

# HK-Care Consulting Limited Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 October 2024

**Service provided by:**  
HK-Care Consulting Limited

**Service provider number:**  
SP2019013307

**Service no:**  
CS2019374899

## About the service

HK-Care Consulting Limited (Scotland) registered with the Care Inspectorate on 8 June 2020.

The service provides care at home to adults and older people, living in their own homes and in the wider community.

The service were currently supporting 130 people across North and South Lanarkshire.

## About the inspection

This was an unannounced inspection which took place on 23 September to 1 October 2024 between 09:30 and 18:30. The inspection was carried out by one inspector from the Care Inspectorate. A complaints inspector joined the inspection for one day to follow up on a requirement made following a recent upheld complaint. 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 32 people using the service and/or their family. We also received 13 pre-inspection surveys
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from health and social care professionals.

**Key messages**

- People were respected and listened to because their wishes and preferences were used to shape how they were supported at home.
- Staff treated people with dignity and were respectful when working in people's own homes.
- People were very happy with the care and supported provided by HK-Care Consulting Limited.
- Management demonstrated a clear understanding about what was working well and what improvements were needed.
- Improvement was needed around accident and incident management and reporting, also around tightening up the existing processes for handling people's money.

**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?	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?

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.

People were respected and listened to because their wishes and preferences were used to shape how they were supported at home.

We obtained positive feedback from the people and/or the families of people currently being supported by the service. One person they supported told us, "I can direct my care, it's a partnership ", whilst another felt, "They're really, really good...here on time and some are full of fun....nothing is ever a bother". Comments from families included, "We now have a regular staff team who we work well with us", "We have a good team of six staff currently and all are lovely, kind, professional, well trained" and "They're very kind, caring and respectful when in my house".

People were supported to choose the care and support they wanted, based on their assessed needs and outcomes. We heard how people were supported with personal care, shopping, housework and companionship in general. People and/or their families felt fully involved in all aspects.

The service had worked hard to move all the care plans across to a new electronic system and were in a good place to build on these and ensure that relevant risk assessments were in place. Whilst there was a good level of detail within the plans to guide staff around how best to care and support for each person, the level of detail expected to guide staff on how to support people with more complex care and support needs, including those at end of life or with mental health conditions needed improved (see area for improvement 1).

People could be assured that senior staff were approachable and easy to contact should they need any changes to the agreed service. One person told us, "I know the team leader as she pops out and visits", while another said, "There's a telephone number for out of hours that you can call if you need anything".

### Areas for improvement

1. The service should ensure that people benefit from dynamic, innovative and aspirational care and support planning that consistently informs all aspects of the care and support they experience.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

## 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.

Management engaged meaningfully with staff, people who were using the service and their families. They took a collaborative approach to the planning and delivery of each care and support. This

meant that leaders were skilled at identifying and delivering the appropriate type and level of resources needed to provide high-quality care and support now and in the future. They intervened at the earliest opportunity to ensure that people experienced high quality care and support.

We obtained positive feedback from the people and/or the families of people currently being supported by the service. Comments included, "I know the owner as she comes out and visits", whilst another said, "At the beginning, they came out and met with us and talked through what to expect".

Whilst there was a system in place for the recording and management of accidents and incidents, several events that should have been notified to us had not been. This was due to a misunderstanding of the guidance. Currently, auditing was only taking place for medication incidents. We shared the notification guidance and discussed how to prevent these omissions going forward (see area for improvement 1).

A policy was in place for the handling of people's money. However, this needed tightening up to ensure that more informal arrangements that may occur, including smaller items of shopping followed the policy. Any agreed arrangements should be noted within the person's care plan (see area for improvement 2).

Management role modelled a team approach by acknowledging, encouraging and appreciating efforts, contributions and expertise, while instilling a culture in which it was safe to challenge. Staff told us that the current management team was working very well and they enjoyed working at HK-Care Consulting Limited.

### Areas for improvement

1. The service should ensure they keep people safe by ensuring that all accidents and incidents are properly managed. To do this, the provider must, at a minimum:
  - a) Implement a system to ensure that all unplanned events are recorded, investigated, analysed for trends and notified to other bodies, where they are legally obliged to do so.
  - b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

2. The service should ensure that people's finances are managed in line with their company policy and noted within their care plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

### How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the staff team and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff treated people with dignity, and were respectful when working in people's own homes.

Staff were clear about their roles and responsibilities and the addition of any new staff was well planned to

ensure that outcomes for people remained very good.

People being supported spoke positively about the staff and felt that they were trained well. Comments from people they supported and/or their families included, "Everyone is very nice and respectful", "X (the carer) is like a best friend" and "All staff are great and we have a laugh".

Staff were confident in building positive interactions and relationships with people. They enjoyed their work and spoke with a genuine fondness of the people they supported.

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

### Requirements

#### Requirement 1

By 16 September 2024, the provider must ensure that staff give individuals the right medication with the right dose at the right time. To do this, the provider must, at a minimum:

- a) ensure that an up-to-date medication care plan is in place for individuals supported with medication
- b) ensure that a robust system is in place to count, record and monitor medication received via the pharmacy
- c) ensure management or other relevant staff, conduct, and record regular medication audits.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

**This requirement was made on 9 August 2024.**

#### Action taken on previous requirement

People could be assured that systems had been reviewed and ensured that medication was supported and monitored as prescribed. Medication plans were in place for each person. Auditing had started, however, this could be further developed and needed time to be embedded. We will monitor this at the next inspection.

**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

In order to ensure positive outcomes for people experiencing care, the service should ensure that care records are reflective of the care and support delivered during scheduled visits. This should include, but is not limited to, who has provided the support, what support was provided, what support was declined, and the reasons why support was ended earlier or later than anticipated. This would ensure that support continued to reflect the person's changing needs.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

**This area for improvement was made on 4 April 2023.**

#### Action taken since then

We found that a comprehensive record was kept by staff at the end of each visit.

**This area for improvement has been met.**

#### Previous area for improvement 2

In order to ensure good outcomes for people experiencing care, the service should, where necessary, undertake risk assessments where Disclosure Scotland checks are not immediately available for people moving to employment from another country. This will ensure that all relevant risks are taken into consideration and people experiencing care are protected.

This is to ensure care and support is consistent with Health and Social Care Standard 4.24: I am confident that people who support and care for me have been appropriately and safely recruited.

**This area for improvement was made on 4 April 2023.**

#### Action taken since then

We sampled this for staff that had been recently recruited and people could be assured that recruitment followed best practice guidance.

**This area for improvement has been met.**

#### Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the service should ensure that competency checks are carried out and recorded to assess staff practice reflects learning from training. This will assist the service in identifying further areas of support required by staff.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 4 April 2023.**

### Action taken since then

A system was in place for monitoring staff practice. This included regular 'spot checks' on staff completed by the management team.

**This area for improvement has been met.**

### Previous area for improvement 4

In order to ensure good outcomes for people experiencing care, the service should ensure they maintain written records of concerns raised, investigation outcomes, and actions taken. This should include responding to the complainant to advise them of the complaint findings.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

**This area for improvement was made on 4 April 2023.**

### Action taken since then

Feedback from people they supported and their families confirmed that any issues raised had been dealt with to their satisfaction, although the vast majority had not had the occasion to raise any issues. However, the service were still working on how best to record this.

**This area for improvement has not been met.**

### Previous area for improvement 5

To ensure that people receive quality care and support that is right for them, the provider should ensure that they seek and identify individual needs and preferences to inform the development of a person-centred care plan. This should include, but is not limited to, ensuring that relevant care plans are completed within 28 days of care commencing, with evidence of the discussions that have taken place with the individual or their representative in the formulation of this.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

**This area for improvement was made on 9 August 2024.**

### Action taken since then

We found that care plans were in place within the provider's electronic care planning system and a paper copy was also in each person's house. People we visited and spoke with during the inspection were all aware of this and told us that they were involved in directing their care and support.

**This area for improvement has been met.**



## Complaints

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

## 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?	4 - Good
2.2 Quality assurance and improvement is led well	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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