

Montana Home Care Ltd Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 17 March 2017

Service provided by:
Montana Home Care Ltd

Service provider number:
SP2004006691

Care service number:
CS2014334478

About the service

Montana Home Care Ltd provides a combined support/care at home service to people living in the Falkirk Council local authority area. The service is mainly contracted through the local authority but can also be purchased through private and self directed support arrangements. On the day of the inspection, the provider had 173 clients.

What people told us

People using the service were extremely positive about it. People who completed Care Inspectorate questionnaires made comments like:

'I would give the staff 10 out of 10 and a gold star.;

'Mum's regular lady is a God send.;

'Staff are generally excellent and on the odd occasion when service standards have fallen short of expectations, Montana have acted swiftly to rectify the situation.'

A carer noted: 'I don't know how I would cope without the support of Montana. Every one of the carers is very efficient, reliable, helpful and very pleasant.'

Montana undertake their own regular client feedback questionnaires. The following comments were obtained by Montana staff over the phone on 7 March 2017:

'X member of staff is absolutely great.;

'I would like to have more time for a blether.' Please note that times allocated are decided by the local authority.

'It's good to know my Dad is well looked after.'

'Carers are kind and considerate.'

'Our lives have changed so much. I can go to work knowing Y is looked after.'

Self assessment

Montana completed a particularly full, relevant and helpful self assessment.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

Particular strengths in care were:

Clients and carers were very happy with the service Montana provided. Staff told us they very much enjoyed their work with clients.

The small number of complaints about the service were dealt with thoroughly.

When staff go out and about with clients, the clients choose whether or not staff wear uniform.

The use of jargon words by staff and managers that we had noticed in the past had almost disappeared. That was positive as jargon can be a barrier to communication with clients and their families.

Montana asked clients on a regular basis what they thought of the service. They held coffee afternoons in several local areas every three months with clients to ask their views on the service and also provided free entertainment. Clients enjoyed these.

In person spot checks by senior staff on how well front line staff were working were carried out regularly and issues followed up.

Adult protection concerns were carefully and promptly referred to social work authorities. The Care Inspectorate was also notified of these.

Risk assessments and care plans were checked by a senior member of staff before being finalised.

Service users, front line staff and managers all valued having the same staff members provide a service to people wherever practical.

Particular strengths in management were:

We saw very good communication with clients and staff across the board for example face book: both an open page and one just for staff.

Regular feedback was given to staff about comments from clients.

Staff meetings were regular and thorough with very good, enthusiastic attendance from staff. Proper records of these were kept with notes sent out promptly to staff stating 'please read and confirm by email that you understand.' This excellent method was used for all important information to staff. Separate seniors' meetings were also held.

A new training co-ordinator had been appointed. There was much evidence of a very productive, high standard of work being done by her. For example, seniors had been asked to complete a 'self reflection' form to assist in their own development and with their supervision of others. This was to help with future national registration of home care staff and their need to evidence life long learning. The co-ordinator had produced a well thought out 'Learning and Development Strategy' with clear aims.

Face to face twenty minute reviews of staff's e-learning were done, to consolidate learning.

A successful front line recruitment open day involved current staff and a family who used the service.

Feedback from staff was very positive: 'I felt I came (to work) here and just clicked.'; 'All office are very approachable.'

We found the staff had a great deal of respect for management.

What the service could do better

The service could improve in the area of care in these ways:

The service was good at using checklists for various types of quality assurance. However, the form used for checking care plans could be improved by expanding the list of aspects to check. The service accepted this advice when we gave them feedback.

Last year we had noted the service had no complaints leaflet although they did include their full complaints policy and procedure in documents left in clients' homes. We noted that this year there was still no complaints leaflet. We had spoken last year regarding literacy issues that some clients may have. A simple, clear, easy to read leaflet (offering other languages and formats) is recommended so everyone has the chance to know how to complain if they need to.

The service could improve in the area of management in these ways:

The service had yet to produce a development plan with targets, quality assurance indicators or plans to monitor chosen outcomes. We suggest staff are consulted on a draft plan. We have made a recommendation.

Staff noted that very occasionally they were not advised that a service user would be away from home when staff were due to call and that this caused staff some anxiety. Managers took this on board when we gave feedback.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should consider preparing a comprehensive development plan to include targets, planned outcomes and quality assurance methods. The provider should consider consulting staff and clients on the draft plan.

National Care Standards: Care at Home - Standard 1 Informing and Deciding and Standard 4 Management and Staffing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
24 Mar 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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