

Seasoned Hands Care Support Service

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Type of inspection:
Unannounced

Completed on:
16 June 2025

Service provided by:
Graceguard Services Ltd

Service provider number:
SP2016012686

Service no:
CS2017360594

About the service

Seasoned Hands Care provides a care at home service to people living in Edinburgh and the Lothians. The service provider is Graceguard Services Ltd. The service provides packages of care with a minimum one-hour visits. 43 people were using the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place between 9 and 13 June 2025. We visited the registered office on 9 June and visited people in their own homes and contacted some people on the phone on 15 June 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 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, or received comments via our online questionnaires to six supported people and eight of their relatives.
- Spoke with five staff and management. Plus, a further 24 from our online survey.
- Received feedback from two health and social care professionals
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People praised the quality of the staff who supported them.
- We observed positive, respectful, and natural interactions between staff and those being supported. This was achieved through ensuring high levels of staff consistency.
- Staff displayed a strong sense of duty of care towards people.
- People's personal plans were of a good quality, however we identified some improvements could be made to give greater clarity on people's support needs and personal preferences.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - Good
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?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

We visited people at their home addresses and observed positive, respectful, and natural interactions by the staff team. People were supported by a small group of staff they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. One relative told us "Cannot fault any of the service provided. The carers are lovely, hardworking, kind and have built up a good relationship with my parents and go out their way to help them."

Visiting times were also consistent which enabled people to plan their day well. People described good communication from carers and management in the office as positive and responsive.

Staff demonstrated a good knowledge of people's needs. This had been achieved through the agreed personal plans with people that often reflected their care needs, and or through the positive working relationships and consistent staff team supporting people. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified.

From the care documents we sampled and discussions with people, we concluded that the service was very responsive to people's care needs, liaising with external health professionals as and when appropriate.

Overall, people were happy with the quality of care they received from the service. Comments from people we spoke with included: "Seasoned Hands has significantly improved my health condition since they started to care for me." Another told us "My husband has had excellent care and great kindness. I have also received kindness and consideration."

How good is our leadership?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

Leaders utilised a variety of quality assurance systems which provided good oversight of the care delivered to people. This included the auditing of visiting times, medication, staff consistency and observations of practice.

People benefited from a responsive management team, who actively listens to and addresses any concerns raised by people using the service, their families and staff who takes action to improve the service. We had confidence that any recommendations for improvement would be explored and implemented to support continued positive outcomes for people.

Observations of staff practice were also undertaken on a regular basis. This included how staff interacted with people and how people's care needs were met. We felt improvement could be made to the records of any discussions held and actions agreed as the documents used were in the form of a box ticking exercise.

We suggested to the manager perhaps a self-evaluation on the performance of the service in meeting people's care needs could be completed. This would enhance the quality assurance systems already in place and provide a benchmarking exercise to support continuous improvement and development opportunities.

How good is our staff team?

3 - Adequate

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

Staff felt supported in their role and had confidence in management should they have to raise any concerns. One carer told us: "Always ready to assist staff to be able to provide the best of care."

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people. It was evident staff were an asset to the service, contributing significantly to its effectiveness.

Regular supervision was used constructively and supported staff's personal and professional development. There were clear records of learning being undertaken and planned, which inform learning for each member of staff. Staff were aware of their responsibilities for continuous professional development to meet any registration requirements. The manager monitored the frequency of supervision meetings to ensure they were consistent for all staff.

Staff had regular opportunities to meet with their colleagues and managers through online and face to face team meetings. These were well attended and enabled managers to discuss practice related matters and communicate effectively with staff.

Staff completed a range of online and face to face training courses. Competency based training was also delivered and included administering medication and supporting people with their moving and handling. We did identify some gaps in staff knowledge, specifically in relation to personal care planning, falls awareness and nutritional needs. Therefore improvement should be made. Please see area for improvement one.

Areas for improvement

1. The manager should ensure people being supported have confidence in the staff because they are trained, competent and skilled to meet their care needs. This improvement focuses on all elements of training, but specifically the gaps we identified at this inspection, namely:

- 1) falls awareness,
- 2) care planning, and
- 3) nutritional needs.

This is to ensure care and support is consistent with the Health and Social Care Standards 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." 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 needed to improve.

People benefited from having electronic care planning. This enabled information to be easier for people and their relatives who could also see the notes recorded by carers. Review meetings were fully recorded to capture discussions held and actions agreed. Adopting this approach, whether in person or held over the phone enables people and their relatives to feel they have fully participated and benefited in the review process.

We sampled eight personal plans belonging to people and found these were generally completed to an adequate standard.

The manager was in the process of updating people's care plans using a new template document. We favoured what had been introduced as the template incorporated useful prompts for the assessor to ask people when developing their care plan to meet their care needs. However, the document was not being used consistently and to its full potential. Whilst some plans we sampled were of a good standard, others lacked detail to support and guide staff effectively. For example, what people can do for themselves to maintain independence, their personal preferences, and in some cases care plans contained conflicting information. Improvement was needed. Please see area for improvement one.

Areas for improvement

1. To ensure support plans contain current, clear and meaningful information the manager should further develop care plans and risk assessments. This should include, but is not limited to, ensuring that:
 - a) plans evidence that the care planned and provided meets peoples' assessed needs, including wishes for end of life care.
 - b) appropriate risk assessments and guidelines are in place reflective of people's care identified care needs.
 - c) documentation and records are clear to read, easily accessible and reflect the care planned and provided.
 - d) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate. Reviews should capture discussions held and evaluate how well support is meeting individual needs and outcomes.
 - e) managers monitor the quality of support plans and risk assessments and take action where issues are identified.

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

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 the provider's improvement agenda the manager should develop an on-going improvement plan.

This is consistent with the Health and Social Care Standards (HSCS) which state: "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 is well led and managed"(HSCS 4.23).

This area for improvement was made on 12 August 2024.

Action taken since then

The manager has implemented a well written improvement and development plan which was progressing well.

Previous area for improvement 2

To ensure that the health, welfare, and safety needs of people receiving care are met in relation to care planning and risk assessments. You should ensure that all personal plans are reviewed regularly (at least once in every six-month period) and contain up-to-date information which: accurately reflect the assessed current health and care needs of people receiving care. This should enable staff to identify the support required to meet the needs of the person receiving care, and the steps which should be implemented to address these needs, and mitigate any risks identified.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state: '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).

This area for improvement was made on 12 August 2024.

Action taken since then

As reported within the body of this report, we identified further improvement was needed.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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