

Homecare by Hera Limited

Housing Support Service

Unit 1 & 2 Ladykirk Business Park
Skye Road
Prestwick
KA9 2TA

Telephone: 01292 476649

Type of inspection:

Unannounced

Completed on:

9 March 2020

Service provided by:

Homecare by Hera Limited

Service provider number:

SP2012011933

Service no:

CS2012313801

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

The service registered with the Care Inspectorate on 26 February 2013.

The provider is a registered limited company with two directors. One of the directors is also the named manager.

Homecare by Hera Limited operates from an office base in Prestwick. Services are available on a private basis, via direct payments and by contractual arrangement with South Ayrshire Council.

At the time of this inspection, the service covered areas across South and East Ayrshire. The service was supporting approximately 90 people in the community.

The stated aim of the service is: "To ensure that all service users receive the highest standards of service and care possible".

What people told us

We sought comments and views about the quality of service provided by asking the provider to distribute questionnaires on our behalf to people who use the service and their relative/carer.

We also visited people in their homes and contacted people by telephone.

We were told by those we contacted that overall, they found staff to be caring, kind and compassionate. It was clear that some good relationships had been built up over time and people receiving the service and their relatives/carers spoke about the trust and confidence they had in their regular carers.

Comments included:

"The service tries very hard to have a small number of workers supporting my mum, so they can build a relationship with her."

"My Dad has lovely girls who are a big part of his day, we are very fortunate and this takes the pressure off family members knowing Dad is getting very good care. They are always respectful of his needs and accommodate him very well. For this we are always grateful."

Self assessment

The service was not asked to submit a self-assessment in advance of this inspection. A robust service development plan has been produced and is reviewed regularly.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We found the quality of care provided by this service was very good.

Consistency, continuity, and reliability are very important, particularly for people receiving care in their own home.

The people we spoke with could not speak highly enough of the staff or the care and support they received. We did not receive a negative comment from anybody we spoke with. We were told:

"You could set an alarm they are so punctual."

"They have never missed a visit."

"You get a good laugh; I have a good relationship with my carers."

"You know what staff are coming."

"Couldn't ask for better."

"Very respectful, really nice girls."

"My relative talks about his carer all the time, they get on really well."

"The staff really pick up my husband's spirits."

"Staff go the extra 10 miles; I am delighted with the care."

When we visited people at home, we could see staff knew them very well and there was a genuine rapport between people using the service, their family, and the staff.

The care plans we looked at contained very good person-centred information and had been written in conjunction with the person using the service and, where appropriate, a family member. The service has also developed a one-page profile which has been referenced to the new national care standards. This has enhanced the quality of the care plan documentation.

Six monthly reviews are taking place; although, we did find a few gaps where it had been longer than this between review meetings. We found the level of detail recorded during review meetings did vary and is an area which should be improved upon. (See recommendation)

Since the last inspection, the service has become involved with the Care Inspectorate's 'Care About Physical Activity' (CAPA) Programme. Although in the early stages of using this framework when this inspection was carried out, the outcomes for people have been very positive and have made significant improvements to their quality of life.

Receiving medication as prescribed is important to help keep people well. The service has robust auditing systems in place, and we were confident people were receiving their medications.

People using this service were helped to be kept safe by well led quality assurance processes that informed and supported a culture of continuous improvement. This included gathering feedback from the people who used the service and their family.

Managers were fully aware and compliant with providing notification reports to the Care Inspectorate in line with our guidance.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should review their procedure and recording systems of six monthly review meetings.

This is in order to ensure the care and support is consistent with the Health and Social Care Standard which states:

2.17 - I am fully involved in developing and reviewing my personal plan, which is always available to me.

Grade: 5 - very good

Quality of staffing

Findings from the inspection

People who use this service could be confident that safe recruitment practices are being applied. All staff are registered with the Scottish Social Services Council (SSSC) and systems were in place to check the SSSC register on a regular basis to ensure staff maintain their registration.

New staff undergo induction training which includes shadowing shifts with experienced staff to make sure they are confident and competent to deliver care on their own.

The management team provide an out-of-hours on call to support to the staff team.

Training records provided very good evidence of ongoing training being provided to staff.

Systems were in place to carry out regular supervision sessions with staff. Spot checks of staff's practice were also being carried out on a regular basis.

Staff meetings take place and minutes of these are available for all staff to read, if they have been unable to attend.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

This quality theme was not assessed.

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Each service user should have a personal plan that details their wants, needs and preferences and sets out how they are to be met. This includes updating the care plan following receipt of information, including that obtained during six-month reviews. (HSCS 1.15)

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

Since the last inspection, a new one-page proforma has been introduced to all care plans.

The review meeting template used by the service has also been amended, it is more person-centred and is referenced to the new health and social care standards.

Recommendation 2

Supervision could be more effectively used to promote reflection on practice to encourage staff development and improve outcomes for people using services and be used to monitor and assess the effectiveness of all types of training. Particular attention should be given to where training has been taken through electronic learning.

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

New supervision forms have been introduced to include evaluation and reflection on how training has improved staff's care practices.

Recommendation 3

To continue to develop improvements in record keeping within the medication system, more effective audit procedures with evaluation on effectiveness of training would promote safe practice. (HSCS 2.23 and 4.27)

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

The service has in place robust medication auditing systems and staff supervision sessions specific to medication management.

Recommendation 4

Staff should be recruited and inducted in a safe and robust manner to protect people using this service at all times. (HSCS 4.24)

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

Since the last inspection a new interviewing tool has been developed.

Recommendation 5

The management should improve audit processes to assess and monitor quality of information, and be less process driven to monitor impact on outcomes for service users. (HSCS 4.19)

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

We found the service had robust quality assurance procedures in place.

Recommendation 6

Record keeping should be undertaken with the emphasis on appropriate creation, maintenance and evaluation of records in accordance with guidance from regulatory bodies and Data Protection. (HSCS 4.11 and 4.19)

This recommendation was made on 4 December 2018.

Action taken on previous recommendation

Since the last inspection, the service has reviewed their record keeping and GDPR policies.

Recommendation 7

Where staff are expected to undertake invasive medication procedures appropriate training and supporting documentation should be in place. (HSCS 1.15 and 3.14)

This recommendation was made on 19 January 2019.

Action taken on previous recommendation

Training has been provided.

Recommendation 8

To ensure service users receive responsive care and support the provider should ensure that staff are competent at incident reporting procedures. (HSCS 3.14)

This recommendation was made on 12 April 2019.

Action taken on previous recommendation

Accident and incident records are reviewed by the manager, electronic records have improved this process.

Recommendation 9

To ensure service users receive responsive care and support, the provider should ensure that there are enough staff to meet people's needs, including robust contingency plans for unplanned staff leave. (HSCS 1.19)

This recommendation was made on 12 April 2019.

Action taken on previous recommendation

On call arrangements are in place for staff to contact if there are any issues with the rota being covered.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
4 Dec 2018	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
15 Dec 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Mar 2017	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
9 Mar 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Feb 2015	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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