

Care service inspection report

Full inspection

H1 Complex Care Housing Support Service

Glasgow



HAPPY TO TRANSLATE

Service provided by: H1 Healthcare Solutions Ltd

Service provider number: SP2004005646

Care service number: CS2009231920

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	5	Very Good

What the service does well

This is a small service, which is able to provide a very personal approach to the people they work with. They work closely with people and families to provide what people want from the service.

Services are developed slowly and carefully. This means that staff get to know the people they are supporting before services start. The service works with people with different health needs and there is a lot of training for staff in how to support people to meet these needs.

The people they support are very happy with the service and appreciate the support and relationship with their members of staff.

What the service could do better

The service could develop the support plans they use to provide more detail on the people they are supporting and what they want help with.

Staff say that they feel supported and that they can ask for advice at any time, but the service could help staff to develop by using a formal supervision and appraisal system.

What the service has done since the last inspection

The service has grown since the last inspection. There is a new community care coordinator working with the manager to support staff and manage services.

Conclusion

The manager and staff of this service continue to provide a well-planned and managed service to small numbers of people. The areas for development are the same as they were at the last inspection, support plans could be developed and there could be better support for staff members.

1 About the service we inspected

H1 Complex Care is registered to provide a housing support and care at home service to vulnerable adults living in their own home.

At the time of the inspection, H1 Complex Care was supporting nine people with complex needs. Their website says that they:

'Deliver a wide range of care and nursing services, for people who just require help with personal care and support in their daily activities to complete nurse led teams for complex care cases'.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Tuesday 24 November 2015 between 9.00am and 4.00pm. It continued the following day Wednesday 25 November from 11.30am to 1.00pm. We gave feedback to the manager and the community care coordinator by phone on 1 December 2015.

As part of the inspection, we took account of the completed annual return that we asked the provider to complete and submit to us.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- two service users
- one family member
- the manager
- the community care coordinator
- a case coordinator
- four support workers.

We looked at a variety of policies and documents, including:

- support plans
- risk assessments
- review notes
- minutes of meetings with people and families
- accident and incident records

- family and service user questionnaires
- emails and contacts with families and staff
- staff training records
- evidence of meetings with outside health professionals.

We also visited a family and a person using the service in their own homes.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This service did not provide a self assessment before the inspection. The manager had misunderstood the need to complete one and said she would complete one now.

Taking the views of people using the care service into account

People we spoke with or visited were very positive about the service. They were particularly happy with the members of staff who provided their support. The service has very little turnover of staff, which means that people get to know their staff very well.

Comments included:

- "They're pretty good. I've no cause to complain. If I ask for anything they will usually make sure they do it".
- "I've no problems, the service is good. They turn up on time and they're very reliable".

Taking carers' views into account

The carer we spoke with was happy with the service their family member was receiving from H1 Complex Care. They told us about the changes they had seen

already and of what they hoped would be achieved as the package of care increased.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service Strengths

The inspection of this service showed that service users participated in improving the quality of care to a very good standard.

Services were developed and built up over a period of time, which meant that people being supported and their families had an opportunity to shape the service as it developed. This often involved working closely with other services, who would provide a handover, where the person was moving home from hospital, for example.

The manager and the coordinator both worked very closely with families, with regular contacts to check on how the service was going, and regularly asked whether there were any other suggestions from the family about how the service could improve.

In addition to the informal contacts there were regular meetings to review the service being provided. These again gave an opportunity for people to comment on any changes they would like to the service. Some of these meetings included external people, such as case coordinators who could support people to say what they wanted from the service.

The manager had used questionnaires to gather people's views on the service they were receiving. This again provided an opportunity to comment on the service being provided.

Areas for improvement

The manager had agreements in place for people using the service and this had been discussed and agreed with people using the service and their families. Files we read during the inspection did not all have a current, signed agreement on file. The manager could make sure that agreements are signed, returned and filed after they have been circulated to people.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

The inspection of this service found evidence that service users' health and wellbeing needs were met to a very good standard.

This service worked closely with other professionals to make sure that the health needs of the people they supported were met. Where someone was leaving hospital, after a prolonged stay for instance, there would be a planned gradual build-up of support and a period of shadowing the hospital staff. This meant that health service staff were able to provide specialist support to meet the person's needs. Specialist training provided, included how to support people with spinal injuries and use of a peg feed, which is a way of feeding people who may have difficulty eating, using a tube, directly into their abdomen.

People using the service often used specialised equipment, such as beds and hoists and staff had received training on how to use these.

Support plans were individual and provided useful information for staff on how to meet someone's needs. Each person being supported had a small staff team, which meant they had consistent support from people who knew them well.

Risk assessments were in place for people being supported and these detailed measures that staff needed to take, to reduce risks to people from the dangers they had identified. We saw that these had been reviewed and where more information became available they had been rewritten.

In the past the manager had made a decision that the service would not support people to administer their medication, with everyone they supported either taking their own medication or being supported by family members to do so. At the time of this inspection they were about to start supporting someone where the staff would need to administer medication. We discussed with the manager the steps they should take in developing a medication policy, providing training for staff, making sure that this was checked to ensure staff were competent at administering medication safely and keeping records of medication that had been administered. We also discussed where the manager and coordinator could get best practice guidance in this area.

Areas for improvement

Support plans could be developed to pay more attention to people's interests and hobbies as well as background information. This would mean agreeing outcomes that people were working towards. Where there are clear measurable outcomes it helps to keep a service focused and it is easier to measure whether progress is being made.

During the inspection and at feedback we discussed with the manager how she could develop the use of person-centred tools to improve the service being provided.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

The inspection of this service showed that service users and carers participated in improving the quality of staffing in the service to a very good standard.

People using the service and their families played a key part in staff recruitment and selection. In some instances staff had previously worked with the people being supported and had transferred to this service because of the relationship they had developed. In other examples people using the service had interviewed staff and made the decision about who would be recruited by themselves, without the manager present.

The people receiving a service and their families knew the manager of the service well and she would ask for feedback on how members of staff were doing and would use this information in discussion with staff.

People we spoke with said they had been involved in recruiting staff. They told us that this had worked well, they had enjoyed it and they felt it was valuable having an opportunity to discuss what they were looking for from a member of staff, before the person was appointed.

Here again questionnaires had been used to provide an opportunity for people to comment formally on the staff within the service.

Areas for improvement

Service users' and carers' views on how particular members of staff were doing, could be collected and used as part of an appraisal system for staff.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths

The service had its own values and expectations of staff and these were discussed at induction and during team meetings. Working very closely with people in their own homes can make it difficult for members of staff to maintain a professional approach and the manager told us of some of the work that had taken place to reinforce the need to maintain professional boundaries.

Staff all had access to and were reminded of the Scottish Social Services Council (SSSC) code of conduct and the National Care Standards, with both of these providing information on what was expected from members of staff.

Staff we spoke with said that they felt supported and said that the manager and community care coordinator were both very approachable and willing to offer support and advice at any time. They valued the training on offer and told us of a mix of classroom based training and e-learning. The manager said that the organisation was in the process of setting up opportunities for staff to achieve Scottish Vocational Qualifications (SVQs) in care.

The compliance department made sure that staff had a Protection of Vulnerable Groups (PVG) check and two references before they could start work. They also monitored to make sure that each member of staff's training was kept up-to-date.

People and families we spoke with said they felt respected and they appreciated the relationship they had with the manager, the care coordinator and their own staff.

Team meetings provided an opportunity to discuss the support being provided and helped to make sure that staff maintained a consistent approach across the whole team.

Areas for improvement

Staff told us that they felt supported, the manager was approachable and someone could be contacted at any time to ask for support or advice. There was not, however, a formal structure for support and supervision and there was no evidence that staff had any individual opportunities to discuss their work and development or training needs.

At the previous inspection a recommendation was made on developing a structure for staff support and appraisal. The manager had done some work on a system of appraisal, but it had not yet been implemented. This recommendation will be restated. **(see Recommendation 1)**.

Adult support and protection training was available through the e-learning system and most staff had undertaken this. Staff we spoke with understood their duty of care to report concerns, but could not describe the local reporting procedure.

The service could have been more active in reinforcing this in staff meetings and training. This would include making sure that all staff knew the local guidance and reporting procedure, which was relevant to the local authority area they were working in **(see Recommendation 2)**.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. That the manager implements a formal structure of staff support. This could include, a meeting to discuss progress at the end of a probationary period, a system of regular support and supervision meetings and an annual appraisal.

National Care Standards for care at home. Standard 4: Management and staffing.

2. That the manager develops a way of reinforcing staff knowledge of their responsibility for adult support and protection, including the local area guidelines and reporting procedure for the authority where they work.

National Care Standards for housing support. Standard 3: Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service Strengths

Evidence gathered during the inspection of this service showed that service users and carers participated in improving the quality of management to a very good standard.

This was a small service and the manager and community care coordinator were well-known to the people receiving a service and their families. This meant that people could contact them very easily to make suggestions or raise concerns. People we spoke with said they would feel quite comfortable at contacting senior staff, but they rarely felt they needed to.

As services were often provided through and monitored by case management companies, the case coordinators reviewed services on a regular basis and would raise any issues on behalf of the service user or family. This helped to improve accountability by having a third-party to raise and help to resolve any concerns.

Questionnaires had been circulated to people using the service and their families to ask for their views on the service, including the management. We saw some of these completed questionnaires and they were very positive about the service.

Areas for improvement

At the time of the inspection the service had sent questionnaires to families and people using the service. They had received some of these back and were waiting for more. At feedback we discussed how they could improve the response rate for these. One possibility would be getting someone outside the service, possibly someone in the wider organisation, to undertake a phone survey of people using the service.

It would also help if the information gathered from the survey was collated and circulated to people using the service to show that the manager was acting on the suggestions made. People are more likely to respond to questionnaires if they are confident that ideas will be listened to and acted on.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

The inspection of this service showed that the company used quality assurance systems involving stakeholders to a very good standard.

The organisation had a thorough system of business planning and monitoring. The manager provided a weekly report and met with senior staff regularly to discuss progress and any current issues she was dealing with. There were specific performance targets and expectations and progress was measured against these.

The case manager reviews and meetings with families, meant that there were regular reviews of the support being provided, with an opportunity to identify

concerns at an early point. The manager also monitored the daily notes and again reported on these.

Staff recruitment records, training, references and where applicable registration with the SSSC were all monitored by the compliance department. Where they had any concerns about these they would not let members of staff work until the issue had been resolved.

The questionnaires used were also part of the quality systems, allowing people to comment in a more formal way on what they appreciated about the support being provided in different areas and whether they would like any changes.

The company was committed to using quality measures and was accredited to ISO 9001 standard, which meant they had been assessed as having a quality management and improvement approach.

Areas for improvement

While there was a business plan in place and the manager had clear targets and also had ideas of how she wanted the service to grow and improve, this information was not available in writing at the time of the inspection.

A development plan for the service would help managers and staff to focus on the areas they had agreed to develop and could also provide a way of measuring progress. Information gathered from service users, families, staff and other stakeholders could be used to inform this plan, as could work done on the Care Inspectorate self assessment.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. That the manager implements a formal structure of staff support. This could include, a meeting to discuss progress at the end of a probationary period, a system of regular support and supervision meetings and an annual appraisal.

National Care Standards for care at home. Standard 4: Management and staffing.

This recommendation was made on 03 December 2014

The manager had begun to develop a system of staff appraisal, but this had not yet been implemented. Staff we spoke with said they felt supported, but they were not receiving individual recorded support and supervision.

This recommendation has not been met and will be restated.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service, since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
3 Dec 2014	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	5 - Very Good
27 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
7 Jun 2011	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good

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