

Plus Homecare Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
21 April 2023

Service provided by:
Plus Homecare Ltd

Service provider number:
SP2016012657

Service no:
CS2016344702

About the service

Plus Homecare Ltd is registered to provide a care at home service to adults with physical, sensory or cognitive impairments in their own homes and in the wider community. The provider is Plus Homecare Ltd. The office base is in Netherlee, East Renfrewshire.

The registered manager co-ordinates the overall running of the service with support from three co-ordinators who work on shifts as well as having additional duties. The business owner is also actively involved in the management of the service.

At the time of the inspection, the service was supporting 37 people within the East Renfrewshire local authority area and employed 20 staff.

About the inspection

This was an unannounced which took place on 18 April 2023 to 21 April 2023. The inspection was carried out by one inspector 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 eight people using the service and five of their family;
- spoke with seven staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- Support provided is flexible and person-centred.
- The staff team are trained and said they felt well supported by management.
- The standard of support and flexibility of the service was very good.
- Management have good oversight of the day-to-day running of the service as well as a focus on improvement and growth.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very 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.

People experiencing care and their families told us that they were very happy with the support they receive. They told us that the staff team treated them with warmth and compassion and had, in some cases, become "like family". People we spoke to told us that they felt like the staff wanted to be there. This made people feel that they were valued by the people supporting them.

We observed staff interacting with the people they support and saw them do so with compassion. Staff and the people they support were observed to have good relationships. We saw people and staff engaging in laughter together as they worked. We also observed office-based staff advocating with social work and occupational therapy on behalf of the people they supported. This was to ensure they had their support needs met. This meant that people were treated as individuals well and received good care.

Care plans were detailed, person-centred, and outcomes focussed. Individuals supported by the service told us that there was flexibility in their support that allowed them to continue to do things they enjoyed in the community when they felt able. This meant that people were able to get the most out of life.

In support plans, many people stated their personal outcomes to maintain independence by living at home. We saw that people were supported to access equipment and additional supports. We also heard from management that they took an enabling approach and would always encourage people to do what they could for themselves. This meant that people were supported to maintain dignity and independence as far as possible.

We reviewed records of care which showed people were given appropriate support to keep well. We heard from people and their families that the staff were not just task oriented but also took time to talk and joke with people. This meant that tasks were carried out in a way that made them more pleasant and supported people's mental wellbeing.

There was a thorough programme of mandatory training that ensured staff could do their jobs well. This included some training on adapting to cultural differences for new staff from overseas. Staff who had received this told us they felt this had helped them to understand how to work alongside people in Scotland.

Staff told us that they felt supported by the management team, examples included direct observation of practice if staff felt unsure of what to do. This meant that people were supported by a staff team who were trained properly and were able to ask if they felt they needed more training. The people who were supported by the service told us this made them feel that they were looked after by staff with the skills to do the job well.

The service used an electronic care planning system. We saw that information and updates could be shared quickly using this. The manager could check that staff had read updates on this system. It also allowed for staff in attendance to share updates for the next staff on shift in an easy way. This meant that communication to changes in someone's care could be communicated quickly.

We found that not all service users had the same form for recording medication. This meant that there was

inconsistent recording across the service. We were pleased to see that the manager had rectified this to ensure there was a consistent approach to recording of medication.

How good is our leadership?

5 - Very 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.

We saw that management used the electronic care planning system to ensure they had good oversight of day-to-day service delivery. We also saw that policies and procedures had been developed that ensured staff knew what was expected of them in a range of situations; for example, if a person had fallen in between visits. This ensured that staff knew what was expected of them.

The service was supported by a manager and three team leaders who had responsibility for coordinating shifts, and training. We saw that the management team also supported individuals when needed, which gave them a good insight into the challenges faced by the staff team. This meant that the service was led by people who understood the care and support needs of people.

Management demonstrated that they gathered feedback and used this to drive improvement. The service had regularly asked staff and the people they supported to complete feedback questionnaires. We could see how this feedback had been used to influence the service improvement plan. This meant that the service responded to the people they supported. The service improvement plan looked ahead at what the service felt it needed to do to improve and how this could be evaluated. We could see that it had been developed using a Plan, Do, Study and Action model. This meant that improvements were considered before being implemented, then reviewed to ensure they worked as intended. We shared the Care Inspectorate's tools to support self-assessment and discussed how these could help to further enhance the existing service improvement plan. This will help improve outcomes for people using the service.

There was a service user forum. This had been less successful when meetings were held on zoom during the Covid-19 restrictions but was due to relaunch face to face shortly after our inspection. The forum had, in the past, been involved in redesigning the company website and suggested that real people feature in the photographs. This meant that people were listened to and their views taken account of.

The service had filled staff vacancies by sponsoring workers from overseas. This had been done at a well thought out pace. They had identified that there were training and support needs for overseas workers that went beyond the usual mandatory training. In response to this, the service had developed bespoke training on communication, culture, and adjusting to living in Scotland. The overseas staff we met spoke highly of this and the people they supported felt that the new staff had quickly settled. This showed that they were reflecting on their experiences and making changes as needed. This meant that vacancies in people's support teams were filled by staff who could meet the quality expected.

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 ensure that staff recruitment approaches follow best practice guidance and that this is monitored through quality assurance checks.

National Care Standards, Care at Home, Standard 4: Management and Staffing Arrangements.

This area for improvement was made on 22 June 2017.

Action taken since then

Recruitment files seen to be in order. There is home office paperwork for overseas sponsorship. All staff have SSSC, PVG, two references and interview response sheets included. Filing and recording was reported to have been improved under the current manager.

This recommendation has now been met.

Previous area for improvement 2

A service development plan should be put in place and shared with key stakeholders, who should also have a role in monitoring and evaluating the service development plan.

This area for improvement was made on 22 June 2017.

Action taken since then

The service development plan shows that feedback from people who are supported and staff has been considered. A service user forum was set up; this wasn't effective when over zoom but will be resuming. Service user and staff questionnaires are used to inform this.

This recommendation has now been met.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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