

# Montana Home Care Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 December 2024

**Service provided by:**  
Montana Home Care Ltd

**Service provider number:**  
SP2004006691

**Service no:**  
CS2014334478

## About the service

Montana Home Care is registered to provide support services to people in the Falkirk Council area. The services include a care at home service to older people and support to adults with physical disability. Montana Home Care was established in 2004 and was a family owned and managed company, until being purchased by Real Life Options in 2020.

Montana aim to provide individualised quality care that meets people's needs and supports people to live as independently as possible in their own home. There were 43 people using the service at the time of our inspection.

## About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 December 2024. The inspection was carried out by two 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 several people using the service and those close to them.
- spoke with several members of staff and management.
- reviewed documents.

## Key messages

- People had care plans in place which were person centred and outcome focused
- People's support was meaningfully reviewed with them
- People liked the staff supporting them and felt at ease with them
- People found the service to be reliable and easy to contact
- The service should improve their recording of the interview and induction process.

## 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

In this part of the inspection report we considered one quality indicator:

### Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support.

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

People were involved in discussions around their care plan with the service and took part in regular reviews to ensure that their information was up-to-date. This meant that staff had the right information to support people well. Life story work was in place which gave a sense of who people were and how well staff had got to know them. Attention was paid to what was important to people and their support was tailored accordingly which supported people's wellbeing. There was a good level of satisfaction amongst people receiving support from the service. One person told us "Very helpful with the service, the girls cheer me up in the morning and are kind and helpful." We saw that people trusted their support workers and had formed good relationships with them.

Staff were knowledgeable about people's needs and preferences. We saw people being encouraged to make day-to-day decisions. Staff involved them in the tasks they were being supported with. The principles of CAPA (Care about Physical Activity) were written into people's care plans and people were supported to be as independent as possible with personal care, meal times, medication administration, and domestic tasks. This helped people to stay active with associated benefits for their health and wellbeing.

People's health benefitted from good engagement with external professionals where required. Anticipatory care planning was discussed at review meetings. Not all people using the service wished to avail themselves of this but the option was made available to them. Staff were responsive to people's health and wellbeing and took appropriate actions when they observed changes. Care plans and length of visits were altered if required. This supported people's needs being met in the right way at the right time.

The service had a good system in place for the safe administration of medication. The level of support people required was assessed and recorded in people's care plans. Staff were trained and observations of medication practices were carried out. This enabled staff to learn and ensure good health outcomes for people.

## How good is our leadership?

4 - Good

In this part of the inspection report we considered one quality indicator:

### Quality Indicator: 2.2 Quality assurance is led well

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

There had been a recent change within the management team who demonstrated a commitment to ensuring people received a good service. Staff liked working for the service and told us that the management team were approachable, supportive and provided practical guidance when required. A clear on call system meant that staff knew who to call should they need advice. Accidents and incidents were reported with actions taken. There had been very few accidents and incidents within the service. There was a clear complaints process and people were confident on how to raise a concern.

People using the service had a service agreement in place which made clear what people and staff could expect from each other. The service sought the views of people using the service in a variety of ways including care planning, spot checks and reviews. The most recent reviews held had also served as an introduction to the new manager who had individually met with people to review their care packages thus ensuring information was up-to-date and that people's support was working well for them.

The management team and office staff had good oversight of issues arising within the service day-to-day. Over the last while, courtesy calls to staff and spot checks had not taken place regularly which meant opportunities for staff to reflect with their line manager on their skills, knowledge and learning were reduced. One staff member said "Due to the changes in management more than once in the last few years, I sometimes feel I am not supported enough, and not sure who is best to talk with if needed." Since the new manager had taken over, staff felt this had improved, with another staff member saying "Always get positive feedback about support workers. New manager in place, going forward reviews etc will be much improved."

Staff had recently completed reflective exercises and core competency assessments which enabled the manager to familiarise herself with the staff team's strengths and where to target training and support if required. We looked at the service's training matrix which showed a high level of compliance. Staff had access to a wide range of training devised to meet the needs of people using the service.

Staff received regular feedback and formal supervision. There was an open door management policy which allowed them to access guidance and support as needed. This helped ensure people's needs were met well, whilst also supporting staff's professional development.

## How good is our staff team?

4 - Good

In this part of the inspection report we considered one quality indicator:

### Quality Indicator: 3.3 Staffing arrangements are right and people work well together

We assessed the service as Good for this quality indicator which means overall we evaluated this key question as Good, where strengths impacted positively on outcomes for people and outweighed areas for improvement.

Staff showed confidence when building and maintaining positive professional relationships with people. They were flexible and supported each other to work as a team. One staff member told us that the company "provides an excellent service to all our service users and the support we receive as well." Staffing arrangements were planned to ensure that people received the support they needed, for example if people required to be supported by more than one member of staff. Staff completed training appropriate and relevant to their roles, including specific training to meet the needs of people being supported and cared for.

People were supported by a small, core group of staff which ensured they received good consistency and continuity of care. Staff provided support to people in a way that demonstrated understanding of the training they had received. Conversations with staff also evidenced their knowledge in supporting and caring for people, and their commitment to providing a good service. Staff spoke positively of their role and the people they supported who they had come to know well.

Team meetings had been held recently to promote good team building and which gave staff an opportunity to discuss any issues they experienced and to contribute to the development of the service. This evidenced that staff were valued by the service.

We were confident that the service were following Safer Recruitment guidance, although the recording of the interview and induction process should be improved and this was discussed with the management team during feedback. The service had good oversight of staff registration with the SSSC. The management team were monitoring service delivery and staffing arrangements, ensuring this was informed by up-to-date assessments of people's needs. As a result people could be confident that the management team were deploying staff in a way that supported them effectively.

## How well is our care and support planned?

4 - Good

In this part of the report we considered one quality indicator:

### 5.1. Assessment and personal planning reflects people's outcomes and wishes

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

The service involved people in the assessment and delivery of the support they received. Care plans were of a good standard. They were clearly laid out and focused on the outcomes which people wished to achieve. They were personalised to the individual with attention paid to their wishes, choices and routines. Appropriate risk assessments were in place which supported care being delivered in a way that kept people and staff safe. Reviews seen were all in date. The service had implemented a new proforma which better captured people's experiences and was more person centred.

People told us that they knew the staff supporting them and that they liked them. The service is relatively small with a correspondingly small staff team meaning that people received good continuity of care from a small number of staff. This enabled staff to get to know people well and to recognise changes that may indicate more or less support was required. This meant people received support that worked well for them over time including when their needs changed.

People told us that communication with the service was good. Care plans had a section that covered communication needs so that staff were aware of any issues. This meant that staff could effectively adapt to people's communication requirements. People told us that they were confident in raising any issues with either their carers or the management team and confident they would receive a response. The service endeavoured to be flexible with people, for example re-arranging visits to accommodate other events taking place in people's lives.

People had a paper care plan within their home. Following reviews people's care plans were updated quickly. People did not have access to the electronic version.

There is a different level of detail within the paper and electronic versions and whilst we did not see that negatively impacting upon people using the service due to the high level of consistency of staff, the service should address this. This would ensure continuity of care should someone using the service receive support from new members of staff or should a usual member of staff be unavailable.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 6 December 2024, the provider must ensure that staff have undertaken an appropriate induction to ensure they are trained, competent and skilled.

To do this, the provider must, at a minimum:

- a) ensure staff undertake appropriate training on recruitment.
- b) ensure staff are supported to shadow experienced staff during induction.
- c) there is a system in place to assess and observe staff practice with any identifying actions implemented.
- d) staff receive supervision with a focus on reflecting on their practice and identifying actions to develop in their role. Any identified actions should be implemented.
- e) records are kept to evidence induction of staff.

To be completed by: 06 December 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: '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.'

This is in order to comply with:

Section 8(1)(a) of the The Health and Care (Staffing) (Scotland) Act 2019

**This requirement was made on 2 October 2024.**

#### Action taken on previous requirement

This requirement was made following a complaint investigation completed on 16 September 2024. The service submitted an action plan to detail how they were going to support good outcomes for people.

We were confident that the service was following Safer Recruitment Guidance, although they need to improve the recording of interview processes. A proforma with relevant questions was in place. There were improvements in staff induction processes including spot checks, however the service needs to ensure staff inductions are consistently recorded. Staff we spoke with were positive about the induction they received and support from the management team.

**Met - within timescales**

## Requirement 2

By 6 December 2024, the must ensure people's care and support plans contain up-to-date information on people's needs and provide clear guidance on how people are to be supported.

This should include, but is not limited to:

- a) ensuring people receiving care have a detail care and support plan which reflects their needs and outcomes.
- b) ensuring relevant risks assessment have been undertaken and these are used to inform care and support plans and the support provided.
- c) undertake regular review of care and support plans and risk assessments.
- d) ensure there is a system in place to monitor and audit care and support plans.

To be completed by: 06 December 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: '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.'

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 2 October 2024.**

### Action taken on previous requirement

This requirement was made following a complaint investigation completed on 16 September 2024. The service submitted an action plan to detail how they were going to support good outcomes for people.

We were confident that people had a support plan in place which was right for them and which clearly set out how their needs would be met, as well as their wishes and choices. The service had a review matrix in place and a plan to bring some reviews forward and stagger them across the year in order to create a more balanced system. Reviews seen were in date. A new proforma was in place and recording evidenced good discussion with people. Relevant risk assessments were attached. A system of care plan auditing had been implemented aiming to ensure that standards were consistent across the service and that information was current.

**Met - within timescales**

## Requirement 3

By 6 December 2024, the provider must improve the recording and reporting of incidents, including protection concerns to ensure people are safeguarded from harm.

To do this, the provider must, at a minimum:

- a) ensure staff recognise and report incidences of harm or potential harm.
- b) ensure staff complete accurate records of harm or potential harm without delay, including details of any injuries identified.
- c) ensure other agencies and regulatory bodies are notified of harm or potential harm, in accordance with local and national reporting requirements and timescales.



- d) as appropriate, ensure people and/or their representative are provided with accurate information about harm or potential harm, and the actions taken to safeguard people.
  - e) ensure appropriate records are kept with an effective system in place to have overview of incidents and protection concerns identified.
  - f) ensure incidences of harm or potential harm are fully investigated to identify possible root causes, contributing factors and the actions needed to safeguard people.
- To be completed by: 06 December 2024.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.'

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

**This requirement was made on 2 October 2024.**

#### **Action taken on previous requirement**

This requirement was made following a complaint investigation completed on 16 September 2024. The service submitted an action plan to detail how they were going to support good outcomes for people.

There have been no accidents or incidents within the service recently. However improvements had been made via focused work with the staff team regarding accidents, incidents and harm through team meetings and staff training/competency assessments. Discussion with staff showed they were confident in reporting accidents or incidents and were confident that management would act if an incident was brought to their attention.

**Met - within timescales**

## Complaints

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

## 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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