

OneCloud Healthcare Housing Support Service

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Unannounced

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Service provided by:
D & G Macha Limited

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Service no:
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About the service

OneCloud Healthcare is registered to provide a combined Care at Home and Housing Support service to adults and older people with assessed support needs living in their own homes.

The service is provided by one staff team, currently supporting people living in Renfrewshire.

About the inspection

This was an unannounced inspection which took place between 22 and 24 April 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 registration information, information submitted by the service and intelligence gathered since registration. This was the first inspection of the service since registration.

In making our evaluations of the service, we:

- spoke with one relative of a person using the service
- spoke with five staff, including management
- reviewed relevant documentation.

Key messages

- People were very happy with the care and support received.
- Quality assurance could be further developed.
- As people's needs changed staff support was adjusted accordingly.
- Personal plans and care records needed to contain relevant and up to date information.
- People had access to their personal plan and care documents, and felt fully involved in their care and support.

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, where the service's performance demonstrated major strengths in supporting positive outcomes for people.

People, we spoke with, were overwhelming positive about OneCloud and were very happy with the care and support received. They could not speak highly enough of their regular staff, and told us that the continuity of staff as well as the flexibility around visit times and the tasks completed, was really important to them.

OneCloud assessed and recorded people's care needs and requirements and matched these needs to the available staff's skills and experience. People told us that they were involved in picking suitable staff, from staff profiles, which detailed their skills and experience. This helped to ensure that people got the care and support that was right for them.

We saw that people's support included personal care, support with meals, medication, housekeeping and social support. People told us, that they were offered choices at mealtimes and reminded to take their medication. They also just enjoyed spending quality time at home with the company of staff. People confirmed that the staff provided by the service were found to be trained, competent and well matched to their needs. This helped to support people's mental wellbeing and promote their independence and confidence.

A relative told us, that communication, from the office and supporting staff, was very good, and that they were confident that they would be contacted if there were any concerns about their relative. They were also aware of the on-call process that was in place.

OneCloud had relevant policies and procedures in relation to health and wellbeing, which referred to relevant Scottish legislation and best practice. This included the management of Infection, Protection and Control measures.

How good is our leadership?

4 - Good

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

People should benefit from a culture of continuous improvement which is supported by appropriate management oversight. Management used quality assurance systems which allowed them to monitor the quality of the service being provided.

We noted that there had been no accidents, incidents, protection concerns or complaints recorded. The service had policies and procedures, relevant to Scottish legislation and best practice, and, aims and objectives which reflected values that promoted good staff practice. This helped to protect people from harm and respect people's rights and choices.

The service had a complaints procedure which people could use to report any issues or concerns. People, we spoke with, told us that they were aware of who to contact if they had any concerns and confirmed that they had not had the occasion to use the complaints procedure.

We saw quality assurance information collated from a relative's online review, a care review and a quality review carried out by the manager. These reflected positive outcomes and comments. We suggested that quality assurance could be further enhanced by carrying out regular spot checks and supervisions with staff.

Weekly meetings were held, between management, recruitment and compliance staff, to discuss any arising issues or concerns and development. We were told that these fed into their improvement plan, for action.

The service's improvement plan contained a number of areas, with actions and processes, and demonstrated oversight of some key areas. However, it was not clear what the target date to achieve the outcome was and how progress was being measured. Improvement plans should be SMART (Specific, Measurable, Achievable, Realistic, Time-bound), reflecting the improved outcomes to the service and the people they support. The service also had a self-evaluation, however this did not fully demonstrate how the quality of the service had been assessed or how any areas for improvement would be progressed. We directed management to tools that could help them to demonstrate these outcomes more clearly.

As a result, of the areas highlighted, we have made an area for improvement for management to ensure that their quality assurance processes and systems clearly reflect how the quality of the service has been assessed, and the improved outcomes for the people who use and work in the service (see Area for Improvement 1).

Areas for improvement

1. To ensure that the service is operating effectively, the provider and manager should demonstrate how the quality of the service has been assessed and the improved outcomes for the people who use and work in the service. This should include, but is not limited to:

- a) further development of the improvement plan to include set timeframes for review and clear outcomes
- b) further development of the self-evaluation to show what they do well and what they could do better
- c) carrying out regular staff spot checks and supervisions
- d) collating feedback from people who use and work within the service to inform the improvement plan.

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),

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8), and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

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

We saw that staffing arrangements were determined by the care and needs assessment, carried out by the service, with the timing of visits agreed with people using the service and their relatives. It was evident that as people's needs changed that staff support was adjusted accordingly.

We saw that the recruitment of staff was safe and followed best practice guidance. The use of competency based scenarios and questions gave management further insight into the applicants' knowledge, experience and skills. This helped to ensure that people were supported by staff who understood their needs.

Staff, spoken with, confirmed that recruitment and induction was robust and supportive. They also confirmed that they completed relevant training prior to working with people and had access to, and were aware of, relevant procedures to protect people and how to put these into practice. Where staff transferred from the nurse agency, we asked the manager to record a review of staff's knowledge, experience and skills, including medication, to demonstrate that this was up to date in relation to providing care and support in peoples' home.

As stated previously, we also suggested that regular spot checks and supervisions with staff could enhance the quality of the service further (see 'How good is our leadership?', Area for Improvement 1).

How well is our care and support planned?

4 - Good

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

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences.

A relative confirmed that they had access to a paper personal plan and care documents that were kept in the supported person's home. They felt fully involved in the planning of the care and support provided, were involved in regular communication and reviews, with the six month care review planned.

The service held an electronic copy of the personal plan and some care documentation. We found relevant care plans and risk assessments with detailed and person centred information. We could see that the detail clearly reflected the individual's routines, preferences and interests, which informed staff practice. It was also clear that relatives and staff used written records to communicate, any changes, with each other.

We did find that some information, in relation to Power of Attorney authority and use of topical medication, could have been more detailed and up to date. We also discussed capturing more information about people's work and family histories, their future care wishes and ensuring that any updated information from care reviews was clearly reflected within personal plans. This would help to ensure that staff had relevant information to provide the right care and support.

We saw that staff rotas reflected the dates and times of visits, however these did not always match with the planned support times recorded in the personal plan. We also suggested that signed copies of agreements and personal plans were kept in the office as well as in the person's home and that daily notes were routinely reviewed, quality assured and archived in the office. This would help to ensure that people were getting the care that was right for them.

As a result of the areas highlighted, we have made an area for improvement to ensure that people's personal plans and care records contain all relevant and up to date information (see Area for Improvement 1).

Areas for improvement

1. In order to ensure that people have personal plans and care records that contain all relevant and up to date information, the provider and manager should ensure that:

- a) appropriate information regarding people's history, future planning and legal powers, including Power of Attorney is reflected
- b) all care records contain consistent details
- c) medication practice and recording follows best practice
- d) daily notes are routinely reviewed and quality assured.

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) and

'My care and support meets my needs and is right for me' (HSCS 1.19).

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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