

HolmCare Support Service

Old Joiners Shop
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Newcastleton
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Telephone: 01387 352211

Type of inspection:
Unannounced

Completed on:
9 July 2024

Service provided by:
HolmCare Limited

Service provider number:
SP2017012950

Service no:
CS2017358590

About the service

HolmCare is based in the village of Newcastleton and provides care at home support to people who live primarily in Newcastleton in the Scottish Borders.

The service is provided to people with a variety of needs, including older people and people with dementia, mental health problems and physical disabilities.

At the time of the inspection there were 29 people using the service, 14 care staff, the registered manager and administrative support.

About the inspection

This was an unannounced inspection of the service which took place on 3 July 2024 between 09:00 and 16:30 and on 4 July 2024 between 09:00 and 13:30. 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic/ paper questionnaire
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents.

Key messages

- People experience compassionate care and support because there was warm, encouraging, positive relationships between staff and the people they support.
- There were referrals made to health professionals where people's health changed or deteriorated.
- The management team had worked hard to develop a full and comprehensive system of audits since the last inspection.
- Feedback from staff was mixed in relation to receiving regular one-to-one supervision or opportunities to meet as a team.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in 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

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. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People experience compassionate care and support because there was warm, encouraging, positive relationships between staff and the people they support. This helps people to achieve their individual outcomes. People we spoke with told us staff were always friendly and attentive 'Staff are very attentive; I know my carers well', 'The staff are awfully pleasant and nice; they take good care of me.'

Staff demonstrated knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

Support records we sampled contained good information to guide staff, daily notes were descriptive and linked to identified outcomes. People had access to their individual support plans which promoted their rights in relation to information held about them.

There were referrals made to health professionals where people's health changed or deteriorated. Staff recognised changing health quickly and this benefitted supported people by referrals being made promptly. One person told us 'I can call the office at any time if needed, my concerns are dealt with quickly.'

Following the last inspection the management team had implemented a robust process for observing and monitoring incidents and accidents. This enables the manager to highlight any issues and report concerns accordingly to reduce further risk or harm. There was a previous area for improvement relating to accident and incident monitoring, we concluded that this area for improvement had now been met.

The management team regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's Medication Administration Records and established that staff had given the correct medication to people at the stated times. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 2.2 Quality assurance and improvement is led well

Managers were responsive, visible, and available to staff and people they supported. People receiving support told us, 'The office staff are always available, they are very helpful and deal with my concerns appropriately'; describing being able to easily speak to someone and telling us that they were approachable and responsive to any concerns highlighted.

The management team had worked hard to develop a full and comprehensive system of audits since the last inspection. Audits included monitoring of accidents and incidents, reviews of medication and analysis of care provision. This kind of oversight helped contribute to effective care delivery outcomes for supported people.

Quality assurance processes covered several important key areas relating to the care and support of individuals. This meant that people could be confident that they were being supported by a team that was well led and that there was an embedded culture of continuous improvement for people using the service. There was a previous area for improvement in relation to quality assurance, we concluded that this area for improvement had now been met.

To aid further improvements we discussed with the manager developing a continuous self-evaluation process which would highlight strengths, correct performance weaknesses, and develop unused skills and abilities. Self-evaluation enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

The service had an improvement plan in place which gave us confidence that they were committed to driving forward improvement.

The service had a complaint policy and procedure in place. There was a system in place to allow the management team to record and analyse any complaint received. There had been no complaints received at the time of inspection.

How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the people they support. Some concerns were raised around being notified of changes to visit times and care staff at short notice; the manager was aware that communication improvements still needed to be made.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly with relevant checks being undertaken.

Management had developed an induction process for all new staff which included opportunities to shadow experienced staff until they felt competent to work on their own. This ensures that the people they support experience care that is provided by staff who are competent and knowledgeable about the needs and risk of each person.

There was a formal end of probation period review for new staff. Managers completed a comprehensive review of staff's abilities, competencies, skills and knowledge, seeking views from supported people and their families. This ensured people experienced high quality care, from a competent and reliable workforce.

Since the last inspection formal supervision of staff had taken place. However, from records sampled we could see that these hadn't taken place consistently. Feedback from staff was mixed in relation to receiving regular one-to-one supervision or opportunities to meet as a team.

We discussed our concerns with the manager, staff supervision takes place on a three monthly basis with checks on competency taking place regularly. The manager recognised that there had been recent office staffing issues that had impacted on the supervision schedule. The manager gave assurances that staffing concerns had now been addressed and that supervision of staff and team meetings would be reinstated as a priority.

There was a previous area for improvement in relation to staff supervision, we concluded that this area for improvement had been met. However, we will follow this up at the next inspection.

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 ensure people are receiving a service which is monitored, well led and managed the organisation should develop processes which enable the manager to have an oversight of people's care in the community by;

- Developing appropriate auditing systems for internal processes relevant to the service to support quality assurance processes
- Undertake audits to include staff consistency, travel time, visit arrival and departure times, completed medication records, completed communication logs, completed financial transactions records, six-month reviews, care and support plan and risk assessment information, complaints and expressions of dissatisfaction, incidents, staff training undertaken, competency checks and supervision
- Develop a system to track the return of communication logs and medication record sheets.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 24 April 2023.

Action taken since then

The management team had worked hard to develop a full and comprehensive system of audits since the last inspection. Audits included monitoring of accidents and incidents, reviews of medication and analysis of care provision. This kind of oversight helped contribute to effective care delivery outcomes for supported people.

This area for improvement has been Met.

Previous area for improvement 2

To ensure that the service is responsive to my needs the provider is recommended to identify a method of observing incidents and accidents on a monthly basis. This will enable the supervisor to highlight any issues and report accordingly to reduce further risk or harm.

- Concerns, expressions of dissatisfaction and incidents are progressed through organisational reporting and recording systems and procedures;
- This to include missed visits and medication errors;
- All incidents and events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting;
- All incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed;
- All concerns, expressions of dissatisfaction and incidents are audited monthly to identify any trends and to gain additional learning to improve care and support delivery.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty.' (HSCS 3.18)

This area for improvement was made on 24 April 2023.

Action taken since then

Incident reports are completed in full by care staff, managers audit these as appropriate ensuring sign off, further actions are completed and referrals recorded. This ensures good outcome in relation to people's health, safety and wellbeing. Overarching incident log allows managers to identify trends, patterns and concerns with timely referrals being made to health professionals.

Incidents sampled had been reported to the appropriate professional bodies.

This area for improvement has been Met.

Previous area for improvement 3

To enable and support care staff to have one-to-one supervision support and peer support, the providers should ensure the service follows organisational supervision procedures in relation to meeting frequency timescales. In order to do so, the provider must ensure:

- All staff receive supervision on a regular basis
- Devise documentation which will evidence what has been discussed and any actions that need to be followed up at the next supervision session
- Regular team meetings be conducted which are documented well to enable staff unable to attend to be able to receive the information discussed.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I have confidence in people because they are trained, competent and skilled can reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 24 April 2023.

Action taken since then

Since the last inspection staff had been given the opportunities to meet with managers to discuss learning and development needs, concerns and wellbeing. This meant staff felt supported and were able to reflect on their practice. Supervision documentation had been developed and evidenced the discussions held, identifying further actions to be carried forward.

Staff meetings took place on a three monthly basis, where staff discussed a range of topics in relation to their roles and responsibilities,

However, recent staffing concerns within the office base had impacted on time to facilitate regular supervision and team meetings. The manager should ensure this time remains protected allowing staff the opportunity to reflect on their practice and discuss areas of concern.

We have Met this area for improvement but will follow up on progress at the next inspection.

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
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	4 - Good

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