

Hamilton Home Care Service Housing Support Service

Social Work Resources
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Unannounced

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Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2004073570

About the service

Hamilton Home Care Service is registered to provide care and housing support to people living in the community. The service provider is South Lanarkshire Council. The service operates from an office base situated in Hamilton.

Support is provided to people with a range of support needs in their own homes across Hamilton and the surrounding areas. This includes support with various health care needs, personal care and assistance, medication support and practical assistance to live independently.

At the time of the inspection, the service was providing support to 385 people.

About the inspection

This was an unannounced inspection which took place on 25, 26, 27 & 28 November, and 2 December 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 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:

- spoke with 50 people using the service and 21 relatives / family members
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents.

We also looked at responses to our on-line survey. These included 36 responses from people receiving support from the service, 35 staff and 10 social work and health care professionals.

Key messages

- People supported by the service were treated with dignity and respect.
- Staff had a good understanding of how to support people to meet their needs.
- People praised the quality of the staff who supported them.
- Quality assurance and improvement was led well.
- The approach to personal planning ensured people had good outcomes.
- People had regular care reviews and relatives were encouraged to be involved.

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.

People supported, consistently told us that staff were very kind and polite. We observed positive interactions between staff and people who experience care, in which people were treated with dignity and respect. This meant that people were supported to build trusting relationships and experience meaningful connections.

Most of the people we spoke with told us that they experienced very good care and valued the commitment from the staff. Comments from people included "I'm so grateful, they are wonderful". "The carers do a great job".

Relatives comments received included "Staff get in touch regarding any health changes with mum and this is appreciated by me". Another told us, "My father would not be at home if it was not for the wonderful and dedicated home carers visiting". Another told us, "Staff consistency can vary at times".

Managers strived to ensure consistency of staff as much as possible and systems were in place to monitor this. Improvements had been made in recent months to limit the number of different carers people had visiting them. We were assured, by discussions with the management team, of their responsiveness to make further improvements around scheduling to improve staff consistency.

People's health and social care needs were being monitored and well recorded and the service had good links with local health and social work professionals. The service was responsive to identify and take action when people's needs changed. For example, where additional supports were needed due to a decline in people's health, this had led to an increase in support visits. This meant the service had adapted support to meet people's changing needs.

People's personal plans were in place for staff to deliver each person's care and support. We sampled care documentation and found these had detailed information about individual's abilities, routines and preferences. People had access to their individual support plans which promoted their rights in relation to information held about them.

Many people relied on the staff to support or administer their prescribed medication. Staff were trained in the administration of medication and observations of practice were carried out by senior staff. The Medication Administration Records (MAR) used to document medication administration were completed consistently. People's level of support with their medication was detailed within their personal plans. Where any medication errors occurred, advice was sought to ensure person was not adversely affected and there was a clear process for reporting.

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 Hamilton Home Care leadership team demonstrated a strong commitment to continuous improvement. There was a clear vision and strategic approach to enhance all aspects of the service, ensuring the service remained adaptable and responsive to the changing needs of people receiving care. The service's aims and objectives aligned with the five health and social care standards, prioritising person-centred care and this ensured individuals had choice and control over how they were supported.

The service improvement plan was primarily driven by the findings of the recent self-assessment which had identified key areas for development. Throughout the inspection, we were able to review evidence supporting these areas, confirming that the improvement plan was a dynamic document that actively guided service improvement.

The leadership team had established robust quality assurance systems to monitor standards of care and the quality of staff. There was a range of comprehensive audits and monitoring/observation systems in place to drive forward improvement. Feedback from those receiving care and their families played a crucial role in informing service improvement, and this ensured people felt listened to and had their voices heard.

The service used creative approaches to support carers in reflecting on their practice, such as involving people receiving care and their relatives in creating videos about the impact of medication errors. One video, in which a family member discussed the effects of a carer not following procedure, provided a powerful example of how reflective practice raised awareness and improved care standards.

Reflective practice was a strong feature of the service, carers were encouraged to examine their actions and responses to different situations. One carer told us "Attending the sessions gave me the opportunity to step back and think about my approach to supporting people, what's working well, and where I can improve."

There was a robust induction and training program, with carers reporting that training was informative, easy to understand, and directly applicable to their roles. During shadowing visits, we observed warm and compassionate interactions between carers and people experiencing care, which reinforced our confidence that individuals were receiving a very good standard of care and support. The approach from the carers in delivering care was consistent, evidencing the effectiveness of good training and strong leadership.

Supervision is a key strength of the service, carers reported that they found it both helpful and supportive. Supervision sessions effectively balanced staff wellbeing and professional development, ensuring that carers felt valued and equipped in their role. This contributed to a positive and empowering work environment and enhanced the quality of care provided.

Although challenges around scheduling and communication remain, we were reassured that the service is actively addressing those areas.

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.

Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the people receiving support. It was evident that staff had a real commitment to providing support to people they work with.

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 staff were trained in a range of areas appropriate for their role including, medication support, infection prevention, moving and assistance and adult protection. Staff spoken with recognised their duties and responsibilities to protect people from harm and abuse.

On our shadow visits with staff to observe practices and speak to people supported, we consistently found the staff to be respectful, skilled and very professional. One person supported told us "I would like to thank all of my care staff for all of their support to enable me to remain living in my own home". Staff knew people well, and were confident about how they would deal with any unexpected events that might occur when supporting people.

Staff wellbeing was a focus for the service through staff supervision, drop-in cafe, stress control sessions, walking group for staff to consider taking part in. Some staff reported they valued these and they were good opportunities to meet with other colleagues.

Appraisals and supervision with staff took place regularly and staff were encouraged to reflect on their learning and professional codes. This helped to ensure staff undertook the necessary training and learning to maintain their professional registration.

Staff consistently told us that the management team were approachable and open to listening to any concerns they may have. Regular team meetings and patch meetings were taking place.

Staff have updates about work related information and guidance emailed to them to alert them of these with an expectation they read and understand these.

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.

In the homes we visited, people supported consistently had a personal plan of support in place, detailing in a person-centred way, the level and type of care and support required. People spoken with were, overall, very happy with the way the staff supported them and involved them in the development of their support plans, however, not all the plans sampled were signed. When speaking with staff ahead of the visits, we found staff were knowledgeable about each of the individual person's needs they were supporting.

The personal plans sampled were well organised and contained good information about people's choices and preferences. People's health needs were recorded clearly. There was good detail about what was important to people and around communication, supported need and risk assessment. This meant staff were supported with the relevant information to help them understand different health conditions, including some potential risks and how any contributing factors affected people.

The management team had a system to ensure that personal plans are formally reviewed with the person supported and/or their representative at least every six months. This provided opportunities for people to be meaningfully involved in shaping and evaluating their personal plans.

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

The provider should ensure that people receive their medication in accordance with prescribing instructions. In order to achieve this the provider should:

- a). ensure staff receive medication training.
- b). have a record of errors available with details of actions taken to address practice issues.

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).

This area for improvement was made on 17 June 2021.

This area for improvement was made on 17 June 2021.

Action taken since then

There was evidence of staff completing medication training appropriate for their role. The management team kept a record of any medication errors and this detailed the issue, the actions taken and learning from the incident. A workshop was developed for staff to learn from a medication error and this involved a family member. We were consistently told by staff this was very impactful and a powerful way to learn to help improve their practice.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that people are receiving the right level of support for their needs. In order to achieve this the provider should: Review people's care on request, when needs change and at least once every six months.

This ensures 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).

This area for improvement was made on 17 June 2021.

This area for improvement was made on 17 June 2021.

Action taken since then

There was evidence of six monthly reviews taking place in the peoples care files sampled. People and relatives spoken with also confirmed that the reviews were taking place and involved relatives / friends were appropriate.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that infection prevention and control practice is safe. In order to achieve this the provider should ensure that all staff receive infection prevention and control training and development opportunities.

This ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

This area for improvement was made on 17 June 2021.

This area for improvement was made on 17 June 2021.

Action taken since then

We found from records reviewed, staff had received infection prevention control (IPC) training. In our observations, staff were seen to be using personal protective equipment appropriately and IPC practices demonstrated. IPC was also a focus at staff patch meetings held. The service was in the process of rolling out new IPC training to all staff to complete.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that staff are adhering to infection prevention and control guidelines when working in the community. In order to achieve this the management team should complete practice observations and address any training needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

This area for improvement was made on 17 June 2021.

This area for improvement was made on 17 June 2021.

Action taken since then

We found there was evidence of regular observations of staff practice in IPC taking place. We could see that when any issues were identified, advice and support was provided to help improve. IPC was also a focus at staff patch meetings held. The service was in the process of rolling out new IPC training to all staff to complete.

This area for improvement has been met.

Previous area for improvement 5

To ensure good outcomes, the service should ensure when people experiencing care or their family are informed an urgent review will take place, the appropriate actions are taken for this to be scheduled. In addition, families should feel confident that when they request a meeting that this is scheduled timeously.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 19 July 2021.

This area for improvement was made on 19 July 2021.

Action taken since then

We found there was evidence of urgent reviews taking place when required, for example a person at increased risk from falls, a review was carried out and an extra support visit put in place to provide additional reassurance / safety of person. This was appreciated by family.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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