

NHS Highland



Meeting:	Highland Health and Social Care Committee
Meeting date:	2nd July 2025
Title:	Sutherland Care at Home
Responsible Executive/Non-Executive:	Arlene Johnstone, Interim Chief Officer HHSCP
Report Author:	Michelle Johnstone, Head of Service Community Services

Report Recommendation:

To note the report and the assurance level in relation to Sutherland C@H and quality assurance plan for other inhouse services

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well		Nurture Well		Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well		All Well Themes			

2 Report summary

2.1 Situation

Following a planned visit by the Care Inspectorate in April 2025, an improvement notice was issued to Sutherland Care at Home Service, after serious concerns were identified around the care that clients are receiving. These relate to concerns about effective oversight and leadership within the service, a high level of missed visits, significant medication errors and poor medication administration practice and an insufficient number of suitably skilled care staff. Following a four-week period where a review of the service was carried out action plans had been put in place to support with medication training, skin integrity and medication audits to be carried out. Additional support was identified to work within the care at home office. The service had a further review inspection carried out on 27th May and while there was recognition that some elements of the requirements had been put in place none of the requirements were fully met therefore the improvement notice was extended until 13th July

2.2 Background

Sutherland Care at Home Service has been registered as a single service since April 2024, prior to this it was jointly registered with the Caithness Service. The service received its first Care Inspectorate inspection as a single service between 7th and 9th April 2025. The overall evaluation of the service was;

- | | | |
|---|---|----------------|
| • How well do we support peoples wellbeing? | 1 | Unsatisfactory |
| • How good is our leadership? | 1 | Unsatisfactory |
| • How good is our staff team? | 1 | Unsatisfactory |
| • How well is our care and support planned? | 2 | Weak |

There was also an Improvement Notice Issued. In summary;

- you must ensure that service users experience safe and compassionate care and treatment that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with administration of medication, skin integrity and moving safely.
- you must ensure you keep people safe and healthy by ensuring medication is handled and administered correctly.
- you must ensure that there is effective governance at service level to monitor and manage quality of care. This should include but need not be limited to, the wellbeing and safety of service users and staff practice.

- you must ensure that people are supported at all times by sufficient numbers of suitably skilled staff to meet their health, safety and wellbeing needs

9 Adult Support & Protection Concerns were submitted to the social work service and a Large Scale Investigation (LSI) was commenced.

Following the initial inspection a number of actions were immediately initiated:

- an embargo was placed on any new individuals accessing the service
- Experienced staff were redirected to the service to provide support to the service and develop improvement plan/actions in response to the requirements.
- Dedicated training resource was identified with support to release staff to attend.
- Rapid recruitment events were carried out across Sutherland.
- Pharmacy team deployed to carry out medication reviews/audits
- Governance and Assurance Group was set up chaired by Director of Adult Social Care to monitor and review the action plan put in place to meet the requirements.

2.3 Assessment

The service was required to meet these requirements outlined in the Improvement Notice by 25th May 2025. These requirements were not met, a first and final extension was provided and all requirements are due to be met in full by 13th July 2025. Should the Improvements not be met after the next period then the Care Inspectorate cannot extend again and will progress to apply for a cancellation of registration, either under a S65 for an emergency cancellation or S64 for a longer term process

There have been a series of measures put in place. Including;

- LSI commenced (NHS as a part of the public protection partnership)
- Placed an embargo on any new individuals being supported by the service, recognising the potential impacts.
- Redirected an experienced C@H Manager to lead on service improvement.
- Action plan developed in response to requirements and co-ordinated daily meetings to review.
- Established an Assurance and Governance structure to support and oversee actions.
- Dedicated training resource identified.
- Assistance from pharmacy colleagues in relation to audit and training.
- CRT deployed as a priority to assist with releasing staff for training.
- Person with significant experience relocated to be based within the C@H office in a mentoring and supportive role to enable temp manager to focus on improvements.
- Rapid Recruitment events.

Additional Measures (as at 17th June)

- Head of Service – Registered Services (ASC Leadership Team) has been fully deployed to oversee the work in relation to the improvement plan.
- Senior Team in place with clear roles and responsibilities to focus on key areas.
- Advice will be sought from legal services to prepare should the requirements not be met.
- CRT to be fully deployed to enable shift planning for the next 4 weeks.
- Operational management seeking assurance on the functioning and quality of other in-house registered C@H services.

The Chief Officer has implemented a senior escalation and assurance structure to support those already in place.
Senior representatives are meeting with Senior Care Inspectorate representatives on a minimum weekly basis to ensure open channels of communication and any additional supports/ interventions required.
It is essential that there is learning to the circumstances that led to the failures within the service and the systematic contributory factors to this. Incident reporting processes have been followed and this will lead to consideration of appropriate level of investigation and review.

2.4 Proposed level of Assurance

Please describe what your report is providing assurance against and what level(s) is/are being proposed:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

Comment on the level of assurance

At the time of writing Committee can be offered moderate assurance that the requirements will be met. This level of assurance is reflective of the amount of work required in a very short period of time balanced with the volume of professional resource that is providing dedicated assistance.

3 Impact Analysis

3.1 Quality/ Patient Care

All service users will be reviewed to ensure appropriate levels of care and medication management is carried out

3.2 Workforce

There has been an impact on staff wellbeing to ensure staff are heard there are regular 1-1 and team meetings have been initiated to support staff and targeted training is being carried out.

Recruitment events have been carried out with successful applicants recruited. Adverts are currently out for 12 month fixed term contracts for registered manager and scheduler.

3.3 Financial

Any increased costs will be monitored and managed within the district.

3.4 Risk Assessment/Management

Governance and assurance group meetings have been initiated weekly these are chaired by the Director of ASC.
Report submitted to the Clinical and Care Governance Group HHSCP
The Sutherland Care at Home service has been added on to the HHSCP risk register

3.5 Data Protection

There are no data protection issues

3.6 Equality and Diversity, including health inequalities
N/A

3.7 Other impacts
Describe other relevant impacts.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.
Communication has gone out to all service users informing them of the CI report and findings this has been written and verbal
There was a follow up communication after the review inspection
Ther has been regular 1-1 and group meetings with staff

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Committee/Group/Meeting Name, and date
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4.1 List of appendices

The following appendices are included with this report: