

Wishaw and Shotts Home Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
15 October 2024

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2004071348

About the service

Wishaw and Shotts Home Support Service is provided by North Lanarkshire Council and offers a care at home and housing support service for people who live in the Wishaw and Shotts area.

The service base is within Stewarton House, Wishaw and at the time of inspection, the service was supporting 385 people.

The service provides varying packages of care and support to meet people's needs. The range of services include: intensive and reablement care and support post hospital admission, personal care and support and support with domestic tasks.

About the inspection

This was an unannounced inspection which took place on 9 to 15 October 2024 between 07:30 and 17:00. The inspection was carried out by four inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- visited 16 people and three relatives within their own homes
- spoke with one person using the service and 10 of their relatives by telephone
- spoke with 16 staff and management
- gathered feedback from pre-inspection surveys (eight responses were received by people using the service and their relatives, 57 responses were received from staff and seven responses received from external professionals)
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals and received email feedback from five visiting professionals.

Key messages

The service had made a number of improvements and had met all outstanding areas for improvement. The service now needed to focus on sustaining improvements.

People and relatives were overall happy with the care and support received.

Management oversight of the service was good. They had implemented an 'enabling hub' approach (meeting with other health and social care professionals) to ensure that people were receiving the right care and support.

The service had made recent changes to how they were providing services geographically. These changes were having a positive impact particularly within the Shotts and Harthill areas. The service were now utilising a base within this area three days a week.

Staff enjoyed working in the service and felt supported.

The service development action plan needed further review to reflect the current position, as there was a backlog with the completion of some paperwork (care plans, reviews and supervisions).

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
How well is our care and support planned?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The care and support that people experienced was right for them. People and their relatives told us, 'wonderful service, couldn't do without it', 'I'm very happy', 'yes very happy, no complaints at all'.

Staff understood their role in supporting people's access to healthcare. Staff also recognised changing health needs and shared this information quickly. This meant that people could be confident that they were being supported by a competent staff team who would intervene at the earliest opportunity to ensure that people were receiving the care and support they needed at that time.

People using the service had a copy of their care plan and associated risk assessments. More attention to detail was needed to ensure that information about people was up-to-date and accurate. This was discussed with the manager who had recognised that this was an area that the service needed to improve upon (**see area for improvement in section 'How good is our leadership'**).

The service had made improvements to ensure that people were receiving the right care and support. The management team had implemented an initiative known as the 'enabling hub'. This was the name given for a regular gathering of health and social care professionals who the service worked closely alongside in efforts to reduce waiting lists, make better use of their resources and streamline care packages. As a result, people were now better informed about what care and support was available to them. For instance, assistive technology may be better suited for someone as a prompt to take their medication as opposed to the physical presence of staff which may not have been considered historically. The 'enabling hub' helped to ensure that people experienced care and support that was right for them.

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.

The management team demonstrated a clear understanding about what was working well and what improvements were needed. The pace of change within the service now reflected the priority of the improvements needed. The management team had a good overview of the services provided.

The service had recently realigned teams geographically in efforts to improve how they were providing care and support. This change, particularly within the Shotts and Harthill area, appeared to be working well. The management team had secured a base within a local integrated day centre, three days a week. This meant there was a space closer to the area where managers based themselves and people and staff could drop in.

The management team had identified that there was a backlog with the effective completion of records (care plans, reviews and supervisions) which were the responsibility of front-line managers. However, the current action plan to address this did not appear to be working. This was discussed with the management team who agreed that they needed to revisit their action plan to identify how they could make the desired improvements (**see area for improvement 1**).

Areas for improvement

1. To support a culture of continuous improvement, the provider should ensure that all action plans are fit for purpose and SMART (specific, measurable, achievable, realistic and time-bound) focused.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was working hard to ensure that the right number of staff with the right skills were working at the right times to support people's outcomes. This meant they had time to provide care and support with compassion and engage in meaningful conversations and interactions with people. People told us; 'Lots of different staff but not bothered as they are all lovely', 'I've got good carers and I don't know what I'd do without them' and 'They all know my relative so well'.

Regular supervision and direct observations had taken place. Training statistics across the service were also good. This meant that people were being supported by staff who understood and were sensitive to their needs and wishes because a range of learning and support measures were in place.

Communication and team building was a current area of focus. Staff communicated mainly through Microsoft Teams which they said worked well. For instance, important information was being shared and passed on via Teams with staff getting this quickly. Team meetings were also happening regularly. Recent meetings included guest speakers from other public service organisations who had shared their knowledge and experience. For instance, the community police and fire brigade. This meant that staff were finding out more about services within the local community which could enhance care and support for people.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People's care plans were now being reviewed in alignment with their six monthly review. People were also involved in their planned reviews and had known when their review had taken place. Care plans and reviews were also regularly being audited. However, there was no evidence that people received a copy of their review records (**see area for improvement 1**).

The service was led in a way that was influenced by the people who use it. The service had engaged with people via meetings and surveys to find out what was working well and what was not. The service were striving to ensure the views, choices and wishes of people who used the service, and their family members, informed changes in how care and support was provided, even where that challenged previous approaches.

Areas for improvement

1. To ensure that people are fully involved in developing and reviewing their care plan, the provider should ensure that review records are shared with them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 the consistent and safe delivery of care, the provider should ensure improvements to the contents and monitoring of care plan quality continues.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: '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).

This area for improvement was made on 21 February 2024.

Action taken since then

Care plan audits were now regularly taking place. Timescales were identified for amendments to be done and signed off when completed. This should help set a standard for care plans which ensured all relevant information was included. Care plans were also being updated following a review to ensure any changes in the person's support were recorded.

This area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure that the approach to following up falls is improved. This should include, but is not limited to, ensuring falls risk assessments are completed for those at risk of falls and falls prevention strategies are recorded and implemented. Ensure there is a system in place to review falls and ensure that people are referred to appropriate health professionals promptly.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 20 May 2022.

Action taken since then

The service were now proactive when people had experienced falls. They had a clear falls strategy in place. People who were at risk, had falls diaries in place and the relevant professionals were involved. Front line managers were making appropriate referrals to the falls team. This had supported positive outcomes for individuals.

This area for improvement has been met.

Previous area for improvement 3

To support people's independence, the provider should ensure that people are referred to the appropriate professionals for assessment. This should include, but is not limited to, referring people promptly to appropriate professionals and record any advice clearly.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 20 May 2022.

Action taken since then

The service had records of discussions where people's needs had changed. They had chronologies of these discussions and ensured that information was passed on. There was also evidence of timely referrals. Visiting professionals spoke positively about working with the service.

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.

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
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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