

# Hillcrest Futures Angus Homecare Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
21 February 2024

**Service provided by:**  
Hillcrest Futures Limited

**Service provider number:**  
SP2003000083

**Service no:**  
CS2019376973

## About the service

Hillcrest Futures Angus Homecare service provides a combined Care at Home and Housing Support Service for adults and older people with a physical disability, sensory impairment or mild mental health problem within their own homes and within the wider community.

The Provider states;

'The service provides a wide range of care and support to individuals such as personal care, assistance with bathing and showering, assistance with meal preparation and eating and drinking, support with continence care, moving and handling including the use of equipment to aid moving and handling, palliative and end of life care, assistance with prompting and administration of medication, supporting activities within the community and keeping in touch with family and friends'.

The service registered with the Care Inspectorate on 14 February 2020.

## About the inspection

This was a short notice announced inspection which took place on 20 February 2024. This was a follow up inspection to evaluate progress made to address requirements and areas for improvement made at our previous inspection.

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
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- There had been some improvements made in care plan documents.
- The frequency of reviews must improve to reflect regulatory requirements.
- Recruitment practice reflected safer recruitment guidance.
- A range of management tools were being used more consistently to help monitor key processes across the service.
- Staff had received supervision and felt supported.
- The manager should ensure the training plan reflects the needs of people who use the service and staff.

## 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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

## 3 - Adequate

This was a follow up inspection to evaluate progress made to address a requirement made at our previous inspection on 28 September 2023. Please refer to **What the service has done to meet any requirements made at or since the last inspection. Requirement 2.**

The manager had made good progress to re-establish regular quality assurance tools to help identify what was working well and where improvements were required. There were plans in place to address any deficits identified and this was leading to improved outcomes for people.

For example, new care plans were being developed, staff were receiving supervision and there were opportunities for people to provide feedback about the support they received and the wider service.

We have re-evaluated this key question to adequate following this inspection.

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

### Requirements

#### Requirement 1

By the 31 December 2023, the provider must ensure that service users' care plans are outcome focussed and provide robust, accurate information that sets out how their health, welfare and safety needs are to be met. In order to achieve this the provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- That plans reflect people's choices and preferences and reflect how people's human rights will be respected.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that the written plan is being effectively assessed, monitored and audited by managers.
- Ensure that care plans are reviewed at least once every six months and as people's needs change.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 5.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 28 September 2023.

#### Action taken on previous requirement

Staff had worked hard to introduce new care plans for people. There had been good progress made to ensure plans described people's needs and how these could be met and it would take further time to ensure this improvement is reflected across the service.

It was not always clear how people had been consulted and involved in creating their care plans. Staff were able to tell us how they planned to involve people more in the future and we look forward to seeing this progress at our next inspection.

Care plans must reflect how people's rights were being considered and discussed. More specifically around any potential restrictions introduced to keep people safe whilst promoting their independence.

Some audits had taken place. Care should be taken to ensure that all actions highlighted are followed through to a conclusion or outcome. This would mean that there would be evidence that plans were being reviewed and updated as dynamic documents.

The managers oversight should include daily contact records to ensure that staff are using appropriate and respectful language.

There were a number of regulatory care plan reviews outstanding. The manager was aware of this and was arranging reviews with relevant people. This area needs to be given some priority as the Provider is not meeting their regulatory responsibility of reviewing plans in consultation with people at least once every six months.

We acknowledge the progress made in a relatively short space of time and we have agreed to extend the timescale for this requirement by a further three months. **The deadline has been extended to 30 May 2024.**

#### Not met

### Requirement 2

By the 31 December 2023, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, improving and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

This is in order 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' (HSCS 4.19).

This requirement was made on 28 September 2023.

#### Action taken on previous requirement

There was better consistency in management oversight across the service since our last inspection.

Staff told us they had access to managers for advice and guidance. It was positive to hear that staff felt more supported.

Management tools were being used more consistently across the service and were reflective of the current position. The manager was aware of areas that needed to improve and was actively making plans to address these.

Staff had received supervision and further events had been planned to reflect the frequency defined by the Provider. This meant that staff had regular planned opportunities to reflect on and discuss their work as well as their development.

A review planner reflected that some reviews had taken place. It also highlighted a significant number of reviews that remained outstanding. As per the previous requirement – priority must be given to addressing this area of legislative responsibility.

Consultation with people had been recommenced. This took the form of team meetings, tenant meetings and questionnaires. People told us they felt listened to.

This requirement had been met.

## Met – within timescales

### Requirement 3

By 14 August 2023, the provider, must ensure that people are kept safe by ensuring people are supported by staff who have been recruited in line with 'Safer Recruitment Through Better Recruitment' 2016 guidance. In order to achieve this, the provider, must at a minimum:

- demonstrate that all staff are being recruited in line with best practice guidance in order to meet legal and regulatory requirements;

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011, (SSI/2011/210) Regulation 9.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

**This requirement was made on 28 September 2023.**

## Action taken on previous requirement

There had only been one member of staff recruited since our last visit. The manager was able to demonstrate that all recruitment checks had been completed prior to employment and was clear about safer recruitment procedures.

## Met – within timescales

## 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 manager should ensure that where people's choices and movement are restricted, that the decisions around this are clearly recorded, take account of current legislation and best practice and are regularly reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and 'My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used' (HSCS 2.7).

**This area for improvement was made on 28 September 2023.**

#### Action taken since then

This area for improvement remains outstanding. The documentation we viewed did not demonstrate that robust discussions had taken place around the use of tracking device or door alarms.

Whilst we acknowledge these interventions were being utilised to promote independence, we were not satisfied that staff understood how to evidence they had considered peoples rights.

At our previous inspection we highlighted the good practice guides published by the Mental Welfare Commission; 'Decisions about technology' and 'Rights, Risk and Limits to Freedom'. We would expect to see that staff are aware of and take into consideration good practice advice when supporting people.

This area for improvement will be considered at our next inspection.

#### Previous area for improvement 2

The manager must ensure that there is an accurate record of the planned hours of support for people and the actual hours people receive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'My needs are met by the right number of people' (HSCS 3.15).

**This area for improvement was made on 28 September 2023.**

#### Action taken since then

The manager was able to produce a record of planned and actual hours. This information was regularly monitored to ensure there was an accurate record of support which could contribute to ongoing reviews of support hours.

## Previous area for improvement 3

Where the provider had been appointed legal responsibilities to support people to manage their finances, they should ensure that they are doing so responsibly and in accordance with the relevant guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

**This area for improvement was made on 28 September 2023.**

### Action taken since then

There had been progress to address this area for improvement.

There was a record of corporate appointee ship and an overview had recently been produced.

The overall policy and procedure was in the process of being reviewed to ensure it provided robust guidance for staff when working with people whom the Provider hold this responsibility.

## Previous area for improvement 4

The manager should review the training needs analysis for staff. This is to ensure that training opportunities are regularly evaluated to ensure that they are helping to improve outcomes for people and that any additional development needs are identified and planned for.

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).

**This area for improvement was made on 28 September 2023.**

### Action taken since then

A training needs analysis had been provided following the previous inspection. The training records for staff did not reflect that staff had completed the training identified as required. Whilst this area for improvement had been met, the manager should develop a training plan that includes relevant topics and opportunities for staff to develop their skills and knowledge to benefit people who use the service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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