

Katvic Healthcare Housing Support Service

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Type of inspection:
Unannounced

Completed on:
14 October 2024

Service provided by:
Katvic Limited

Service provider number:
SP2023000234

Service no:
CS2023000354

About the service

Katvic Healthcare is registered to provide a combined housing support and care at home service to adults and older people living in their own homes in Glasgow and South Lanarkshire. The provider is Katvic Limited.

The service can support adults and older people with physical disabilities, learning disabilities, and mental health issues. The nature of the care delivered depends on the person's assessed needs and can include support with medication, personal care, nutrition, and support needed to promote people's independence at home.

Katvic Healthcare registered with the Care Inspectorate on 25 October 2023, and this was the service's first inspection. One person was using the service at time of inspection.

About the inspection

This was an unannounced inspection which took place between 9 and 14 October 2024. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with people using the service and their friends and family members
- spoke with 6 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- We received positive feedback from people and relatives about their service.
- People received consistent care and support from a stable workforce.
- Staff had appropriate training and support to develop their practice.
- Management were pro-active and communicated well with people, relatives, and staff.
- Whilst the service was new and had a limited number of supported people at the time of inspection, it had developed robust policies, procedures, and quality assurance systems. This promoted good outcomes for people and staff and provided a foundation for further service development.
- The service should introduce more formal staff supervision meetings to further promote good practice and morale.
- We shared good practice examples to make care planning more person-centred and outcome-focused.

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 because there were several major strengths, which taken together, clearly outweighed areas for improvement. Whilst the service supported a limited number of people at the time of inspection, the findings were consistent with an evaluation of good and supported positive outcomes for people.

We received positive feedback from people and relatives about the quality of care and support provided by Katvic Healthcare. There was praise for the service's consistency, communication and the caring nature of the staff. A family member told us "We are happy with the service's reliability, punctuality, and the care. We have a great relationship with the carers".

People were supported to achieve positive outcomes and life experiences. This included improved physical health, mobility, and accessing the community. The service also benefitted relatives who could attend to other interests as they were reassured their loved ones received consistent, quality care.

These positive experiences were achieved through a stable and familiar workforce. People were supported by a consistent pool of staff who knew their needs and wishes. Staff continuity promoted rapport, a thorough understanding of people, and confidence in the service.

The new service had developed a comprehensive selection of policy and procedures, covering important areas such as medication, adult support and protection, and care planning, which promoted good practice. This ensured people were supported safely whilst also providing appropriate foundations for further service development.

People supported by the service had a personal plan, known as a care plan. These were generally comprehensive and provided a good level of detail about people's needs. Plans highlighted people's health and social needs, and described clearly how staff should meet them. Staff had well defined tasks to complete on each visit which promoted consistency. Plans referenced potential risks in people's lives and considered ways to reduce them to promote people's health and wellbeing.

We shared good practice examples to make plans more person-centred and outcome-focused. For example, we asked plans to capture people's life histories, their likes and dislikes, and what they wanted to achieve from their support. We also noted that some information referenced in plans related to UK legislation, where Scottish legislation was applicable. (See area for improvement one). We were reassured by the management team's response as they took immediate action, improving the quality of information in plans to promote good practice in the service.

Areas for improvement

1. To promote people's health and wellbeing, the service should ensure that care plans are person-centred and outcome-focused. Plans should contain detailed information about people's wishes and needs, and what they would like to achieve from their support. Where possible, people and their representatives should be involved in care planning to reflect their views. Plans should refer to appropriate legislation and guidance where appropriate.

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

states 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 because there were several major strengths, which taken together, clearly outweighed areas for improvement.

We received positive feedback about the service's management team from people, relatives, and staff. Leaders were seen as approachable, knowledgeable and supportive to all parties. Frequent communication, and an open door policy, ensured people felt listened to and valued by the service.

The management team completed audits in important areas of the service. There was monitoring of issues such as accidents and incidents, medication, and reliability of visits, and this oversight of the service promoted people's health and wellbeing.

Leaders were motivated to continuously improve service practice and culture. Management had developed an array of appropriate policies and procedures which supported good practice. There was evidence of good practice guidance being sought, discussed, and shared with staff to further improve approaches to care.

The management team met regularly to review the operation of the service, highlighting what was going well and what could improve. We asked the service to record minutes of these governance meetings more formally (See area for improvement one). This will further improve the oversight of the service and promote even better outcomes for people.

Management had developed an improvement plan which highlighted ways in which the service could further enhance its practice and experiences of people and staff. The plan was insightful and should drive further improvements in the service. We shared ideas to make the plan more inclusive, considering the views of people, relatives, staff, and information from quality assurance systems, to offer richer perspectives. The service was receptive to good practice guidance from regulators and other organisations which reflected their commitment to improvement.

Areas for improvement

1. To promote people's health and wellbeing, the service should continue to develop its quality assurance and monitoring systems. This should include holding regular governance meetings which review issues such as accidents and incidents, medication, punctuality of visits, and other important areas. Meetings should have written minutes and produce action plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: '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 because there were several major strengths, which taken together, clearly outweighed areas for improvement.

People could be assured that they were supported by staff who had been recruited safely and in line with national guidance. New workers started their role after a robust interview, referencing, PVG checks, and an induction process. This promoted a safe and professional working environment.

Staff had access to ongoing training which was delivered both face to face and online. We were impressed by the high compliance rates of training with staff completing all mandatory and important additional training sessions. This promoted staff understanding of people's needs. Workers told us they found training stimulating and appropriate to their role. Managers also regularly observed staff which ensured workers transferred learning from training into their practice.

Staff praised the support offered by the service. There were regular team meetings and leaders were available for advice and guidance when needed. We asked the service to introduce a more formal system of staff supervision. Supervision meetings are forums for management to meet with staff, review their performance, plan development, and promote their wellbeing on a regular basis, which should further develop practice and morale. (See area for improvement one).

We reviewed rotas and were assured that people were being supported at the right times by a consistent pool of staff members. This consistency ensured that workers had a good understanding of people's needs and wishes, and promoted positive relationships in the service.

Areas for improvement

1. To promote people's health and wellbeing, the service should ensure that staff have regular support and supervision meetings. These meetings should review staff performance, reflect on practice, and promote training, development and wellbeing.

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

4 - Good

We evaluated this key question as good because there were several major strengths, which taken together, clearly outweighed areas for improvement.

People supported by the service had a personal plan, commonly referred to as a care plan. Plans highlighted people's health and social needs well. We could see that staff had a clear description of care tasks to be completed on each shift, which promoted a level of consistency for people. We could track that people's needs were being met fully.

Plans highlighted potential risks of harm in people's lives and considered ways to reduce them to promote their safety. Plans were also reviewed to ensure they were accurate, giving staff relevant information to support people well.

We shared good practice examples to make care plans more person-centred and outcome-focused. This included gathering information such as people's life histories, their likes and dislikes, and what they wanted to achieve from their support. Whilst attempts had been made in some of these areas, the information should have been more detailed and meaningful. The service regularly communicated with people and relatives and listened to their views. This information should be recorded in plans, evidencing that the

service involves people and families in the development of care planning. We also noted that the plans referenced UK legislation where Scottish legislation was applicable.

Management responded promptly and appropriately to our findings as they met with supported people and familiar staff and improved the quality of person-centred information. The revised plan had greater detail about people's lives, personalities, and aspirations. There was clear motivation by the management team to improve planning and reflect the otherwise person-centred culture of the service. This will further improve standards in the service and promote even better outcomes for people. We made an area for improvement under key question one to ensure these improvements are sustained.

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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