

Call-In Homecare West of Scotland Support Service

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Type of inspection:

Unannounced

Completed on:

26 September 2024

Service provided by:

Call-In Homecare Ltd

Service provider number:

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Service no: CS2023000324



About the service

Call-In Homecare West of Scotland operate from an office base in the Dalmuir area and provide care at home support services to four different local authority areas. The service aim to support people who use their services to live as independently as possible by providing safe, effective and person centred care of the highest quality, respecting the dignity and diversity of both service users and their families. At the time of inspection the service were supporting 356 people. The majority of those people lived within the East Dunbartonshire and Renfrewshire local authority areas, with fewer people from Glasgow and West Dunbartonshire local authority areas. The wider organisation had taken over some existing services and this was the first inspection of the service since their new registration in 2023.

About the inspection

This was an unannounced inspection which took place on 16, 17, 18 and 19 September 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- spoke with 18 people using the service and 13 of their family/friends/representatives
- spoke with 17 staff and management
- · observed practice and daily life
- reviewed documents
- spoke with one visiting professional
- reviewed survey responses returned to us.

Key messages

The service were providing appropriate levels of support to people to maintain their health and wellbeing. Concerns and changes in people's health were documented and acted upon. The service were quick to respond to feedback that was given.

Governance and quality teams within the service had made a positive impact on quality assurance. Effective monitoring systems were in place and we could see continuous improvements were being made.

The staff team were knowledgeable and consistent across all roles. We did recommend that staff undertake skilled level training for supporting people living with dementia.

People's care plans were thorough, detailed and up to date. We found that plans contained input from health professionals and were routinely reviewed with people / their relatives.

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?	5 - Very 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 aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Over the course of the inspection we visited some people at home to speak with them and their relatives. During these visits we witnessed warm and caring interactions between staff and supported people. We could see that staff knew people and their support needs well. The vast majority of people we spoke with were very happy with the service that was received.

People told us:

- 'I am 120% happy with the service, it's absolutely fabulous,'
- 'I get the same two carers, they are perfect and can't do enough for me,'
- 'I feel as though I'm the gueen when they arrive.'

Relatives told us:

- 'Extremely good, quite brilliant.'
- 'The timings and calls are at right level, same team of people who support mum well.'
- 'Communication is really good, and everything is very well addressed.'

The service held information about people that was relevant and up to date. This meant that people were receiving appropriate support from staff who were aware of their care needs. The care planning app being used made up to date information easy to disseminate to those who needed to know. We could see that there were clear processes in place for supporting people with their medication needs and records of administration were well completed. The level of detail held about medications, where they were stored and how people liked to be supported to take them was of a good standard. There was also a clear financial policy in place, and the records we sampled were accurate and had been approved by the management team in order to safeguard people's money. Ongoing records were made regarding medication, falls and skin integrity, with each area being routinely updated and continuously risk assessed. The service liaised with external health professionals in order to provide effective care and support to people, and we could see where advice had been sought. Any new information was added to people's care plans in a timeous manner.

The support that was provided to people matched the information that was noted in their care plans. Staff treated people with dignity and respect and even though preferences were known, choices were offered. We could see that any concerns or changes in people's health or wellbeing were reported back to the management team. We saw that these concerns were acted upon, recorded and matched the notifications that services are required to make to us. We did pass on that timings of visits for two people we spoke to had been impacting on their wellbeing. We heard that the standard of care was high, but that adjustments to visit times were required to fully meet the outcomes of the two affected people. The service were very responsive to this feedback and had immediately begun to amend visit times for those affected. Staff also told us that line managers were responsive and communication channels were effective.

Overall, we saw that people's health and wellbeing benefitted from their care and support and we were assured that people's outcomes were a top priority for the service.

How good is our leadership?

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 service routinely sought survey feedback from people experiencing care and we could see improvements that the service had made following this feedback. Some responses from earlier in the year had identified some concerns regarding timings of visits and with IPC (Infection Prevention and Control). However, the service had an effective service improvement plan in place which had identified required actions. This had led to improved survey results and increased satisfaction from supported people. All of the care plans we sampled had been reviewed within the required six month time frame and audits were routinely taking place across the service. Actions from audits were followed up and updates or improvements were quickly made. There had been one quality assurance visit from a local authority which had not identified any concerns, and we could see that some minor recommendations that had been made were taken on board and actioned. We found the service to be both proactive and reactive to any issues that had arisen, often reflecting on practice and meaning lessons were learned.

Despite the large number of people accessing the service, managers had detailed knowledge of people and their support needs. There was very good oversight amongst the management team and extensive quality assurance checks were regularly undertaken. Weekly and monthly governance meetings captured any missed visits, medication errors and adult support and protection concerns. The service had implemented a new process that should decrease the chances of missed visits. We were assured that the appropriate steps had been taken to improve the service further. Team meetings and supervision sessions were routinely scheduled with staff. The management team had already identified that they would benefit from improved minute-taking skills to make records clearer.

The complaints record held by the service was of a very good standard and clearly identified if complaints had been investigated and upheld. The records included clear time frames and noted if people had been satisfied with the overall outcome. We were also able to sample compliments that had been received and we could see that the service was able to boost morale by sharing with staff or to identify staff for recognition awards. Supported people confirmed that they knew how to complain but most told us that they never needed to do so. We found that quality assurance and improvement was led well.

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.

People told us that staff met their care needs very well and were aware of what was expected of them. The staff we met were knowledgeable, committed to their roles and were familiar with people and their care plans. Most people told us that they were supported by consistent staff teams and that this made a real difference to their care. The couple of people who had hoped for changes to visit times were still complimentary about the standard of care from the staff team. The service had their own bank staff and there had been no recent use of agency staff.

Recruitment at the service was ongoing and staff turnover was lower than other care at home services. Prerecruitment checks were robust and thorough induction training took place before staff were able to complete shadow shifts with existing staff members. The service evidenced that poor practice was identified and clear actions taken, such as staff disciplinary actions and reporting to regulatory bodies.

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Staff told us that they felt well supported and had noted improved communication and responsiveness in comparison to the previous providers they had worked under. Team meetings had been scheduled and one to one supervision sessions were routinely planned by line managers.

Staff confirmed that the service completed spot checks on their competencies and that training was an ongoing process. A co-ordinator told us that staff knowledge was very valuable and was welcomed to improve and shape the service. The feedback that we got from staff we spoke to, and from surveys we received, was very positive. We did recommend that the service should train staff to skilled level in dementia, rather than only to awareness level. This is in line with best practice guidance as identified in the Scottish Social Services Council Promoting Excellence Framework for staff working with people living with dementia (see area for improvement 1). Further consideration could also be given to specialist training to staff supporting people with other health conditions.

We saw that overall, the right staff with the right skills were supporting people's outcomes. This was taking place at the right times with only a few amendments for a couple of visit schedules. The service was committed to making these changes for people as soon as they were aware.

Areas for improvement

1. The service should ensure dementia training at skilled level is completed by all staff involved in the care or assessment of people living with dementia.

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, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

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.

We found that care plans were person-centred and clearly evidenced input from people and/ or their representatives. There were clear records of Power Of Attorney, guardianship and Adults With Incapacity. Although some care packages necessitated quick implementation, we saw that the quality team were quickly involved to produce robust and thorough care plans. Care plans were routinely reviewed a few weeks after starting and then at six-monthly intervals. We could see that feedback was gathered at these reviews and used to inform future care plans on an ongoing basis. Care plans that we sampled were of a high standard and had the required amount of detail to provide effective support to people. Records made by care staff were not only task focussed, but had also captured people's wellbeing and state of mind. We heard that there had also been positive impacts on relatives who were confident that their loved ones were well cared for.

Care plans had captured some 'about me' information which was helpful background information for staff and could support meaningful conversations with people. We observed that staff were providing care and support in accordance with the plans that were recorded. Staff routinely checked preferences and treated people with dignity and respect whilst providing support. If some tasks were not completed, it was clearly recorded if person had not wished the support that day or if a relative had already provided the support.

The relatives we spoke to also felt their views were included and respected by the service and the staff. We saw that the service was very effective at reflecting people's outcomes and wishes in their personal planning.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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