time to complete care tasks and carried out visits calmly and professionally. They were not rushed during or between visits. Staff felt supported by management and were not expected to take on extra shifts regularly. This meant the service had the right amount of staff, and staff had enough time to support people properly.

Recruitment of new staff was comprehensive, with appropriate pre-employment checks completed. Before working independently, all staff were required to complete a period of induction and shadowing with more experienced colleagues. Each new staff member was also assigned an experienced colleague as a mentor. This helped new staff develop skills and confidence while building good working relationships. As a result, people's health and wellbeing benefitted from a team that worked well together. However, some staff who were new to social care still felt they could have done with a bit more support at the start. For example, a new staff member told us, "As a new start and new to care work I had a lot of questions, and felt a bit lonely and kept wondering if I was doing things right". We shared this with the manager who said they would explore additional ways to support new staff.

Staff were trained to support people through a mixture of online and face-to-face training. Staff were knowledgeable in a range of topics including adult support and protection and dementia care. Training was also provided for people's specific needs, such as stoma care. Staff spoke highly of training and said it helped them feel skilled and equipped to perform their roles. This in turn improved the quality of support people received. External professionals also spoke highly of the service and complimented staff on their approaches with people. People's experiences were therefore improved through a collaborative care approach.

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 had individualised personal plans in place which usually contained clear information and guidance

for staff. The plans had detailed information around a person's health conditions, how this may affect them and any ongoing management of these. This meant staff had a better understanding of each person's health needs and how to meet them, which increased the likelihood of positive outcomes for people.

Personal plans had been written in an enabling way that helped people get the most out of their care and support. For example, one person's plan described the best way to encourage and support them with showering. This helped ensure all staff used the same approach, thereby increasing the effectiveness of the support provided.

When people's care needs were more complex, we found a few details which could have been more thorough. For example, some plans did not explain in enough detail how staff should help people move while they were supported with personal care in bed. Adding this information would help staff provide safe and effective care, especially if they were new or unfamiliar to the person being supported (**see area for improvement 1**).

The quality of daily progress notes was variable. While they usually included good detail about the care provided, they were often task focused. At times important information was also missed from the notes, especially when issues arose during a visit. For example, a staff member identified an issue with a person's medication but did not record what they found and how they handled it. This increased the risk of key information not getting passed on, which could negatively impact people's outcomes. We spoke with the manager who agreed to discuss good recording practices with staff and improve the quality and consistency of the notes (**see area for improvement 1**).

People had regular reviews to discuss their support needs. Reviews were completed well and noted any changes needed to personal plans or risk assessments. When a person's needs changed, their support plan had been updated to reflect these. This helped staff provide care and support that met each person's current health and wellbeing needs.

Areas for improvement

1. To support positive outcomes for people, the provider should continue to make improvements to their support planning and associated documentation. This should include but not be limited to:

- a) ensuring support plans offer good detail of people's moving and handling needs
- b) people's daily notes include all relevant information, including any issues that arose during the visit and how these were handled by staff
- c) people's daily notes include details of their wishes and meaningful engagement.

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).

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

Requirements

Requirement 1

By 7 March 2025, the provider must use all systems robustly to ensure people receive safe care.

To do this the provider must:

- a) Ensure all audit forms are completed honestly and accurately.
- b) Ensure areas for improvement are noted in the correct system and tracked through to completion

This is to comply with Regulation 4(1)(a) 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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

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

This requirement was made on 16 January 2025.

Action taken on previous requirement

There has been a significant improvement to the completion of quality assurance audits and the service had very good systems in place. Please see section 2: 'How good is our leadership'? for further details on quality assurance and leadership.

Met - within timescales

Requirement 2

By 7 March 2025, the provider must ensure staffing arrangements can provide positive outcomes for people

To do this the provider must

- a) Ensure there are sufficient numbers of staff at all levels to enable workers to choose a reasonable work/life balance and fulfil their duties.
- b) Ensure staff are fully trained for all aspects of work they are expected to undertake.

This is in order to comply with section 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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); and

'My needs are met by the right number of people' (HSCS 3.15).

This requirement was made on 16 January 2025.

Action taken on previous requirement

There had been a significant improvement in staffing levels in the service and feedback from staff was very positive regarding their training, support and work-life balance. Please see section 3: 'How good is our staff team'? for further details on staffing arrangements.

Met - within timescales

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.