

Hands-On Homecare Support Service

Unit 2
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Type of inspection:
Unannounced

Completed on:
31 October 2022

Service provided by:
Hands-On Homecare Limited

Service provider number:
SP2014985886

Service no:
CS2014325619

About the service

The service was registered with the Care Inspectorate on 31 March 2015.

Hands-on Homecare is registered to provide a care at home support service. The service supports older people and adults with physical and sensory impairment living in their own homes and in the community. The provider is Hands-On Homecare Limited.

The service operates from an office base in Duntocher, Clydebank, and is provided by support workers and the registered provider. At the time of the inspection the service was providing support to 19 individuals living in the East Dunbartonshire local authority area.

It is the stated aim of Hands-On Homecare to deliver a service of personal care and associated domestic services to meet the needs of ("service users") in their own (home) environment. This will be achieved by promoting a standard of excellence which embraces fundamental principles of best practice that are witnessed and evaluated through the practice, conduct and control of quality care in the home environment.

About the inspection

This was a full inspection which took place on the 6th, 7th and the 21st October. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and four of their family members
- spoke with six staff and management
- observed staff practice
- reviewed documents
- contacted commissioning agencies

Key messages

- People and their relatives described positive experiences of using the service.
- People's support was consistent and reliable.
- Care planning needed to be better.
- There needed to be better oversight of the organisation.
- Staff training needs to be improved.

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?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key area as adequate as we found some strengths in staff practice however these just outweighed the weaknesses which were a result of a lack of clear documentation and information which is required for staff to support people's wellbeing.

We found that people experienced care and support with compassion because there were warm, encouraging and positive relationships between staff and people using the service. Carers had time to talk and to listen to people and to get to know them. People told us that they knew the staff team who supported them and rarely got support from someone they didn't know. There was evidence that the staff team offered support and gentle encouragement when people didn't wish to participate in their support but respected their choice if they chose not to participate. People described the staff team as reliable and consistent. This meant that people experienced compassion, dignity and respect.

We received positive comments from people and family members about the service:

(Carers are) 'absolutely marvellous'.

'I'm well looked after'.

'Wish I could keep (carer) here all the time'.

(Carer) 'brightens my day when she comes in'.

People were seen to be encouraged to make decisions about how they wished to spend their time and were supported by the service to be fully involved in their choices about their care and support. People were seen to benefit from the relationships with staff and this provided an opportunity for people to feel included and attached to others, thus promoting a sense of wellbeing. There was good communication with family members who were updated by the service by means of telephone calls and a group chat on phones. We found that people were supported to keep in touch with family members. For example, carers left notes for people to remind them to contact family on important occasions such as birthdays. There was evidence that carers took the time to learn about which contacts were important to people and were able to talk to people about those who were important to them. We also found carers were supportive of people making new contacts in the community if they so wished. This meant that people were supported to get the most out of life.

In relation to providing for people's health needs, the provider spent time talking to people and their family members about people's health and social needs and intended outcomes prior to support being provided. This information was cascaded to care staff on their phones or in care plans. However, we found that a number of care plans were not in place which meant that carers did not always have the information they needed to support people's health and wellbeing. At the time of the inspection no adverse effects were noted because the service was small and the needs of people being supported were not complex. However, this was discussed with the provider who is aware of the need to have care plans in place for everyone who is supported by the service. This meant that while there was evidence that people benefitted from their care and support there was a need to ensure that the care planning approach was more robust in order to ensure that this continued to be the case. (See requirement one).

We found that people and their relatives were actively involved in determining the type of support that was offered by the service. Their views were sought by the provider in person or by telephone. There was evidence of support being outcome focused and of people being offered choice and opportunities to become more independent. Carers had enough time to offer people support which was person centred and not undermined by pressure on resources. The staff team communicated any changes in people's presentation to the provider and to family members. They were aware of adult support and protection legislation and there was evidence that staff were aware of how to report any concerns that they had about people to the provider. Support was offered on a consistent basis by the same members of staff and staff were therefore able to see any changes to people's presentation that might be of concern and needed to be reported.

At the time of the inspection we found that these processes meant that there was some assurance that people were getting the right service. However, we discussed with the provider the need to incorporate a formal review process into people's support. We also discussed the need for better communication with the commissioning agency in order that people continued to receive the best support for them. This meant that whilst there was evidence that people's outcomes were being met by the service there was a need to ensure that people, their relatives and relevant professional were involved in a formal assessment and review process to help shape decisions about the suitability of the service. (See requirement two and area for improvement one).

We found that people working in the service were following the principles of infection, prevention and control by using Personal Protective Equipment (PPE) appropriately and demonstrating good hygiene. Staff also described ready access to PPE. However, we found that not all staff had received the mandatory training in Infection Prevention and Control (IPC) although they had been signposted to the NHS Scotland website for information and learning. This meant that staff knowledge of IPC could be better and that people could be better protected from infection if all staff had the appropriate training.

Requirements

1. By the 9th of January 2023 the provider must as a minimum provide care plans for every individual supported by the service.

This is in order to comply with Regulation 4- welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

2. By the 9th of January 2023 the provider must as a minimum ensure that six monthly reviews of care plans are taking place.

This is in order to comply with Regulation 4 - welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage , regularly and when my needs change. (HSCS 1.12)

Areas for improvement

1. The provider should improve communication with the commissioning agency.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality as respected'. (HSCS 4.18)

How good is our leadership?

2 - Weak

We evaluated this key area as weak as we found that while we identified strengths these were outweighed by significant weaknesses.

While we found that there were some systems in place to monitor aspects of service delivery, we found that there was a confusion and a lack of clarity regarding roles and responsibilities. The provider was spending the majority of her time providing direct care and acknowledged that this didn't leave her adequate time to manage the service. As a result she was in the process of recruiting a service manager. In the meantime she agreed to stop providing direct support and to seek support from service managers in other services to support her to make improvements to quality assurance processes.

As a result of the imbalance in time spent on quality assurance and improvement work we found several weakness in quality assurance processes. We found that there was no oversight or audits of key functions such as staff performance and staff record keeping. In the past the provider had employed senior carers who carried out competency checks on staff and she accepted that this will have to be reintroduced into practice. (See area for improvement one.)

The provider had also provided supervision for staff in the past and had a good template in place for this but supervisions with staff were not taking place at the time of the inspection. We discussed the need for regular supervision of all staff in order that learning and competence could be assessed and discussed. The provider agreed that she would address this as a priority. We have made this a requirement in order that practice is monitored and improvement activities are supported. (See requirement one.)

We found that there was no effective evaluation of people's experience of the service. We were told that a survey had been devised and would be sent out to people in the near future. This meant that at the time of the inspection the manager was not evaluating people's experiences to drive change and improvements to the service.

We were encouraged that a survey was going to be sent out to people. We also suggested the use of a concerns/complaints/compliments book in order to evaluate peoples experiences. (See area for improvement two.)

The service had not updated their development and improvement plan which meant there was little evidence of self-evaluation, promoting responsibility and accountability. This was acknowledged by the manager who was receptive to the idea of putting an action plan in place following our inspection. She was aware of issues that she needed to address such as improving training opportunities including training experienced members of staff to provide direct training to newer member of staff. This meant that the manager was responsive to our feedback and showed a willingness to use learning to improve her service.

Requirements

1. By the 9th January 2023 the provider must ensure as a minimum that staff receive regular supervision.

This is to comply with Regulation 4 - welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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, are able to reflect on their practice and follow their professional and organisational codes.'
(HSCS 3.14)

Areas for improvement

1. The provider should ensure that staff competencies are evaluated through direct observation of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

2. The provider should ensure that people are given opportunities to share their views and to be involved in decision making about their support. This should include surveys to evaluate people's experience of the service.

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

'my views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11)

How good is our staff team?

2 - Weak

We evaluated this key area as weak as while strengths could be identified in terms of staff practice these were compromised by significant weaknesses in processes within the service.

We found significant gaps in the recruitment process and recruitment documentation. Key elements of the process were weak. For example, only one reference was sought at times and this was not considered to be a safe recruitment process. We also found no interview documentation and were told that interviews were carried out by the provider on her own. This does not provide for a robust assessment process. We also found that not all staff were included on the staff list provided to us. This meant that that the recruitment process was not as robust as it should be. (See requirement one.)

The induction was over two days. Staff shadowed more experienced staff for a couple of shifts to learn about the support needs of people they would be supporting. This appeared to be working in practice at the time of the inspection as people's needs were not complex. However, there was a need for staff to be trained in a wider range of topics, such as falls prevention, in order that staff have the right skills and knowledge to provide the best support to people. There was also a need for staff to be provided with

induction paperwork, setting out their role, training requirements, health and safety information and other topics related to the job role.

Generally, staff training was basic and restricted to set topics which were taught online. There were gaps in completion of identified mandatory training modules such as dementia awareness. There was no training provided in moving and handling and therefore people who used walking aids could not be supported safely by staff. We found that the number of topics that staff were trained on could be expanded to include topics such as diet and nutrition. This meant that staffs training wasn't adequate and needed improved in order to provide better outcomes for people. (See requirement two.)

Supervision was not taking place and there was no opportunity for staff to reflect on skills, knowledge and learning. Where learning needs were identified there was no robust system of training which resulted in gaps in knowledge remaining unfilled. This meant that people could not be sure that staff had the right knowledge, competence and development to support people.

We found that staffing arrangements were reviewed if people wished a different staff member to support them. We also found that because the service was relatively small that there was no reliance on agency or short term staff and therefore people experienced consistency and stability in how their care and support was provided. As a result people were seen to have built trusting relationships with staff members.

Staff appeared to have adequate time to undertake their visit to people and the support appeared unhurried and relaxed. This also meant that staff had time to provide care and support with compassion and had time to engage in meaningful conversations and interactions with people. Communication between the team was facilitated by a phone application and by team meetings. This could be improved by facilitating more regular team meetings but given that the team was relatively small the phone group communication was working at the time. This meant that staffing arrangements were right and staff worked well together.

Requirements

1. By the 9th January 2023 the provider must ensure that they implement robust and thorough recruitment procedures in accordance with the current best practice, for example, the Scottish Government's national guidance Safer Recruitment through Better Recruitment.

Improvements should as a minimum include evidence of:

- two references being provided
- interviews being carried out by two people
- PVG checks in place before employment starts
- issuing of staff contracts
- description of staff roles and responsibilities.

This is necessary to comply with regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24)

2. By the 9th January 2023 the provider must ensure that staff undertake all their mandatory training on gaining employment and refresher training should be undertaken regularly.

This is necessary to comply with regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should continue to build on their existing approaches to quality assurance to drive forward improvements with their service plan. To improve quality, the provider could benchmark the service being delivered against best practice, current legislation and the health and social care standards.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 18 November 2019.

Action taken since then

The service has not demonstrated progress with this area for improvement and requirements have been made in relation to quality assurance.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People are getting the right service for them	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.1 Staff have been recruited well	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak
3.3 Staffing arrangements are right and staff work well together	4 - Good

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