

# HRM HOMECARE SERVICES - NORTH LANARKSHIRE

## Housing Support Service

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CENTRUM BUSINESS PARK  
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Telephone: 01236 429859

**Type of inspection:**  
Unannounced

**Completed on:**  
7 May 2024

**Service provided by:**  
HRM Homecare Services Ltd

**Service provider number:**  
SP2004006645

**Service no:**  
CS2021000150

## About the service

HRM Homecare Services- North Lanarkshire 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 200 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 the service manager, co-ordinators, and senior carers 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 aims to provide a service which enables service users to live as independently as possible in the comfort of their own homes. They have identified core values in line with health and social care standards.

## About the inspection

This was an unannounced inspection which took place on 30 April, 1 and 2 May. 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 13 people using the service and eight of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

## Key messages

People's health and wellbeing was effectively supported by the staff team. There were positive working relationships with people, their relatives and external health professionals.

Quality assurance and improvement was led well. Management had robust processes and recording methods in place to identify actions and track progress.

The staff team worked well together and were complemented by a wellness team who completed care plans and reviews. Staff felt well supported and training levels were very good.

Care planning was thorough, reflected people's wishes and supported positive outcomes for them.

## 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
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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.

We found that the service worked closely with other health and social work professionals to ensure people's needs were met. Daily notes demonstrated that staff followed care plans and liaised appropriately with external professionals. The notes were sufficiently detailed to include people's wellbeing and we could see that actions were taken if there were concerns about people's presentation. Changing health needs were recognised and passed on quickly. Staff used an app to access care plans and make notes. We could see that referrals were being made to GPs, falls teams and advocacy. Contact was made with family members as required. Relatives who accessed the app found it was effective at keeping them up to date. Detailed support plans and risk assessments were in place and reviewed regularly to ensure that they remained valid and current.

People told us that they were supported by regular staff and that this continuity was important to them. There were no concerns about missed or late visits and some people told us that the service had changed timings of visits to better suit their needs. We witnessed very positive interactions between people and staff who knew them well. People gave very positive feedback about the staff and the support they received.

People told us:

'The girls are really efficient and professional and they're really kind and willing to help,'

'we are very lucky indeed,'

'very good, first class.'

Relatives told us:

'because its regular people coming in all the time, I actually know the girls that are coming in.'

'Very careful with my husband. I couldn't ask them to do any more to be honest with you,'

'I take my hat off to the dedication of the staff.'

We also received feedback from two external professionals from the local health and care partnership who told us that the service were in regular contact, very responsive and that a high number of people using the service had given very positive feedback about HRM. Over all, this meant that people's health and wellbeing benefitted from their care and support.

## 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.

The service were completing thorough monthly audits and were picking up where actions were required. Any identified actions were recorded and signed off once completed. Audits of medication records were very detailed with inconsistencies questioned, and most importantly, were answered and resolved. There was a robust overview and monitoring system in place for accidents and incidents, with actions being directed to relevant managers. The service were making appropriate notifications to us regarding accidents, incidents and any adult support and protection concerns. All of these events were dealt with appropriately and we were provided with updates on outcomes. There were also overviews for complaints and compliments.

Complaints were few but had been dealt within identified timescales, whilst identifying actions and future learning.

Team meetings were routinely planned and a template was in use for recording these. We did feel that it was sometimes difficult to see how the completion of identified actions were carried through to the next meeting and the service agreed to look at this for future recordings. Supervision and competencies were in place for staff team and were carried out routinely.

Policies and procedures were in place, in date and contained best practice guidelines. The online communication used by the service was able to show which staff had read policies and communications. We sampled newsletters that were regularly sent to staff and to people using the service. We did see that surveys had been completed by staff and by people using the service. The response rate for the North Lanarkshire branch was high and we saw how the results were being used to improve the service. This included sharing information and associated actions with respondents. We did suggest that the results could have more clearly identified the particular branch of the service as some information from other branches was included.

The service had a clear and detailed service improvement plan in place which included who was to action, by when and what the outcome was once completed. We could see that many identified actions had been completed and were now embedded in practice. We could see that the service had been involved in several pilot projects and that more were arranged to encourage continuous development. Leadership was very good and management had very effective oversight of the staff team and knowledge of people using the service. This meant we were assured that quality assurance and improvement was led well.

### How good is our staff team?

**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.

The staff we spoke to felt well supported and were positive and happy in their roles. They also reported that line managers were easily contactable and responsive. We were told that team meetings and supervision sessions took place regularly. We sampled records of these and of competency based checks that had taken place. Competency checks were very thorough and were effective in ensuring that practice and knowledge were of a high standard.

Team dynamics worked well for the service in terms of having a wellness team who were able to focus on care planning and reviews. This left other staff free to complete scheduling tasks for visits. We felt that having the wellness team, who were able to focus on care plans and reviews, were a real asset to the service.

Staffing records were thorough and complete, including training records. Face to face training and refreshers were up to date for all but one staff member and additional online training was also utilised. The service were able to access their sister organisation to put staff through the required vocational qualifications. Staff told us that they were able to request and access training that they felt would be of benefit.

People who used the service told us that the staff team were very good and provided effective and consistent support. Staff we met were able to demonstrate that they had the relevant core values to provide effective and empathetic care.

We were assured that staffing levels were appropriate and staff had the correct skill levels to work well together and support people's outcomes. People we met valued that staff had time to engage in meaningful conversations and interactions with them.

## How well is our care and support planned?

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 found that people's care plans and summaries were sufficiently detailed to allow staff to provide effective support. There were risk assessments in place to support safe delivery of care for people and staff. Care plans and risk assessments were regularly and routinely reviewed to ensure they remained current and valid. The risk assessments that we read were used to encourage people's independence rather than restrict people's actions. People and/or their representatives were involved in their reviews and recordings were clear. It was positive to note that frontline staff were also asked to share their views. Reviews had action plans which we could see were followed through. We sampled some reviews that clearly showed people's views were taken on board and that outcomes for people had been improved by doing so.

People we spoke to identified that they were very happy with how their care and support was delivered. One person who hadn't been happy with the timings of her visits told us she had been able to change this after highlighting this during a review. The visits that we had observed were not rushed and staff took time to engage with the people they were supporting. We could see that people's outcomes and wishes were reflected in their care plans.

## 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

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).

**This area for improvement was made on 27 February 2023.**

#### Action taken since then

We could see that any complaints received by the service had been dealt with timeously. The recordings of these complaints had clear timelines and noted evidence.

Action plans and future learning had been identified. The service audits included how complaints were handled, actioned and how learning had been shared. We sampled support plans that evidenced that people were satisfied with the outcome of their complaint. We saw that advocacy services were involved or recommended to people using the service. The service also made notifications to us regarding complaints and their outcomes.

This area for improvement has been met.

### Previous area for improvement 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).

**This area for improvement was made on 27 February 2023.**

#### Action taken since then

The training records showed that almost 100% of staff were up to date with face to face and refresher training. Initial and refresher training schedules were comprehensive. There was a system in place to identify when training was next due. Online training had also been identified for staff and most of these sessions had high completion rates. There was a very thorough competency checklist in place for staff which identified practice and knowledge. Records showed that these competency checks were underway for the current year.

This area for improvement has been met.

### Previous area for improvement 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).

**This area for improvement was made on 27 February 2023.**

#### Action taken since then

A supervision policy was in place and staff we spoke to told us that they did receive regular sessions. The template in use was focused, allowed for staff to reflect on their practice and included action plans. The service had a tracker in place and audits had identified actions to rectify when there had been a lull in the number of sessions taking place.

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](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	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
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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