

Shetland Care Attendant Scheme Support Service

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Unannounced

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Service provided by:
Shetland Care Attendant Scheme

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CS2004059644

About the service

Shetland Care Attendant Scheme (SCAS) is an independent Shetland charity providing breaks to carers in their own homes throughout Shetland. SCAS aims to provide carers with regular breaks to enable them to have some quality time to use in any way they wish. By doing this it enables the carers to continue in their caring role, keeping their loved one living at home. It prevents crisis situations arising and avoids emergency respite.

Trained care attendants look after their loved one whilst they are out. Services that are provided are personal care and additional care and support for example assisting individuals to pursue leisure and occupational activities and providing social stimulation both within the home and outside.

The hours and type of support a person receives is determined by a needs assessment. There were 34 care attendants employed by the service at the time of inspection and 48 people being supported by the service.

About the inspection

This was an unannounced inspection which took place between 18 to 19 September 2024. Two inspectors carried out the inspection. To prepare for the 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.

To inform our evaluation we:

- spoke with four people using the service and 12 of their friends and family members
- spoke with seven staff
- observed practice and daily life
- reviewed documents.

Key messages

- People using the service received high quality and consistent care and support.
- Staff were skilled in supporting complex needs and skilled in delivering person-centred care.
- People were supported by the right number of staff at times that were convenient to them.
- The service should improve the recording of people's outcomes and achievements.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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 staff team?	5 - Very 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.

Shetland Care Attendant Scheme (SCAS) demonstrated the Health and Social Care Standards in their everyday practice. This encouraged a climate of warmth, respect, and dedication to giving people a good quality service. An example of this was the fundraising efforts across the organisation, staff have completed charity runs across the world, donated birthday money, and held community events for everyone to get involved in so that individuals get the best service possible.

We received feedback from carers and people using the service and the positive difference it has made to their lives. One person told us, "They saved my own sanity, they provide respite when I need it and has been of incalculable benefit to me and my loved one". The service covers all of Shetland including the smaller islands and this enabled them to provide a service to individuals staying in the most remote areas. One individual shared the impact on their mental health as they are isolated and a visit from the care attendant was something that filled them with joy and connection.

The service supported people to improve their health and wellbeing. Staff were experienced and continuity within teams meant that the service thoroughly understood people's needs. When accidents or incidents happened, the service followed a methodical approach to understand and learn from the experience to promote people's safety. The service also demonstrated a multi-disciplinary approach where they worked in partnership with learning disability nurses, occupational therapy and social work. The service evidenced good communication and responded well to advice ensuring that people received high quality care and support. SCAS was the only service currently in Shetland who provided overnight care at home. Working in partnership with the local council ensured that care packages were delivered across the island which helped individuals to remain at home for longer.

Each person using the service had their own care plan. Care plans included comprehensive details about a person's interests and needs. Plans also contained detailed risk enablement which clearly detailed people's care needs in areas such as healthcare. An example of this was best positioning for a wheelchair user where photographs were used to guide staff on safer moving and assistance which were specific to individuals. We felt that plans could better evidence people's outcomes. For example, the service recorded members' activities daily which was good practice but it would be beneficial to record the outcomes such as better health and wellbeing and community connections. The service acknowledged that it would record people's outcomes and the benefits these have for quality of life which will make the service even more outcome-focused.

People had six-monthly person-centred reviews which highlighted the views of people and their families. People and their loved ones had the opportunity to regularly feedback to the manager and also through surveys. To further enhance this, we asked the service to include people's feedback in the service's improvement plan. Having this approach will create even more inclusivity and help the service to further develop in the future.

How good is our staff team?**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.

There was positive morale across the service and people described it as being a pleasure being able to help people remain at home for as long as possible. A member of staff shared, "We are valued and my job means a lot to me". Staff shared that management were always accessible and promoted an open-door policy. We observed good communication between management, staff, and relatives throughout the inspection. Having leaders who were visible and supportive empowered staff to provide high quality care for both people and families.

Staff were recruited safely in line with national guidance with appropriate checks, references, and professional registrations. Training provided by the service was thorough and promoted in person courses, e-learning, and self-development as well as specialised training for more complex needs such as Huntington's disease. Frequent refresher courses allowed staff to continuously build on their knowledge and skills, observations of practice, and appraisals ensured training needs were identified, and high standards of care were delivered for people.

Staffing arrangements were appropriate to meet people's varied needs and wishes. For example, people received at least two hour visits which promoted meaningful interactions and effective care and support. Prior to someone joining the service, the manager goes out to meet the person to gain an understating of their needs and if the service would be suitable for ensuring responsive care and support.

A review of rotas evidenced that people were supported by staff who were familiar to them. There was consistency in staffing and people were cared for by the right number of people at the right time, promoting effective care and meaningful relationships. Rotas were planned in advance taking into consideration staff and people using the service. We recognised the pressure upon the service with staff shortages or absences but management were proactive around arranging cover and staff were quick to offer support and provide additional cover where needed. This meant that care was not interrupted for people who continued to have ongoing activities and positive outcomes.

Staff wellbeing was valued and the management team recognised the complexity of the role and issues such as lone working. Staff also had access to an employee assistance programme which offered counselling and wellbeing assistance. By promoting a positive working environment where staff feel supported, and their achievements were recognised, there was high levels of morale and performance. To further enhance this, the service is going to build on this by bringing teams together more in person and creating a WhatsApp group to encourage further communication with colleagues. By investing in staff wellbeing ensured that people were supported by a motivated and dynamic staff team to meet their needs, wishes, and outcomes.

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

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