

Home First (East Kilbride and Rutherglen) Support Service

South Lanarkshire Health and Social Care Partnership, Social Work Resources
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Unannounced

Completed on:
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Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2022000272

About the service

Home First (East Kilbride and Rutherglen) is registered with the Care Inspectorate to provide a reablement service on a short-term basis to adults and older people in their home. The provider is South Lanarkshire Council.

The service is provided by staff teams located in the East Kilbride, Rutherglen, and Cambuslang areas. The registered manager works between two office bases and is responsible for coordinating the overall running of the service. A team leader is based in each office with social work assistants, occupational therapists, and community support coordinators to support the care assessments and homecare staff who provide the direct support to people. The service works closely alongside the providers mainstream homecare service.

The aims and objectives of the service include;

Supporting individuals to return home with appropriate support following an admission to hospital. To support others to remain at home as independently as possible through responsive services that meet individual needs and avoid unnecessary admissions to hospital.

At the time of the inspection 79 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place on 16, 17, 18, 19, 20 and 23 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 service was first registered.

In making our evaluations of the service we:

- Spoke with 10 people using the service and six relatives/family members.
- spoke with twenty staff and members of the management team
- observed staff practice during home visits
- considered feedback provided through the services exit questionnaires completed by 40 people and relatives using the service. 22 staff and seven professionals returned Care Inspectorate surveys issued.
- reviewed documentation
- we spoke with four professionals involved with the service.

Key messages

People spoke positively about the care and support they received.

Staff were compassionate, kind and sensitive to how to support people.

The service was flexible in responding to people's changing needs.

Staff were highly motivated and well trained.

Areas of the quality assurance processes needed improvement.

We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

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
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 the staffing of the service and how they supported positive outcomes for people, therefore we evaluated this key question as very good.

The service was mainly providing support to people after they were discharged from hospital and returning home, we found staff were sensitive to this. People using the service were treated with compassion, dignity, and respect. We saw those receiving the service being relaxed around staff and appeared pleased to see them. People felt safe and comfortable with staff. They received support that was kind and respectful.

Overall feedback was positive, from people receiving care, relatives, and professionals about the quality of care and support people received. Some of the comments we received included, from people supported; "The staff have been fabulous, don't know what I would do without them." Another told us, "Staff are supportive, not met any of them I don't get on." Another told us, "I have stopped the service until next week, staff only now doing observations of me at home".

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, "I was so grateful for the support received, it came at a crucial time for the family." Another told us, "Staff consistency can vary at times, sometimes lots of changes, then settles and staff change again."

People's views were recognised, and they were fully involved in making decisions about their care and support. Staff spoke with each person at the start of the visit to confirm the support needed which meant everyone's expectations were clear. We observed staff actively promoting people's independence where appropriate.

The service uses an electronic system for scheduling visits and personal plans, and these are available for staff to access/read via their mobile devices. Staff were positive about how they can access and use this system when out supporting people.

The service aims to have an assessment and support plan in place within the first 24/48 hours of the person returning home. We found the introductory support plan format used by the service allowed for a good exploration of individuals desired goals and outcomes. Risks were assessed to ensure safe care and support was delivered. These were being evaluated regularly and updated when there were any changes.

Outcomes for people was a focus for the service to help ensure people's needs were met. However, we found there was inconsistency in the outcome sections being completed in the care folders sampled. We were reassured that the management team were in the process of taking actions to improve on these.

People's health needs were being monitored and well recorded. We saw examples of input from health professionals that had improved outcomes for people. Regular professional meetings were taking place, and the service liaised well with doctors, pharmacies, nursing staff and physiotherapists. One person commented on being able to remain at home due to care at home support they received. A professional commented "we have regular and positive communication with the service about clients needs".

People received assessment of the support they needed with their medication. This was detailed in each person's personal plan to ensure that staff were aware of how to provide this support safely. We observed support with medication and found there was, overall safe and effective medication practices. Peoples abilities were promoted. If errors were made, we could see that these were reported, and advice sought to ensure the person was not adversely affected. Staff were trained in the administration of medication and observations of practice and competency were carried out by senior staff.

People were supported to maintain and increase skills through appropriate levels of supports provided. Good processes were in place to review, assess and facilitate transfer to the mainstream home care service if required. This meant there was a consistent and safe approach used to keep people safe and well.

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.

Feedback from people supported, relatives, staff and professionals spoken to was positive about the responsiveness and joint working arrangements with staff service.

There was a consistent and experienced management team in place who were well respected by the staff team. Staff spoken with knew their roles and responsibilities and worked well as part of a team supporting each other. This meant individuals could feel confident in the organisation and management providing their care and support.

It is important for staff to be given the opportunity to meet as a team to reflect on practice and share learning. Daily huddle meetings, patch and weekly staff meetings were taking place. Staff consistently reported the benefits for these and being able to contribute to them.

There were a range of quality assurance systems to help give the management team a clear overview and check people are being supported safely in line with the personal plan. These included staff observations of practice. We could see the completion of audits including medication and personal plans. This helped assure people who experience care that their outcomes and wishes are the primary drivers for positive change.

People told us they were confident to compliment or complain, that leaders were approachable, and they were sure that any issues would be addressed quickly. The information on how to make a complaint in the files in people's homes, needed to be updated to include how to complain directly to the Care Inspectorate. We were able to see the outcome of any complaints made being recorded and communicated to those who needed to know.

People should expect a service and organisation to be well led and managed. The management team had a lesson learned approach to any incidents, accidents, or unplanned events to try and minimise a recurrence. The electronic recording system used, gave the management team access to a range of reports, including identifying themes and trends which helped identify where resources were needed most.

The service had not always submitted information that should have potentially, been 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. To ensure that the service meets its regulatory requirements, we made an area for improvement. (See area for improvement 1).

The provider had a system in place for overseeing the professional registration of staff. All staff sampled were registered appropriately.

People should benefit from a culture of continuous improvement. The service issued exit questionnaires for feedback from people who had used the service and their relatives. The management team used this information to help shape improvements and developments. The service improvement plan had identified areas that the management of the service had identified could be improved. There was a clear action plan with timescales, who was responsible to reflect actions taken, progress made, and outcomes achieved.

The management team had reviewed and evaluated how the service meets the needs of people and promotes positive outcomes. This was being informed by the assessment of key aspects of the service against best practice guidance, audits, peoples feedback in surveys and customer events held. This was a good approach for driving improvement, involving, and empowering staff to look at how the service could be further developed to benefit people.

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 the staffing of the service and how they supported positive outcomes for people, therefore we evaluated this key question as very good.

People who use care services should feel confident that the staff providing their care and support have the right skills, knowledge, and experience to meet their needs. We found the management team had oversight of the staff skills and performance.

Staff were trained in a range of areas appropriate for their role including, medication support, infection prevention, moving and assistance and adult protection. Regular observations of practice had been carried out to check staff competence. There was a commitment from the provider to staff obtaining the necessary qualifications for their professional registration, with on-going support and monitoring to ensure staff complete. This meant people experiencing care could be assured that staff were skilled, competent, and knowledgeable in their roles.

The staff spoken with were positive about working for the service and the teamwork that takes place. It was evident that staff have a real commitment to providing support to people they work with.

The service used an electronic scheduling system to assign care staff to people's support visits and was part of the overall home care delivery in the areas the service operates in. These were regularly reviewed and updated to ensure there were sufficient staff working within the service. Some people receiving care told us that they did not always know which staff would be providing their support on a day-to-day basis. Staff can be the 'preferred' staff were appropriate to people supported and in small teams to provide some consistency of support. Some staff spoke of scheduling system times allocated can be challenging at times. The different areas the service operates in, had different challenges in staff continuity. We were assured that the management team were aware of scheduling issues and was continually reviewing staff deployment and scheduling to provide people with support from staff familiar to them.

Staff spoken with were encouraged and motivated in their roles. There was evidence of effective communication for staff, including staff meetings and email updates. This ensured all relevant staff were aware of important information about any organisational changes or people supported health or care needs.

Supervision was taking place with staff on a consistent basis, this provided an opportunity for the staff to discuss their work, reflect on practice and consider how to improve outcomes for people.

Staff described having good peer support and an approachable management team and said there was always someone available to talk to if they needed advice. Staff wellbeing was a focus for the service. Drop-in sessions were available for staff to attend to meet other colleagues on a regular basis, staff reported to us they valued these, and there were good opportunities to meet with other staff.

There was a stable staff team with some vacancies. Recruitment was taking place at the time of the inspection and involved people supported in the interview panels. This was a positive development by the service provider to include and value people experiencing care in the staff recruitment process.

How well is our care and support planned?

5 - Very Good

We found significant strengths in the personal planning and involvement of people and their families in developing personal plans, therefore we evaluated this key question as very good.

People who experience care should have a plan of support in place, clearly identifying the level and type of care and support required. As this service is based on a reablement and rehabilitation model of support, the focus of these plans was about people retaining either full or some level of independence after a hospital discharge.

People we visited consistently had a plan of support in place detailing in a person-centred way the level and type of care and support required. The plans we did sample, were well organised and promoted people's independence. The personal plans were written in a person focused format that helped to give people the recognition of their value in the development of these plans.

People supported we spoke with were happy with the way the staff supported them and involved them in the development of their support plans, and we heard examples of positive progress had helped people gain their abilities and confidence back after a hospital discharge.

There was an overview of the personal plans by the staff in the team who completed the assessments. This helped to ensure that all necessary information was included and available to staff to support the person receiving care with the right kind of help and support. When speaking to home care staff ahead of visits, we found they were knowledgeable about individual person's needs they were supporting.

There was inconsistency in the completion of people's outcomes and goals in some of the plans sampled. The management team had included this in the self-evaluation and oversight documentation as an area to develop and improve on.

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?	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
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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