

Midlothian Council - Domiciliary Care - Care at Home Support Service

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Bonnyrigg
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Type of inspection:
Unannounced

Completed on:
15 November 2023

Service provided by:
Midlothian Council

Service provider number:
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Service no:
CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides care to adults and older people living in their own homes within Midlothian. The care at home service, including The Midlothian Enhanced Rapid Response and Intervention Team (MERRIT) are based at Bonnyrigg Health Centre.

Staff are divided into six teams with differing roles. The MERRIT care team is part of a multi-disciplinary team. The team deals with emergency and crisis situations on a short-term basis. Carers offer personal care and some domestic assistance. They provide 24-hour response for people with personal alarms and they are heavily involved with responding to and the prevention of falls.

About the inspection

This was an unannounced inspection which took place between 6 and 15 November 2023. The inspection consisted of spending time meeting people in their own homes, discussions via telephone with supported people and their relatives and meetings with staff. This inspection was undertaken by three inspectors and an inspection volunteer from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 18 people who experience care and 14 of their family / friends / representatives.
- Spoke with 17 staff and management.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- People praised the quality of the staff who supported them.
- Managers needed improved oversight of people's medication needs.
- People's care plans should be further developed to ensure they provide appropriate information to guide staff and be more person centred for the supported person.
- Quality assurance processes were not sufficiently detailed to demonstrate their impact.
- Some people and their relatives felt communication from the office could be improved.

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?	3 - Adequate

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

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us that staff were very kind and polite. We observed positive interactions between staff and people who experience care, in which people were treated with dignity, respect and genuine affection. This meant that people were supported to build trusting relationships and experience meaningful connection.

Most people we spoke with told us that they experienced good care and valued the commitment from the staff. Comments from people included "I enjoy visits, the company and the chat and my carer has a great way about him".

Staff within the service support people to maintain independent living wherever possible. Supported people told us that staff explained what tasks they were undertaking and promoted self-care wherever possible. This supported people to make choices about how they live their lives and maintain independence

Managers strived to ensure consistency of staff as much as possible and systems were in place to monitor this. Improvements had been made in recent months to limit the number of different carers people had visiting them. Where this had been achieved, people welcomed the consistency. As one person told us: "I have regular carers which is great, because they know me and I know them. Plus they know where everything is to support me."

Where this was not the case, inconsistency impacted people's experiences. Comments from people included "Its like an adventure, I don't know who is coming one day to the next. If I am honest, I don't like it." " and a carer they didn't know just walked in and didn't inform her they were coming in like her other regular carers do.

People felt communication could be improved, especially when communicating with the office. We heard from people that they were not always informed as to changes to staff expected to provide support. The manager was aware that improvements were needed and following the recruitment of additional administrative staff, improvements should now be made.

People's personal plans needed more information about how to deliver each person's care and support. The sample of care documentation viewed, lacked detail in relation to information about individual's abilities, routines and preferences. However, people had access to their individual support plans which promoted their rights in relation to information held about them. We have commented on this more under Key Question 5 of this report.

Many people relied on the staff to administer their medication. Medication Administration Records (MAR) used to document medication administration were completed inconsistently. Improvements were needed to ensure people are supported to take their medication as prescribed and detailed within their personal plans. Please see area for improvement one.

Areas for improvement

1. To ensure people experience high quality care, the manager should ensure that records are fully maintained, along with relevant guidance (including body maps) when supporting people with their medication.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Managers utilised a variety of quality assurance systems which provided management oversight of the care delivered to people. This included the auditing of people's personal plans, medication and observations of staff practice.

Whilst it was evident that audits were being undertaken, for example the documentation recorded when supporting people with their medication, these were not sufficiently detailed to demonstrate their impact. Audits should clearly identify actions taken to enable leaders to track what the outcome of an audit was to support ongoing improvement and development within the service. Please see area for improvement one.

Managers promoted the involvement of people into the delivery of the service to a good level through facilitating satisfaction surveys and engagement with relatives. Overall, positive feedback was received, praising the quality of the care. Where feedback highlighted areas needing improvement, including staff consistency, managers took action to improve on this

Any learning from complaints received, satisfaction surveys and feedback from people was populated into the service improvement plan as part of their ongoing development to enhancing peoples care needs and experiences. This meant that people could be confident that their views were considered.

Areas for improvement

1. To ensure that people are confident that the care they receive is well led and managed, the manager should ensure any actions identified from audits completed are carried through to completion and this is clearly evidenced and tracked.

This is to ensure the care and support is consistent with the Health and Social Care Standards (HSCS) which state: I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes (HSCS 4.19)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff we spoke with were committed, flexible and dedicated to providing the best possible service to the

people they support.

Most staff felt supported in their role and felt management were approachable. Following a recent restructure, Care Practitioners had been recruited into a new role to work in the community, engage with people and support staff. Staff welcomed this new development as it provided them with the opportunity to seek support promptly should it be needed. This ensures people experience good outcomes and care is more responsive when required.

The frequency of staff receiving support and supervision from their manager was mixed. This meant there was limited opportunity for staff to discuss and reflect on their practice. Staff reported mixed experiences of supervision. Not all staff had regular, planned opportunities to reflect on their practice. However, supervisors had been appointed and there was a clear plan in place for all staff to receive supervision. We were confident that managers would continue to build on these improvements.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance needed to improve.

The content and detail of personal plans was not consistent. Whilst some were written with people to an adequate standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. Plans were task focused and there was a lack of relevant information that would lead and guide staff in a consistent manner.

There was recognition from the manager that improvement was needed. Recent workshops had taken place for staff, offering additional training in the completion of personal plans. Managers were committed to ensuring that personal plans captured people's choices and preferences, and had sufficient detail to lead and guide staff to support people safely.

We have highlighted at previous inspections that people should be offered (with support) to develop anticipatory care plans; capturing their wishes and choices for how they would like care to be provided at the end of their lives. Improvement was still outstanding, and the manager should develop care plans to include anticipatory care elements to ensure people's wishes. Please see area for improvement one.

Risk assessments also needed development. We found that documentation outlined risk, but failed to add the level of detail that would ensure that staff fully understood how to work effectively with presenting issues. To support people to achieve good outcomes, the provider should ensure risk assessments reflect their assessment of needs, how these will be enabled safely and are reviewed on a regular basis to ensure the level of accuracy required. Please see area for improvement two.

Areas for improvement

1. To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

2. To ensure that people are confident that the care they receive is person centred and well led, the manager should ensure Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. This should also incorporate risk enablement where appropriate and agreed.

This is also to ensure that care and support is consistent with the Health and Social Care Standard which state "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 1.1)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are safe and protected as far as possible from harm, the provider should ensure continuity of care and support for people, especially those with additional support needs for dementia who would benefit the most from receiving consistency of staff.

This should include, but is not limited to clear communication on details of delayed visits, changes in times of care provided and any support needs that have not been met during staff visits. This is to ensure care and support is consistent with Health and Social Care Standard 1.23: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'.

This area for improvement was made on 4 March 2022.

Action taken since then

Staff consistency was monitored by the manager to ensure the number of carers people have supporting them is minimal wherever possible. We noted that improvements have been made in recent months and the manager was confident this would continue to improve moving forward.

Previous area for improvement 2

To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

This area for improvement was made on 4 March 2022.

Action taken since then

This improvement is outstanding and has therefore been repeated at this inspection.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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