

The Beeches Home Care Agency Ltd

Support Service

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Type of inspection:
Unannounced

Completed on:
26 February 2024

Service provided by:
The Beeches Home Care Agency
Limited

Service provider number:
SP2004006441

Service no:
CS2004084363

About the service

The Beeches Home Care Agency Ltd is the provider of a care at home service, registered to provide both care at home and housing support services. The service operates across the whole East Renfrewshire area and the office is based in the Thornliebank area of Glasgow.

Those who use the service are in one of three categories, that of:

1. Self Funding
2. Self Directed Support (SDS)
3. Referred by East Renfrewshire Council.

The service supports adults and older adults, in their own home, who have wide ranging support and care needs such as mental health, learning disabilities, dementia and other conditions.

At the time of the inspection the service was supporting 36 people.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 February 2024. 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 11 people using the service and nine of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- The service was responsive and flexible to meet the care needs of people, which meant that they responded promptly to any changes in need.
- The service had good working relationships with external health partners. This meant that that there was a coordinated approach to care.
- People using the service generally experienced good outcomes and this improved people's quality of life.
- Lack of formal feedback from people being supported, and their families, meant that they could not contribute to improvements within the service.

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
How good is our staff team?	4 - Good
How well is our care and support planned?	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 evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We went to people's homes where we were able to observe staff and speak with people being supported. We also met and spoke with families of people who use the service. People told us that staff, including management, were kind, respectful and that the care they received was consistent. This was important to people as they felt the consistency helped build up trusting relationships with carers. They enjoyed a good rapport with the team and felt comfortable that they could openly discuss any issues as they arose. People using the service told us that they felt respected, and that their views were listened to.

Family members were complimentary about the care their loved ones received. One person told us "My mother's health and her outcomes have improved significantly since being supported by staff from The Beeches". She believed that this was due to the same staff attending to her mother at each visit, and therefore she was able to build "trusting relationships" with them. Another told us that they were "more than happy with (name of carer) she feels like part of the family and knows my needs very well". Observing the conversations and care between carers and supported people, we saw that people were recognised as experts in their own experiences, needs and wishes.

We saw that the service had recently started to use an electronic care system, and management were still investigating all of the different areas it would cover. Care plans had already been uploaded onto the system and staff updated the daily notes at each visit. This meant that information was immediately available to those with access. We discussed with the manager the introduction of one-page profiles being placed in each person's home. This would ensure that any health or social care professionals visiting would be able to see a short profile of the individual and identify what was important to the person. This would assist in promoting effective care provision for the person. (Area for improvement 1).

There was a good initial assessment in place for each person. The assessment included health issues and care needs, contact details for families and also gave useful historical personal information about individuals. This meant that carers had a good knowledge of what was important to people and could see what their life had been before the need for care. This ensured that staff had openings for conversation when first caring for someone, and this helped with developing relationships. These relationships were important to people, as for some the carers could be the only human interactions that they had in their day.

Carers were able to highlight changes in people's presentation or specific health conditions, and we saw that this was then fed back to senior staff and management. The service worked collaboratively with health professionals from other agencies, such as the District Nurse, Physiotherapist and Social Workers. The good partnership working meant that people's outcomes could be more positive and that their health and wellbeing needs were met. It also meant that plans could be updated with changes promptly and efficiently, which helped to ensure that people were receiving the service that was right for them.

We spoke with external health professionals who confirmed that the service contacted them when required, and they praised the service highly. One professional with ongoing experience of the service, praised their approach to palliative and end of life care, recognising it as person-centred and compassionate. They told us that in their experience the service had "gone over and above" for people and that they were "a very flexible team who showed genuine care". These skilled interventions improved people's health, wellbeing and experiences.

We saw that all staff knew how to dispense and assist with medications. An electronic Medication Administration Records System (MARS) was part of the new care system. This gave prompts to staff regarding administration of medications to people. We could see that this was well completed by staff, as well as accurate and up to date. This meant that people received the correct medications at the right time.

Areas for improvement

1. A one page profile of people being supported should be available in their home. This should include information of who I am, what my support needs are and what is important to me

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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.

All audits had not yet been transferred to the new system, so we looked at a variety of electronic and paper audits. These included audits on care plans, medication, reviews, staff registration with the Scottish Social Service Council (SSSC), accident and incidents and complaints. These audits were well completed and identified any areas for improvement. Improvements required were then discussed promptly with the relevant members of staff. Issues in practice were addressed within reasonable timescales and partner agencies, such as the Care Inspectorate and Health and Social Care Partnerships, were notified appropriately. This helped to promote healthy partnership working. Whilst the audits were informative and up-to-date we felt that the service would benefit from having all audit processes included electronically. (See area for improvement 1).

Findings from the audits, were used to develop the service improvement plan. The plan detailed how the service could maintain good standards, as well as how they could improve standards. We saw that the plan was comprehensive and covered many different areas of development in the service. However, it had little information that was based on feedback from people being supported, from families, or from staff input, (please see area for improvement 2). We saw a questionnaire document had been developed and this was to be sent to relatives and supported individuals. This was to give opinions on the quality of the service received by people. However, it still needed some work on how to make it more effective. Apart from this one area we could see that there was an ethos of continuous improvement from the management team.

Staff observation of practice was regular and any issues in practice were addressed with individuals within reasonable timescales. This helped improve any areas for development for carers. We saw that staff also received regular supervision which provided guidance and support, and helped assess any learning and development needs for staff.

In our conversations the staff team, people being supported, and relatives all spoke very highly of the manager saying that they were approachable, knowledgeable and had a good understanding of people and their needs.

Areas for improvement

1. All areas of quality assurance should be uploaded to the electronic care system. This would ensure more efficient and timely monitoring, therefore clearly showing where improvement was required.

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' (HSCS 4.19).

2. External stakeholders, including, but not exclusively, families, people being supported, and staff should be consulted for opinions in different areas of the service. This would then go on to inform areas of the Service Improvement Plan and ensure continuous improvement within the service.

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

'I am actively encouraged to be involved in improving the service I use in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

4 - Good

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

We noted that there had been recent recruitment of staff meaning that some of the staff team were relatively new. We reviewed recruitment paperwork and were able to conclude that the provider had robust systems in place to ensure that staff were recruited safely. This demonstrated that the provider is invested in the safety and protection of people who receive the service.

Formal interviews were carried out and detailed interview notes taken to help determine staff suitability for the role. References were obtained prior to commencement in their role and Protection of Vulnerable Groups (PVG) checks were carried out for all staff. The provider recruited staff from overseas via the Home Office sponsorship scheme and we saw that all appropriate 'right to work' checks had been carried out with evidence retained.

We reviewed training records and could see that staff had completed both mandatory, and additional, training. There was a robust induction process in place for new staff that included medication training, adult support and protection and shadowing of experienced staff.

All staff were registered with the Scottish Social Service Council (SSSC). Several staff had achieved Scottish Vocational (SVQ) qualifications and others had been identified for the next SVQ intake. Scottish Vocational Qualifications qualifications are vital to retaining staff registration with SSSC, as well as developing the knowledge of staff in areas of social care.

We spoke with, and observed staff, and saw that they were comfortable in their role. They updated electronic plans at every visit with notes of how the person was and completed electronic MARS sheets. This meant that the next staff attending to support people were fully up-to-date and were aware of any additional areas to address at that visit.

There were opportunities for staff and management to meet and discuss developments and best practice in the service. We were pleased to see that the staff team participated well in these meetings and were confident in sharing ideas with the manager and their peers.

How well is our care and support planned?

4 - Good

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

We saw that every person using the service had a personal care plan. Plans were person-centred and highlighted peoples wishes and interests. The plans contained clear information about people and showed us their expectations as well as what outcomes they hoped to achieve.

We could see in the care plans that health and social care needs were clearly assessed, planned, and evaluated to ensure they were effective.

Family members were very happy with the electronic system as it meant they had online access to their loved ones care plans and they could see on a daily basis when care staff had attended, the care that had been given to loved ones and how their day had been. They were also able to access the rota of carers attending and this meant that they knew who would be attending at each visit, and this gave them peace of mind.

Formal reviews of care plans were held for people receiving support. We saw that these were inclusive, with the input of carers, external health professionals, the individual and the family. These had taken place at a minimum of six-monthly intervals.

We saw at the reviews that people's health needs were clearly assessed, planned and evaluated to ensure the plans were effectively meeting the needs and outcomes for people.

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 management team should review their medication policy. They should consider the language used when describing medication levels and review the use of MARs when prompting and assisting medication in line with good practice and assessment.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 16 July 2012.

Action taken since then

The service has now moved to electronic recording of medications (MAR's) which means that the system alerts them to any mistaken recordings and ensures that the correct language is used.

All staff undertake face-to-face medications training. For new staff this happens at the induction stage, and existing staff have also undergone the same training. This has then been followed up with refresher training. This ensures that the correct guidance and best practice is in use by staff.

This area for improvement has been met.

Previous area for improvement 2

The management team should ensure that staff use Personal Protective Equipment (PPE) in accordance with current guidance and best practice.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 16 July 2021.

Action taken since then

Personal Protective Equipment (PPE) is used appropriately. It is now only used when a person experiencing support has asked that staff do so. Good hand hygiene is also in place for the staff team. Personal Protective Equipment (PPE) is stored appropriately in a locked room. The manager and staff are aware of current guidance and best practice.

This area for improvement has been met.

Previous area for improvement 3

The management team should implement a system to monitor and evaluate staff practice. This could include, but not be limited to:

- Reflective supervision
- Observation of practice
- Appraisal
- Training.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 16 July 2021.

Action taken since then

We saw that staff receive regular reflective supervision and that there are observations of staff practice that take place and are recorded. Any issues are addressed at the time and also discussed in supervision. Training is also offered in areas where improvement is required. There are team meetings that take place where incidents are discussed, as well as best practice.

This area for improvement has 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People are getting the right service for them	4 - Good

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

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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