

Auchlochan Homecare Support Service

New Trows Road
Lesmahagow
Lanark
ML11 0JS

Telephone: 01555 893 592

Type of inspection:
Unannounced

Completed on:
10 March 2025

Service provided by:
MHA Auchlochan

Service provider number:
SP2008010194

Service no:
CS2008192910

About the service

Auchlochan Homecare is registered to provide a care at home service to people in their own homes.

The service is provided by MHA Auchlochan who have gone into administration. Administrators have appointed Healthcare Management Solutions to oversee and run the service.

People who receive a service live in Auchlochan retirement village which is located close to the village of Lesmahagow in Lanark.

The registered manager coordinates the service from an office based at Auchlochan retirement village.

At the time of the inspection, 38 people were being supported by the service. Hours of support varied from one hour per week to four visits per day. The service was provided between the hours of 07:00 to 23:00. MHA Auchlochan also offers a response service, this is available 24 hours a day, seven days per week.

About the inspection

This was an unannounced inspection which commenced on Tuesday, 4 March and continued on Wednesday, 5 and Friday, 7 March 2025. Inspection feedback was provided on Monday, 10 March 2025. 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 the last inspection. To inform our evaluations we:

- spoke with eight people using the service and five relatives
- spoke with staff and management
- received feedback from three professionals involved with the service
- visited people in their homes and observed practice and daily life
- reviewed documents.

Key messages

- People we spoke with were very positive about the care and support provided.
- Staff knew people's needs and were observed to be kind and caring.
- Relatives and visiting professionals provided positive feedback on the service.
- Recording and reporting information should be improved.
- The quality assurance processes within the service should improve.
- Personal plans and review meetings should be brought up to date.

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 evaluated this key question as very good. We found major strengths in aspects of the care provided and how these supported positive outcomes for people.

To understand how well the service were performing, we visited people in their home. We spent time talking with people who used the service and their family. People spoke positively about the service and the staff team who provided this. Overall, we found people to be very satisfied with the care and support provided.

We observed staff to be respectful, friendly and caring. People were involved in making decisions about their care and support and the assistance staff would provide. This included personal care, support with meal preparations and assistance with medication management. Care and support provided by a regular staff team who knew people and their needs offered people continuity.

People knew when their care and support would be provided. There were no reports of missed visits, and the manager was confident that systems were in place to prevent this from occurring. People had been introduced to the staff team and new staff were always introduced. People told us they did not receive a schedule to inform them who would be providing their care and support on a daily basis. Some people told us they would like to know in advance; therefore, this process should be reviewed to make it more person centred.

People benefit from support to access community healthcare and treatment. The staff team liaised with other services, including GP, district nurses, social work and community mental health team. Staff were able to pass on any concerns so these could be acted upon. Visiting professionals spoke positively about the service provided, appropriate escalation of concerns and guidance provided being followed. This supported people to maintain good health and wellbeing.

Where able, people had control over their medication. The provider had policies and procedure in place to support safe administration of medication, and staff completed medication training and competency assessments. This enables staff to prompt people to take their medication or administer this where required. People felt reassured that this support was available.

A range of services were offered to people who live at Auchlochan retirement village. One of the services available was the response service referred to as 'aid call' provided by the wellbeing team. People who accessed this service were confident that staff were available and would attend their home when assistance was required.

The Village Voice Newsletter kept people informed of the community news, activities and events which were taking place and available for people to attend.

People we spoke with raised concern in relation to the current administration process and not knowing what the outcome of this will be.

The onsite Bistro had now closed and people told us they had previously used this facility for their daily meals or when family came to visit. Where required, staff supported people with their meal preparation. We observed this to be carried out where people were given a choice of meal and support was provided in a relaxed manner.

How good is our leadership?

4 - Good

The service had experienced changes in management over the previous two years. The provider is MHA Auchlochan who have gone into administration. Administrators have appointed Healthcare Management Solutions to oversee and run the service. Due to this, there had been some changes in relation to governance and leadership within the organisation. This included implementation of some new policies and procedures to direct staff practice.

People spoke highly of the registered manager of the service. They were visible within the village and overseen the day-to-day running of the service. This provided good oversight, and an understanding of people's needs. We were told they were approachable and people felt comfortable raising any concerns they had.

All concerns and complaints raised had been logged, investigated and concluded, and the outcomes of these were used to review practice.

The registered manager welcomed feedback from others. We were told this could be provided at any time from people or during their six-monthly review meeting. The provider should demonstrate that they actively involve people who receive care and support, and stakeholders in the assessment and evaluation of the quality of the service provided. Feedback received should be included within the service development plan and acted upon to support good outcomes for people.

A procedure was in place for recording and reporting accidents and incidents which occurred. Documentation was being completed which evidenced actions which had been taken and outcomes for people. This included referrals to social work to escalate concerns. There were some omissions in the reporting of information to the Care Inspectorate. We signposted the registered manager to 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' to increase staff knowledge (see area for improvement 1).

The provider had quality assurance systems and processes in place. Some changes had been made to these due to oversight now being provided by Healthcare Management Solutions to oversee and run the service.

Audits were being completed; however, due to other priorities within the service, these were not all up to date. Those that had been completed did not all have actions plans to address improvements needed. The registered manager did have a development plan in place and had commenced the self-evaluation process. Improving the quality assurance within the service would further support the provider to identify the strengths within the service and where improvements were required (see area for improvement 2).

Areas for improvement

1. The registered manager should ensure improvement in the oversight, recording and reporting of information. Relevant and prompt notifications should be submitted to the Care Inspectorate in line with legislation and notification guidance.

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

'I use a service which is well led and managed' (HSCS.4.23); and

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

2. The provider should ensure completion of the quality assurance processes in place in order to support improvements within the service.

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 have evaluated this key question as good. We reviewed how good the staff team and staffing arrangements were. There were a number of important strengths which clearly outweighed areas for improvement. The strengths had a positive impact, and we found staff worked well together.

We received many positive comments in relation to the staff who provided care and support and who provided the wellbeing service. People told us, "Staff are delightful", and "Staff go above and beyond and are like family."

Staff were safely recruited, and new employees completed an induction programme. This ensured staff had the necessary knowledge and skill to carry out their role to the expected standard.

The registered manager had attended the Care Inspectorate Safe Staffing webinars and had resources to refer to which supported them in this area. Staffing levels were based on people's assessed needs and staff hours were allocated accordingly.

Staffing schedules were in place; staff were deployed to work within different areas of the village and staff knew the people they were supporting. Consideration was given to skill mix and new employees would initially work alongside more experienced staff. Staff told us they have enough time to support people. They told us, "If we are short staffed, we always ensure people still received their required care."

Staff training was in place to support staff within their role, this enhanced their skills and reinforce best practice. Staff were also being supported to complete their Scottish Vocational Qualification (SVQ) in order to meet their conditions or registration with the Scottish Social Services Council (SSSC). This supported staff in their professional development and improved outcomes for people.

Team meetings took place and gave staff the opportunity to meet with the registered manager and colleagues. Team meetings were used to share information with staff and also gave staff the opportunity to raise questions or concerns. Informal support took place on a daily basis within the service. Individual supervision meetings were available; however, these sessions were less frequent at present.

We thought the staff were kind and caring. Staff told us they enjoyed their role, although morale varied at this time due to changes within the organisation.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We reviewed how well care was planned to reflect people's outcomes and wishes. There were a number of strengths which, taken together, outweighed areas for

improvement. Whilst some improvements were needed, the strengths identified had a positive impact on people's experiences.

Prior to accessing a service, people's needs were assessed; this was carried out by either social work or an appointed staff member from the service. This enabled the registered manager to ensure that they were confident that they could provide the required support to meet people's needs.

People had a service agreement in place which set out what they could expect from the service. Personal plans were in place for people which included, assessments, personal profile and history records, care plans and risk assessments, where required. Some people who had commenced with the service more recently were in the process of having personal plans developed and these were at different stages. A key workers document listed the outstanding work required on personal plans which the staff worked hard to complete during the inspection.

Personal plans should be accessible and contain accurate information to direct staff on the care and support to be delivered to meet people's needs. Personal plans should be evaluated on a more regular basis to ensure the information contained within plans is correct and supports positive outcomes for people (see area for improvement 1).

Daily notes were recorded by staff at each visit. Staff were descriptive in the entries made and these also acted as a handover for staff providing subsequent visits.

We were confident that people's wishes and choices were listened to in order to capture what was important to them. However, we found that formal six-monthly review meetings were not taking place consistently. Review meetings should give people the opportunity to review if their health and wellbeing is benefitting from the care and support being provided (see area for improvement 2).

Areas for improvement

1. To ensure people receive the care and support required to meet their needs, the registered manager should review and update all information within people's personal plans.

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

2. People should have the opportunity to review their care and support at least six-monthly or earlier if required. The registered manager should coordinate review meetings with people and where appropriate, include family members or their representative.

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

'I am involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSC 1.12).

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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