

Able Care @ Home Support Service

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Type of inspection:
Unannounced

Completed on:
28 May 2025

Service provided by:
Absolute Recruitment (UK) Ltd

Service provider number:
SP2015012558

Service no:
CS2017354749

About the service

Able Care @ Home supports people who are living in their own homes and in the community. The service provides care and support for people with physical disabilities, mental health problems and those who are frail and elderly. Support ranges from a few hours per week to 24 hours per day.

At the time of inspection, the service was supporting 18 people living across Aberdeen City

About the inspection

This was a follow up inspection which took place on 28 April 2025 and 28 May 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 three staff and management
- observed practice
- reviewed documents.

Key messages

Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being better met.

People were supported to move safely by trained staff, which reduced falls risks and promoted safety and wellbeing.

People received their medication as prescribed, which supported their health and built trust in the care provided.

Quality assurance systems were in place and informed service improvements, which supported safer and more consistent care.

Personal plans were more person-centred, which supported improved care for people.

Team meetings offered opportunities for shared learning, but low attendance limited their impact on care quality.

Daily recordings remained inconsistent in quality, but the provider had introduced targeted training to improve this, which should lead to more reliable documentation and better continuity of care.

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

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 re-evaluated the service and found it was performing at an adequate level.

Two requirements under the key question, "How well do we support people's wellbeing?" remained outstanding from our previous inspection. Since then, the provider had put action plans in place to support the improvements needed.

We followed up on the requirement around the provider ensuring people were supported to move and walk safely. We found that progress had been made and this requirement had been met. All staff had completed training in safe moving and handling, equipping them with the skills and knowledge to support people safely and confidently. The service had conducted falls risk assessments for every person and developed clear, accessible care plans that staff consistently followed. Staffing levels matched each person's assessed needs, and appropriate support was provided during transfers and mobility tasks. For example, two carers always attended visits where this level of support was required. As a result, people received safer, more respectful care that reduced fall risks and promoted people's wellbeing (see '**What the service has done to meet any requirements made at or since our last inspection**').

We followed up on the requirement around the provider ensuring people were supported to take their medication as prescribed. We found that progress had been made and this requirement had been met. All staff involved in medication administration had completed training and competency assessments, ensuring they could carry out this responsibility safely. Medication records were consistently accurate, and care plans were regularly updated to reflect any changes. These improvements ensured people received the correct medication at the right time, enhancing safety, supporting health needs, and building trust in the care provided (see '**What the service has done to meet any requirements made at or since our last inspection**').

How good is our leadership?

3 - Adequate

We have re-evaluated the service to be performing at an adequate level.

One requirement for key question "How good is our leadership?" remained outstanding from our previous inspection. Since then, the provider had put action plans in place to support the improvements needed.

We followed up on the requirement around the provider using quality assurance systems and processes to ensure positive and safe outcomes for people. We found that progress had been made and this requirement had been met. The provider was ensuring every care visit was attended by competent, trained and sufficient staff. They had implemented robust audit processes covering key areas such as medication management, carers' rotas, care plans, daily notes and risk assessments. They had carried out these audits regularly and were using findings to drive improvements. Furthermore, the provider had developed a service improvement plan and established clear roles and responsibilities across management, office staff and carers, which promoted accountability and effective teamwork. The provider had also introduced a monitoring system to track carers' attendance at visits, ensuring reliability and continuity of care. As a result, people experienced a more consistent, well-managed service that supported their safety and wellbeing, and increased their confidence in the service (see '**What the service has done to meet any requirements made at or since our last inspection**').

How good is our staff team?**3 - Adequate**

We have re-evaluated the service to be performing at an adequate level.

Staffing schedules and rotas were meeting people's needs. For example, carers who were competent in medication administration consistently attended visits that required medication support. Furthermore, people who needed assistance from two carers to move or transfer were always supported by two appropriately trained staff members. As a result, people received safer, more reliable care that promoted their wellbeing (see section 'How well do we support people's wellbeing?' and 'What the service has done to meet any requirements made at or since our last inspection').

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

Requirements

Requirement 1

By 28 April 2025, the provider must ensure people are being supported to move and walk safely because moving and handling guidance and procedures are being followed.

To do this, the provider must, at a minimum:

- (a) ensure all staff are trained and competent in safe moving and handling procedures
- (b) ensure accurate falls risk assessments and plans are in place, accessible, and implemented by carers
- (c) ensure practice adheres to all moving and handling protocols and procedures, including allocating sufficient staffing numbers based on assessed needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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 can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment' (HSCS 1.22); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 14 April 2025.

Action taken on previous requirement

Staff were well-trained and confident in delivering safe moving and handling practices. Falls risk assessments were completed for all people, and care plans were clear and consistently followed. Furthermore, two carers were always present during transfers where this level of support was required. This ensured people received respectful, safe care that reduced the risk of falls and enhanced people's support (see 'How well do we support people's wellbeing?').

This requirement has been met.

Met - within timescales

Requirement 2

By 28 April 2025, to promote the safety and wellbeing of people, the provider must ensure that people are supported to take their medication as prescribed. To do this, the provider must, at a minimum:

- (a) ensure all medication is administered according to the instructions of the authorised prescriber
- (b) ensure all staff attending care visits are appropriately trained and competent in the safe administration of medication
- (c) ensure care plans are regularly reviewed and accurately reflect changes in people's medication.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and regulation 5(2)(b) 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: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 14 April 2025.

Action taken on previous requirement

People were being supported to take their medication as prescribed. All staff responsible for medication had completed training and competency checks. Medication records were accurate and care plans were regularly updated. This supported people receiving the correct medication at the right time, improving safety and supporting people's health (**see 'How well do we support people's wellbeing?'**).

This requirement has been met.

Met - within timescales

Requirement 3

By 26 May 2025, the provider must enhance their quality assurance systems and processes to ensure positive and safe outcomes for people. To do this, the provider must, at a minimum:

- (a) quality assure and improve the staff scheduling system to ensure competent, trained, and sufficient staff members attend every care visit
- (b) quality assure the service's performance through effective audits, including medication, carers' rotas, care plans, daily notes and risk assessments
- (c) develop a service improvement plan that is inclusive of people and aims to develop the service and improve outcomes for people
- (d) develop clear organisational roles and responsibilities, including management, office staff and carers
- (e) develop an effective monitoring system to oversee carers' attendance at care and support visits.

This is to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019 and Regulation 4(1)(a) (Welfare of 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 14 April 2025.

Action taken on previous requirement

Quality assurance systems and processes were improving outcomes for people. The provider had introduced audit systems that covered medication, rotas, care plans, daily notes and risk assessments. These audits informed a clear service improvement plan, and the provider had assigned defined responsibilities to staff. A monitoring system tracked carer attendance at scheduled visits, which improved consistency, safety and trust in the care provided. Due to this, people's care and support was improved (see 'How good is our leadership?').

This requirement has 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 support people's health and wellbeing and improve the quality of their support, the provider should improve attendance and opportunities for shared learning at team meetings.

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 '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 14 April 2025.

Action taken since then

We found improvements in how the provider promoted attendance and shared learning at team meetings. The provider had taken initial steps to increase engagement, with a slight rise in the number of carers who attended the most recent session. While this was a positive development, attendance remained quite low. The provider had plans in place to address this, including offering remote access and introducing incentives to encourage participation. These actions demonstrated a proactive approach to boosting engagement.

Overall, although progress had been made, further efforts were needed to increase future participation. Greater involvement could help maximise the impact of shared learning, resulting in improved support for people.

This area for improvement had not been fully met.

Previous area for improvement 2

To support people's health and wellbeing and improve the quality of their support, the provider should improve the quality of all documentation and planning, so it is completed to the same high standard after each care visit. This should include, but not be limited to, consistently good quality of recordings, personal plans, risk assessments, reviews and any other recordings related to people's care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 14 April 2025.

Action taken since then

Personal plans and daily recordings were in place for each person using the service. The provider had made clear progress in improving medication support and personal plans, which were more person-centred. However, the quality of daily recordings remained inconsistent. The provider had identified this as an area for improvement and had arranged staff training to address it. While these actions demonstrated a commitment to improvement, further work was needed to ensure consistency and improve outcomes for people. Therefore, this area for improvement had not yet been fully met.

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
1.3 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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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