

Hearts at Home Social Care Limited Support Service

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Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
Hearts at Home Social Care Limited

Service provider number:
SP2020013515

Service no:
CS2020379829

About the service

Hearts at Home Social Care Ltd is registered to provide a service to children and adults with physical disabilities, learning disabilities and older people living in their own homes and in the community. Currently they support people in the Clydebank area.

The service operates from an office base in Clydebank.

At the time of our inspection, the service provided care and support to 11 people.

About the inspection

This was an unannounced inspection which took place on 10 - 12 March 2025 between 09:45 and 17:15. 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, registration information, information submitted by the service and intelligence gathered since they were registered with us. In making our evaluations of the service we:

- Visited three people using the service and spoke with three family members of other people they support. We also obtained feedback via a pre-inspection questionnaire from one person they support.
- Spoke with five staff and management, along with feedback via a pre-inspection questionnaire from two staff.
- Accompanied staff during three home visits.
- Reviewed documents.

Key messages

- People were respected and listened to because their wishes and preferences were used to shape how they were supported at home.
- Staff treated people with dignity and were respectful when working in people's own homes.
- Overall, people were very happy with the care and support provided by Hearts at Home.
- Some improvement was needed around quality assurance to ensure that people continued to have very good outcomes.
- The service would benefit from a review of how they support new staff through their induction and training.
- Personal plans had a good level of detail to guide staff around how best to care and support for each person.

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?	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?

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 were respected and listened to because their wishes and preferences were used to shape how they were supported at home. The vast majority told us that there was nothing that the service could be doing differently, with one person feeling that the timing of their social support could be better suited to their wishes.

We obtained positive feedback from the people and/or the families of people currently being supported by the service. One person they supported told us, "The carers are very good", whilst another said, "It's generally good, they're a good company and I'm glad to be a part of it". Comments from families included, "I'm really happy with the care.....my relative had other providers before and this one has been the best", "We as a family are happy with our relative's high standard of care" and "We're really happy with everything".

People could be confident that had an opportunity to ensure that all the necessary information had been shared. Time was taken by the manager to go out and meet with each person and their families, where appropriate, to enable them to get to know each person and what was important to them. This enabled the service to get off to a successful start.

Hearts at Home supports people with a range of physical and mental health needs. They also support some people with social support and household tasks. Staff monitored any health aspects where this was needed and recognised when health needs changed and shared this information quickly with the right people.

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.

Management engaged meaningfully with staff, people who used the service and their families, where appropriate. They took a collaborative approach to the planning and delivery of each care and support. They intervened at the earliest opportunity to ensure that people experienced high quality care and support.

The aims and objectives of the service informed the care and support and how people experienced this.

People were confident to give feedback or raise any concerns because they knew management would act quickly and use this information to help improve the service.

People could be assured that senior staff were approachable and easy to contact should they need any changes to the agreed service. One person told us, "I am in regular contact with the manager, so any wee things we just chat about them", while another said, "the manager is approachable, I can call or text anytime".

The service had systems in place to monitor aspects of service delivery. They were now in a good position to development these into an ongoing, dynamic and responsive improvement plan to drive the future direction of the service (see area for improvement 1).

Areas for improvement

1. To promote good outcomes and to minimise the risk of poor outcomes, the service should ensure that there are governance and oversight systems in place to identify risks through self-evaluation. This should be detailed in an improvement plan and used to drive improvements.

This is to ensure that 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.

Overall, we received positive feedback about the staff from people they supported and/or their families. One person explained, "My relative gets on well with the staff that come in", whilst another told us, "The service has supported my relative for a good number of years and they get on well with them".

Staff treated people with dignity, and were respectful when working in their homes.

People using the service and staff benefited from a warm atmosphere because there were good working relationships. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

People being supported appreciated the current staffing challenges within the social care sector. They spoke positively about the staff and how well they supported them or their loved ones. Support was readily available from the management team when needed.

New staff worked through an induction over their six week probation period. This included some time with management, eLearning and shadowing shifts. However, they would benefit from this being reviewed and some aspects of training being delivered prior to the shadowing shifts; particularly infection prevention and control, adult support and protection and manual handling. We discussed this with management and felt assured that an induction and training policy would be devised that would address this (see area for improvement 1).

Areas for improvement

1. The service should devise an induction and training policy that ensures that the induction process is thorough and has been developed to enable staff to support the outcomes of people they support.

This is to ensure 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).

How well is our care and support planned?

4 - Good

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

Personal plans were in place that included relevant risk assessments. There was a good level of detail within the plans to guide staff around how best to care and support for each person. For one of the plans we sampled, there were a few aspects which did not fully reflect the person's current care and support needs. We highlighted these to the service, who then updated this before the end of the inspection. We felt assured that plans would be kept up to date going forward.

The service had developed a supportive and inclusive approach to involve people and their family members in the planning and delivery of care and support, where this was important to them.

Personal plans were reviewed with people and/or their family members in line with legislation. This gave an opportunity to discuss any aspects of care and support that was working well and anything they would like to be done differently.

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?	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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