

HRM HOMECARE SERVICES - NORTH LANARKSHIRE

Housing Support Service

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CENTRUM BUSINESS PARK
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COATBRIDGE
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Telephone: 01236 429859

Type of inspection:
Announced (short notice)

Completed on:
3 February 2023

Service provided by:
HRM Homecare Services Ltd

Service provider number:
SP2004006645

Service no:
CS2021000150

About the service

HRM Homecare Services Ltd - North Lanarkshire branch is registered to provide housing support and care at home to people in their own homes. The provider is HRM Homecare Services Ltd. At the time of this inspection, support was being provided to approximately 300 people. The service is organised by a core team based in Coatbridge.

The registered manager coordinates the overall running of the service with the assistance of a service manager and co-ordinators, who locally manage the staff teams that directly support people. The service also has a Wellness Team which undertakes the role of reviewer, assessor and support planner.

The service's statement of aims and objectives include: "Our primary purpose is to provide a service which enables service users to live as independently as possible in the comfort of their own homes."

About the inspection

This was a very short notice inspection which took place on 31 January and 1 and 2 February between 9.30 and 5.30. The inspection was carried out by three 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 seven family representatives by telephone
- spoke with 12 people using the service and two relatives in their own homes
- observed practice of four care staff providing care and support to people
- spoke with eight care staff who were attending office based training
- spoke with four care staff by telephone who worked late hours
- spoke with four members of the management team
- reviewed documents and records in the office base.

Key messages

Supported people received a very good level of care and support in their own homes and are treated with dignity and respect.

Any concerns raised by care staff with regard to supported people are shared with the appropriate health care professionals and the health and social care partnership.

Staff are trained and knowledgeable with regard to infection, prevention and control.

Regular and meaningful feedback from supported people and associated actions and timeframes would strengthen the quality assurance audits.

All staff should have opportunities to attend regular, structured supervision by the management team that promotes training and development.

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?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Care plans for supported people were of a very good standard. Information was clear, easy to find, and considered personal choice and preferences of how care was to be delivered. Relatives who acted on behalf of supported people also spoke highly of how support staff delivered care in a discreet and respectful manner. Every supported person we spoke with told us they were treated with dignity and respect. A selection of comments we received are as follows:

"All staff are lovely and they look after me too always asking how I am".

"Mum can get upset from time to time and carers spend that little bit more time with her. One girl even brought her in a wee bunch of flowers the following day".

"Mum enjoys their visits. It gives her another conversation throughout the day. When I have been with mum when the carer has been there, they are very kind and caring".

"The girls go above and beyond to help. They encourage my husband to accept the care they are offering as it can be difficult at times".

All necessary risk assessments were in place and these were reviewed regularly. This allowed for any changes in health or mobility to be taken into consideration. Communication with relatives and others who had legal powers to support people was of a very good standard. Referrals were made to other health professionals when peoples' health needs required this. Staff told us good relationships had been formed with district nursing services and spoke highly of the support received.

The organisational processes in place ensured that care staff have a duty to report any concerns they may have for people's safety and wellbeing. These concerns are followed up by the service and also shared with the Health and Social Care Partnership (HSCP) for North Lanarkshire. Staff that we spoke with shared examples of what had been reported and raised with relevant professionals and we saw good evidence of this within care plans.

Medication recording was of a good standard and people received their medication from trained and competent staff.

We observed staff providing care to supported people in a kind, caring and unrushed manner. People were provided with encouragement and comfort and all staff we observed ensured all care needs were followed as per the care plans. It was evident that staff had warm relationships with the people they supported who knew them well. A selection of comments from supported people and relatives we spoke to are as follows:

"I am very happy. The care staff have improved my quality of life".

"The carers go above and beyond what they do for mum".

"They remember little things e.g. to leave my water where I can reach it they don't have to be told twice. It's all these little things that make you feel important and not rushed".

"Staff respond well to my relative's changing needs which can be variable".

"Plenty of time to do what I need and always ask if there is anything else they can do".

Some of the supported people we contacted told us they were not informed of changes to their support staff or if support staff were going to be over 30 minutes late. The service have agreed to try and improve on this. We have not made any areas for improvement as overall from the majority of people we met and spoke with there were no concerns raised in this regard.

All staff we observed were using and disposing of their personal protective equipment (PPE) in accordance with current guidance. Systems were in place that informed staff of any supported person who had tested positive for Covid-19 and the necessary additional procedures were followed. All staff had received the relevant training with regard to infection control including Covid-19 and this was updated when required. Staff that we spoke with were knowledgeable with regard to infection, prevention and control (IPC) measures. Any environmental factors within social housing that may be an infection risk were reported to the HSCP.

Some of the supported people we contacted told us that not all staff were wearing their full PPE and a couple of people told us they did not see staff washing their hands. Again we have not made an area for improvement as the majority of views from people we spoke with raised no concerns regarding IPC measures. We have discussed training and refresher training priorities under 2.2 "How good is our leadership."

How good is our leadership?

4 – Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a range of quality assurance audits to support improvements. Medication audits, care plan audits and reviews indicated very few anomalies and were well recorded. Some of the audits such as accident and incident records could be strengthened further by improvements in the recordings of these and outcomes of actions taken. The findings and timings of responsive actions for audits should be considered within the service development plan and how this can be shared with people who use the service. **(See area for improvement 1).**

We could see that processes in place to respond to any general concerns raised by either staff or supported people was responded to with associated actions in place. This included in-house support for the safe mobilisation of people in their own homes. Staff we spoke with told us they were very well supported in this regard when any concerns were raised with the management team. Evidence of support was also well recorded within the care plans.

There is a range of training in place for staff that is both mandatory and developmental. It was not clear however, what the overview of the training was, and how this was prioritised. An overview matrix would support the management team to invite staff with longer gaps in their training dates to attend training first. This would ensure staff knowledge and skills set was updated timeously. **(See area for improvement 2).**

Records were in place that evidenced competencies of staff practice undertaken for both new and long term staff. It was not clear how long term staff were prioritised for competency observations or if this was linked to any training or supervision concerns.

(See area for improvement 2).

We did acknowledge that all supported people and relatives we spoke with told us their care needs were met by the staff team who showed a high level of competence. Staff also told us the training they received equipped them with the skills they needed to deliver care to people.

Supervision records were in place for some staff. The content was brief with no set agenda. Some staff we spoke with could not recall supervision having taken place. Staff survey results with regard to supervision were mixed. Staff we spoke with did say however, that contact with the management office team was on the whole, positive and responsive if staff needed to have discussions. We did not see an overview of periodic supervision in place for all staff that considered development and training needs.

(See area for improvement 3).

There was evidence that the service was gathering feedback from supported people with regard to the quality of the service they received. However, we were not able to see what specific questions were asked, analysis of these or what percentage of people were contacted within a specific time scale. It was not clear how findings from feedback were shared with supported people and their relatives. This would support an ongoing improvement culture ensuring all voices are given the opportunity to be heard.

(See area for improvement 1).

There was good recruitment and induction procedures in place for new staff including an overview of registration responsibilities.

Areas for improvement

1. To support ongoing improvement, corrective actions identified should be time specific and where possible, the impact of outcomes shared with supported people/advocates.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and

"I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8).

2. In order to ensure supported people continually receive care to a high standard, training provision and competency checks should be provided in a way that ensures priority is given to staff with longer training gaps in their records.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14).

3. All staff should be offered supervision on a regular and structured basis to support their learning and development.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational code." (HSCS 3.14).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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