Potters Independent Living Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Potters Independent Living Ltd

Service provider number:
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Service no:
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About the service

Potters Independent Living provides a care at home support service to people living in Aberdeenshire. The head office is based in Alford and, at the time of inspection, was supporting 35 people.

The service provides flexible packages of care and support to meet people's needs. The range of services includes personal care and support, support with domestic tasks, and social support. The service is preparing to expand to offer services in Aberdeen city.

About the inspection

This was the service's first inspection. It was an unannounced inspection which took place on 23 and 28 January 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 service registered.

In making our evaluations of the service we:

- spoke with four people using the service
- spoke with one of their family
- spoke with six staff and management
- reviewed documents.

Key messages

- Staff were friendly and supportive.
- Leaders had very good oversight of service delivery.
- There were robust systems in place to assess the quality of the service.
- People were involved in planning their support.
- Leaders were proactive in making improvements.

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 performance at this key question as good. There were a number of important strengths which, taken together, outweigh the areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes.

People's physical, mental health, and social needs were assessed and managed in a holistic way, resulting in a person-centred approach to care that was right for them as individuals.

The provider worked hard to develop and maintain good relationships with external health professionals, such as district nurses and GPs. They communicated regularly with them so that people could live as well as they could during periods of changing need or declining health.

Staff knew people well and were vigilant to changes in people's presentation. They responded quickly, escalating information to senior staff who were then able to communicate concerns to the appropriate health professionals and people's representatives. This meant that people would receive the right support at an early stage, potentially reducing the risk of further decline.

When we spoke with people, they said that they never felt rushed by carers. They told us that carers were respectful in allowing them time to complete tasks which helped them maintain independence. This contributes positively to people's overall feelings of wellbeing.

Some people felt that some staff were less experienced than others in supporting people who experienced stress and distress because of dementia. It would support better outcomes for people experiencing care if staff completed some further training in relation to this (see area for improvement 1).

People and their families or representatives were involved in decisions about their care and they told us that they felt listened to when changes were necessary in the level of care they required. People told us that the service was flexible and would support changes in routines when people had appointments.

The service had a robust medication policy and staff adhered to this. Where staff may have had concerns regarding someone's medication, leaders were on hand to provide advice and guidance or to contact health professionals if changes were necessary. We suggested at the time of inspection that the provider should check staff understanding of the 'Prompt, assist, and administer guidance' to ensure that people are always supported in line with their needs.

Areas for improvement

1. To support people's wellbeing, the provider should ensure that staff access and apply training in practice for managing stress and distress for people experiencing dementia.

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' (HSCS 3.14).

How good is our leadership? 5 - Very Good

We evaluated performance for this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that exist will have minimal adverse impact on people's experiences and outcomes, while opportunities are taken to strive for excellence within a culture of continuous improvement.

The team was improvement-focussed and worked well together, staff who were not directly involved in care worked hard to promote the quality of the service.

Leaders maintained good oversight of day-to-day activity of the service, ensuring that they were knowledgeable of people's changing needs. This meant that they could respond quickly to circumstances that had a potential for negative outcomes and put safeguards in place.

Leaders were accessible and made themselves available to clients and staff. When we spoke with people they knew who to contact in the office and reported that the staff were respectful and responsive. One person told us, "There is a family feel to the service, everyone is so approachable and genuinely caring".

Leaders had a vision for the service and were improvement-focussed. They were realistic in what could be provided with the available staffing resources and the pace at which the service should expand. This approach would reduce the risk of poor outcomes for people experiencing care.

The provider had systems in place to monitor the quality of the service provided. It would benefit outcomes for people to involve supported people and staff with service improvement planning as the service grows.

Leaders regularly completed observations of staff practice and completed supervision in line with professional codes.

How good is our staff team? 5 - Very Good

We evaluated performance for this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that exist will have minimal adverse impact on people's experiences and outcomes, while opportunities are taken to strive for excellence within a culture of continuous improvement.

Staff told us that they felt respected and valued by leaders in the service. This contributed positively to people's dedication to the service. There was very good communication between field and office staff. This resulted in people receiving a smoother service.

Assessment of staffing arrangements were dynamic. The provider used information from people's support plans to meet the requirements of the service. Electronic systems were in use for preparing staff rotas. These systems were able to alert leaders to any potential shortfalls due to absence or holidays and alternative arrangements were put in place, reducing impact on people experiencing care.

Staffing arrangements were very flexible. This ensured that people were supported to maintain routines and activities that were important to them. When we spoke with people, they told us that the service had been very supportive in changing the level of service delivered in order that they could continue to enjoy social events that were important to them.

Some people told us that they weren't always aware in advance of who may be providing their care and support. The provider has plans in place to support with the sharing of this information.

The provider was following safer recruitment practices and new staff engaged in an induction plan prior to carrying out support. While staff completed essential core training, the provider supported staff to complete specialist training for specific health needs should this be required to provide a person's support. This meant that people would receive care and support that was designed to meet their needs.

How well is our care and support planned? 4 - Good

We evaluated performance of this key question as good. There were a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are necessary to ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider used an electronic personal planning system but had ensured that paper copies were in people's homes for easy access. When we spoke with people they told us that they had been involved in the initial set up of the plan and any subsequent reviews. This contributed to people continuing to feel involved in care planning processes.

Where people were no longer able to make decisions about their care, the provider ensured that information from those close to them, their representatives, and external professionals was included in plans.

Personal plans gave an account of people's social and health histories, their routines, and how they would have wished to be cared for and supported. A daily diary was kept that detailed what had happened during a support visit and how the person had presented. Overall, staff were very good at ensuring people's daily notes contained relevant information and were written in a person-centred way. They gave a good account of the care and support that had been delivered and how people had presented during that time. Families we spoke with told us about how helpful and comforting these diaries were.

We discussed with the provider the need for greater detail where people have larger packages of care to manage significant health support needs. This would ensure that staff have as much detail as possible to manage support effectively (see area for improvement 1).

Plans were updated very quickly when new information was received and staff were able to access this information immediately. This meant that people would continue to receive the care and support that was right for them.

Plans identified potential risks of poor personal outcomes and cross-referenced this information throughout other plans. For example, where someone may have been at risk of skin breakdown, plans indicated the importance of movement, good nutrition, and the application of prescribed creams or ointments. This meant that, overall, risks were reduced for people.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that personal plans contain detailed information for the management of specific mental and physical health conditions, including behaviours that challenge.

This should include but is not limited to:

a) Signs and symptoms of deterioration of physical and mental health.

b) Staff response to deterioration of physical and mental health.

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

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

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