

All New Beginnings Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
6 September 2024

Service provided by:
All New Beginnings Ltd

Service provider number:
SP2018013061

Service no:
CS2018363986

About the service

All New Beginnings is registered with the Care Inspectorate to provide a care at home service to adults living in their own home. The provider is All New Beginnings Limited.

The registered manager works from the main office base in Hamilton and is responsible for coordinating the overall running of the service. Care planners and team leaders manage the staff teams who provide direct support to people.

The service supports people living in both North and South Lanarkshire areas.

The aims and objectives of the service include: To provide a service which is holistic, flexible and supportive towards the needs of the individuals who live at home and require support. A person-centred care package to be designed to maintain community living for as long as possible.

At the time of the inspection, 78 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place on 3,4,5 and 6 September 2024. 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 10 people using the service and nine relatives / family members.
- spoke with 13 staff and members of the management team
- observed practice during home visits
- considered feedback provided through questionnaires completed from 20 people and 10 relatives using the service.
- reviewed documentation
- obtained feedback from four professionals involved with the service.

Key messages

Staff were compassionate, kind and motivated to support people in the best way.

People supported benefited from positive relationships with staff who knew them well.

Staff were well supported which improved the care experience for people.

Quality assurance processes needed improvement.

People's risk assessments need to be updated to evidence good outcomes for people.

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 staff team?	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?

4 - Good

We evaluated this key question as good because service strengths clearly outweighed areas for improvement and had a positive impact on people's outcomes.

During our visits to people supported in their homes we observed staff treated people with compassion, dignity, and respect. They received support that was kind and respectful. We saw those using the service being relaxed around staff and happy to see them. People being supported, and relatives, had confidence in the staff team, and this meant that they felt safe, secure, and well-cared for.

We would expect consistent staff to support people in their homes so that a trusting relationship was established. People confirmed they had a stable team of carers who knew them well. The exception to this was when staff were off with illness or on holiday. People felt listened to and knew who to contact if they had any issues or concerns.

Feedback was overall positive about the quality of care and support people received. Comments included "the care I receive is fantastic; I have no complaints" "I see regular care staff and everyone who visits is nice, they visit at the time expected" and "I am happy with the care delivered." Relatives' comments included "I am very happy with the care provided and there is good communication, so I am kept informed". Another relative told us "Sometimes there are too many staff changes".

Personal plans held some important and relevant information to guide staff on how to provide support in a safe and consistent way. Relatives could have access to the electronic daily recording notes made by visiting staff if they wanted. There was a need for risk assessments to be more personalised. The management team had a system to ensure that personal plans are formally reviewed with the person supported and/or their representative every six months. This provided opportunities for people to get meaningfully involved in shaping and evaluating their personal plans.

People's health and wellbeing benefitted from safe and effective medication practices. People could be assured that staff within the service were trained and competent in supporting their medication needs.

Referrals to other health and social care professionals when needed, were prompt and information to guide care was updated with any relevant advice. People could be confident that, should additional healthcare input be needed, the service would ensure that this was received.

The service had not always submitted information that should have been potentially notified to the Care Inspectorate. This is important because it helps us understand the quality assurance and governance systems that are in place to keep people safe (see area for improvement 1).

Areas for improvement

1. The service should ensure that any incidents, accidents, and causes for concern are notified to the Care Inspectorate as per our notification guidelines: 'Records that all registered services (except childminding) must keep and guidance on notification reporting' (Care Inspectorate 2020).

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); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

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 team were valued by people experiencing care, this was representative of feedback from people receiving care, relatives, and stakeholders. All staff spoke encouragingly about their experience of working within the service. They felt supported within their roles and felt they worked well together as teams. Staff spoke positively about their team colleagues, the importance of good team working, and the flexibility needed to enable people to have as much control of their day-to-day life as possible.

The managers assessment of how many staff hours required to provide safe and effective care was mainly derived from the local authority commissioned hours. This was reviewed on a regular basis. Some anxieties were expressed by some staff about the support hours offered. Staff are matched to individuals and in small teams, to help provide consistency of support. We found no evidence of missed visits and people had confidence in their care team. This ensured people were supported by staff they knew and provided continuity of care.

People could be confident that staff were recruited in a way which had been informed by all aspects of safer recruitment guidance. All staff were registered with the Scottish Social Service Council (SSSC) and, as such were subject to their codes of conduct.

We found that staff training had been completed either face-to-face or online. Each staff member had an individual training record, and this was regularly monitored which meant that there was a minimal risk that training events would be missed.

All new workers have a probationary period and during that time will be required to work to complete an induction within a set timescale. There was a commitment from the provider to staff obtaining necessary qualifications for their professional registration, with on-going support and monitoring to ensure staff complete.

Staff had regular supervision, and we were consistently told by staff this was supportive. Observations of practice via spot checks were carried out on care staff. These provided the staff member the opportunity to reflect on their practice and develop in their competency and confidence.

Wellbeing checks had been introduced to give staff a further opportunity to meet with members of the management team to discuss and identify any support they may need. This helps ensure staff feel valued and listened to.

The registered manager was well regarded and seen as supportive from the feedback received from the staff and people spoken with.

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 complaints are managed effectively, the provider should ensure all complaints are recorded, fully investigated and a response sent in accordance with their own complaints policy and procedure.

This area for improvement was made on 14 November 2023 from upheld complaint.

This area for improvement was made on 14 November 2023.

Action taken since then

We reviewed the concerns the service had received and investigated. We could see that these has been handled, investigated and responded to in line with the providers complaints procedures.

This area for improvement has been met.

Previous area for improvement 2

To support the effectiveness of quality assurance and improvement plans, the provider should improve the accuracy of information recorded and embed quality assurance systems.

This area for improvement was made on 14 November 2023 from upheld complaint.

This area for improvement was made on 14 November 2023.

Action taken since then

The service had an electronic system that gives the management team an overview of a range of areas from personal plans, reviews, staff supervision, SSSC registration. These were regularly reviewed, and actions taken when required.

There was a service improvement plan in place, this was a mix of business and care related subjects. It was completed on a month-by-month basis, however, was not being updated to reflect any changes made or improvements.

People experiencing care and their relatives were encouraged to participate in satisfaction questionnaires to gather feedback. However, the feedback provided was not reflected on the improvement plan. To ensure people are involved and remain fully informed of changes and developments in the service. There was a need for the improvement plan that includes the views of people supported, relatives, staff and visiting professionals as well as the management audits. This should help drive improvements in the service.

At this point, this area for improvement requires further work. We will continue this to allow more time to embed the improvements and will assess at the next inspection.

This area for improvement has not been met.

Previous area for improvement 3

The service should ensure that personal plans are updated regularly and that risk assessments are personalised when they are being completed.

This area for improvement was made on 24 April 2024 from upheld complaint.

This area for improvement was made on 24 April 2024.

Action taken since then

There was evidence of personal plans being updated and in a more personalised way from the plans sampled. There was a good sense of the person and how their support should be delivered from the personal plan and daily recordings made. Regular reviews were being held and plans updated.

The risk assessment documentation used had been updated. However, we found they did not reflect individuals care and support needs meaning that staff were knowledgeable about generic risks and not specific risks.

Risk assessments should be reviewed to ensure these identify the support needed, assess the persons physical capabilities and limitations, the environment, and determine any necessary equipment.

This area for improvement requires further work. We will continue this to allow more time to embed the improvements and assess at the next inspection.

This area for improvement has not been met.

Previous area for improvement 4

All staff should complete IPC/PPE training to ensure their knowledge and practice is up to date.

This area for improvement was made on 24 April 2024 from upheld complaint.

This area for improvement was made on 24 April 2024.

Action taken since then

Training records reviewed demonstrated the staff team had completed a refresher of infection prevention control (IPC) and personal protective equipment (PPE) training. Staff were able to discuss how they would use PPE and spot checks of observations of practice are taking place and includes IPC practices and PPE use. We observed good practice when out on visits.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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