

Argyll Homecare Ltd Housing Support Service

The Attic
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Lochgilphead
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Unannounced

Completed on:
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Service provided by:
Argyll Homecare Ltd.

Service provider number:
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CS2005090291

About the service

Argyll Homecare Ltd is a combined housing support and care at home service. The service is a family run organisation which provides support to adults living in Mid-Argyll.

The service operates from their office in Lochgilphead, where the management team are based with access to a training room.

At the time of the inspection the service was supporting 18 people. The registered manager was supported by a manager, depute care manager and a team of carers.

About the inspection

This was an unannounced inspection which took place on 5, 6, 7 & 8 November 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and two of their relatives
- spoke with eight staff and management
- reviewed 18 electronic feedback forms received from people using the service, relatives and staff
- observed practice and daily life
- reviewed documents
- contacted professionals supporting the service.

Key messages

- Management and staff were very good at developing meaningful relationships with people and their families.
- Staff were highly motivated and committed to wanting to provide the best support to people.
- Support from small staff teams meant people could build positive, trusting and caring relationships with their carers.
- Support plans and risk assessments did not always guide staff on peoples' current support needs. This meant there was a potential of support provided not being consistent.
- Quality assurance systems should be improved to give the management team clear overview of key areas to drive service improvements forward.

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

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. However, improvements are required to maximise wellbeing and ensure people experience positive outcomes.

People's needs should be met by the right number of people. Support was provided by regular staff enabling them to get to know people, their health and wellbeing needs and develop relationships. Staff, relatives and people supported shared with us the difference this made and the confidence they had in support being provided. A person supported shared with us "When support started I was in a really bad place, both physically and mentally, but the support has really given me a reason to keep living"

Staff interactions with people using the service were warm, genuine and respectful. We observed staff supporting people in a calm and reassuring manner, which had a positive impact on their emotional wellbeing. It was clear that staff had worked hard to develop relationships with people using the service. This enabled people to feel a sense of trust and confidence in their support.

Relatives shared with us that staff had a good understanding of their loved ones needs, and that they were kept informed of any changes or concerns. This gave confidence in the service and support being provided. A relative told us "We can't praise the team enough, they never feel rushed or like anything is too much bother for them. Really put both of us at ease. They have gotten to know X and their ways so well, which takes a load of my mind".

The health and wellbeing needs of people were supported by the staff team. Staff shared that the management team were responsive when they raised concerns about peoples health and wellbeing. This included seeking support from other agencies or additional support time, if this was required.

Referrals were made to external professionals for advice and support when required. We were not always able to clearly see communication with other professionals or the reasons for referral documented throughout the notes. We heard that at times it was difficult to get feedback in relation to referrals made to external professionals. To support the health and wellbeing of people, the service should continue to explore further improving the internal and external communication. External professionals informed us that the service was responsive to their advice and guidance, which had a positive impact on people's health needs.

Systems were in place to support the safe management of medication, however these require developing to ensure support with medication is consistent and safe. The service planned to make contact with the Pharmacy Technician to support with this (please see area for improvement one). We saw there was Section 47's in place, giving authority for staff to administer medication. Even though the management team know people supported well, it is important that they have an overview of the legal powers in place, with clear review dates to ensure support provided is appropriate and within legal parameters.

People should benefit from care plans which are person centred, up to date and reflect their rights, preferences and desired outcomes. We could see from observations and discussions with the staff team that people's needs were identified and staff were able to engage and support people with dignity and respect. However, this was not always documented in care plans.

Everyone had a care plan in place, however the content was variable. For some people there was good strengths based information captured detailing what people were able to do for themselves. It was not always clearly documented what support was required and how this should be provided, particularly in relation to reablement support and anticipatory future care planning. Whilst we appreciate that staff generally know people well, which may lessen the reliance on care plans, inconsistencies may cause confusion in relation to how to provide support.

Support plan updates and care reviews were not happening regularly for all people supported. This resulted in some care plans not being reflective of current support needs, particularly when there had been significant changes for people. To ensure care and support is appropriate and continuing to meet peoples needs, reviews should happen on a regular basis involving all relevant parties (please see area for improvement two).

Areas for improvement

1. To keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance. This should include ensuring staff understand their responsibilities in relation to medication administration and actions required in the event of an error being discovered. Detailed protocols should be in place to guide staff in the use of medication prescribed "as required".

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

"Any treatment or intervention that I experience is safe and effective. " (HSCS 1.24)

2. To ensure that people receive the right support at the right time, the provider should ensure care plans are current, up to date and reviewed on a regular basis.

Care plans should be person centred, directing staff on how to meet people's care and support needs . Future care plans should be developed and agreed with people and their loved ones, to ensure the service is fully informed of peoples wishes.

To ensure care and support continues to be appropriate to meet peoples needs, regular reviews should be carried out for all people supported with involvement from all relevant parties.

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Improvements were required to ensure people consistently have experiences and outcomes that are as positive as possible.

People should benefit from a culture of continuous improvement. There was an improvement plan in place, which had been reviewed annually. This could be improved by detailing short, medium and long term improvement plans for the service, scheduling in regular review dates. This would ensure progress was tracked and that changes were achieving the desired outcomes.

Whilst the service had quality assurance processes in place, these were not always being utilised to identify and action improvements. As the management team know the service, staff and people supported well there was a number of informal processes in place, which would benefit from being formalised. For quality assurance processes to be effective the service requires a clear and structured plan of what is required, when and by who. This would improve the understanding of senior staff in relation to their role in quality assurance (please see area for improvement one).

There was a number of audits currently being carried out. However these were not covering all key areas of activity or picking up the improvement actions required to develop the service. Audit formats should be reviewed to ensure they are fit for purpose and asking the right questions to improve the quality of the experience for people. All audits should have a clear action plan with the intended outcome, whose responsible, required dates and signed off when completed (please see area for improvement one).

Due to the size of the service and the day to day involvement of the management team, they had a good understanding of key activities being carried out. This included training being undertaken, reviews carried out and audits completed. However there was no recorded overview of these. It would be helpful for all key activities to be tracked with dates completed so it is clear what has been carried out as well as any gaps (please see area for improvement one) .

At the time of inspection the registered manager had oversight of professional registrations in place for the staff team. However, we identified several issues with staff not registered with their regulatory body as they should be (please see area for improvement one).

The management team have developed good relationships with the Health and Social Care Partnership and local partners. Regular meetings to discuss area wide issues, potential concerns and contingency plans support an ongoing and co-ordinated approach to benefit outcomes for people supported.

Care and support should be consistent and stable because people work together well. Staff shared that the management team were approachable, supportive and open to hearing ideas of how the service can be improved for people supported. This made staff feel valued and they appreciated that their knowledge was recognised. A staff member told us "I am treated like a human, who is valued and opinions are listened to and taken on board. I made some suggestions to improve the consistency of support for people on my run and this was taken on board and implemented"

Areas for improvement

1. To further the improvement journey, the provider should continue to develop and embed their quality assurance system.

This should include but not be limited to:-

a. the registered manager utilising a quality assurance framework detailing what should be completed, when and by whom

b. the management team having a clear overview of key activities and information across the service including information in relation to legal powers, training and SSSC registration

c. quality audits and action plans including care planning and medication being fit for purpose, completed regularly and ensuring they lead to the necessary action to achieve improvements without delay.

This is to ensure 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)

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 strengths will have a positive impact on peoples experience and outcomes.

People can expect to have confidence in staff because they are trained to carry out their role. There was a clear induction programme in place for all new staff, covering service information as well as baseline learning, which new recruits had undertaken.

The organisation provided a range of online and in person training opportunities, delivered by the management team and local professionals. Staff shared that they felt equipped to carry out their role. However, as there was no overview of training attended we were unable to ascertain the current position in relation to all staff being trained to undertake their role. To ensure staff are clear about the expectations on them, it would be helpful to clearly define mandatory training requirements and timescales for completion (please see area for improvement 1).

There was no formal observations of practice. We heard that as the management team regularly worked alongside staff this was done on an informal basis. To give management confidence in staff practice, observations should be scheduled and tracked to ensure practice has been observed across the staff team, particularly in relation to medication (please see area for improvement 1).

Whilst we heard that supervision and team meetings were taking place we were not able to ascertain the frequency and consistency for all staff. These are important to encourage staff to reflect on their role as well as identify areas for development. Notes from meetings should be reflective of the discussion as well as planning actions to be taken forward (please see area for improvement 1).

People should experience a warm atmosphere because staff have good working relationships. Staff shared that they felt they worked well together as part of the team and supported each other as and when needed. People supported and staff shared that the management team were warm and engaging, which gave them confidence in contacting the office. A staff member shared "Feels like we are all one family - really supportive of each other and work well as a team."

Staff should have time to provide care and support to people. People supported and their relatives shared that they don't ever feel rushed and that staff take the time needed to achieve what is required. Staff shared "we do whatever is needed on each visit which can leave us chasing out tail a bit at times, but this is

one of the things I enjoy about working for Argyll Homecare, the ability to provide the care and support needed".

We heard of the considerations that were given when matching staff and people supported including who was best to meet people's support needs, current gaps and staff who would work well together. This improved communication across the staff team and enhanced the connection between people, their loved ones and the staff supporting them. Some people shared with us that they didn't know who was visiting over the course of the week. Whilst this didn't have a major impact on people, it is important that people know who will be providing support to them.

We were able to see people supported were allocated their assessed support hours on staff rotas, with no short or cancelled visits. Any gaps arising were filled by bank staff or a member of the management team meaning people received visits as planned. This ensured that people consistently received the support they were assessed as requiring and gave people confidence in the service.

Areas for improvement

1. The service provider should ensure all staff receive training appropriate to their role and particular to the needs of people supported. To promote the safety and wellbeing of people staff must apply their training into practice.

To do this the provider should:

- a. ensure all staff receive appropriate induction and core training, as directed by training needs analysis including dementia, managing stress and distress and any other relevant condition specific training required
- b. ensure that key training to keep staff and people supported safe is current and up to date for all staff
- c. monitor staff competence through regular supervision, team meetings and direct observations of staff practice, including medication observations
- d. keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

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 reflection their practice and follow their professional and organisational codes." (HSCS 3.14)

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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