



**Title** Inspection of Midlothian Council/HSCP Care at Home services  
by The Care Inspectorate

**Report by:** Nick Clater, Head of Service, Health and Social Care

**Report for Noting**

**1 Recommendations**

Cabinet is requested to:-

1. To note the outcome of the inspection for Care at Home services provided by Midlothian Council under the Health and Social Care Partnership

**2 Purpose of Report/Executive Summary**

This report advises of

1. The outcome of the inspection
2. The recommendations for improvement

**Date:** 08/02/23

**Report Contact:** Nick Clater

### 3 Background

#### 3.1 Inspection

The inspection of the care at home services are evaluated under the framework of the "Health and Social Care Standards, My Support, My Life". The areas they focused on this inspection were: -

1. How well do we support people's wellbeing?
2. How good is our leadership?
3. How good is our staff team?
4. How well is our care and support planned?

To gather the information to undertake the evaluation the inspectors undertook the following: -

- 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.

In addition to this they accessed all policies and procedures pertaining to the service and employees of Midlothian Council as well as previous feedback from clients and families on any compliments, concerns and complaints regarding the service.

#### 3.2 Grades

The grades for the service were the following: -

- |   |                 |          |
|---|-----------------|----------|
| • How well do we support people's wellbeing | <b>Good</b>     | <b>4</b> |
| • How good is our leadership                | <b>Good</b>     | <b>4</b> |
| • How good is our staff team                | <b>Good</b>     | <b>4</b> |
| • How well is our care and support planned  | <b>Adequate</b> | <b>3</b> |

The Inspection report noted strengths in the following areas:

The report highlighted that most people the inspectors spoke with told them 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".

The inspectors also fed back that the staff they 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.

### 3.2 Areas for Improvement

1. Under the standard *How well do we support people's wellbeing* the inspectors recommended 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.

**Action**

All care plans are being audited by a dedicated senior member of the care at home team to ensure that body maps are inserted into each care and support plan and completed where appropriate and all care plans are of a high quality.

2. 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.

**Action**

An audit tracker is now in place to ensure all actions from audits are implemented in a timely manner.

3. 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.

**Action**

As part of the care and support plan audit action, the audit template includes a check to make sure there is an anticipatory care plan within the care and support plan. Where this is not the case, this will be followed up by staff within the senior team of the care at home service.

4. 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.

**Action**

Again, as all care plans are being audited with a dedicated audit template and overseen by the Quality Assurance officer for care at home. All areas in the care and support plan that do not meet the standard of the care and support plan audit tool will be communicated to the relevant staff member who will update the care plan to ensure it is of a high standard and reflects all elements required.

We are confident that managers are highly committed to continue to build on these improvements to ensure the service provides high standards of care and support to citizens of Midlothian.

#### **4 Report Implications (Resource, Digital and Risk)**

##### **4.1 Resource**

There are no direct resource requirements arising from the inspection.

##### **4.2 Digital**

There are no digital implications related to this paper.

##### **4.3 Risk**

There is a reputation risk to the service and Midlothian Health and Social Care Partnership should identified improvements not be progressed.

##### **4.4 Ensuring Equalities (if required a separate IIA must be completed)**

All relevant IIAs sit within service.

##### **4.4 Additional Report Implications**

There are no additional report implications at present.

#### **Appendices**

**Appendix A – Report implications**

**Appendix B - Care Inspectorate report**

## APPENDIX A – Report Implications

### A.1 Key Priorities within the Single Midlothian Plan

#### A.2 Key Drivers for Change

Key drivers addressed in this report:

- Holistic Working
- Hub and Spoke
- Modern
- Sustainable
- Transformational
- Preventative
- Asset-based
- Continuous Improvement
- One size fits one
- None of the above

#### A.3 Key Delivery Streams

Key delivery streams addressed in this report:

- One Council Working with you, for you
- Preventative and Sustainable
- Efficient and Modern
- Innovative and Ambitious
- None of the above

#### A.4 Delivering Best Value

The report does not directly impact on Delivering Best Value

#### A.5 Involving Communities and Other Stakeholders

All clients and relevant family members/informal carers are sought their views and feedback on the care and support provided. Each client has a review undertaken every 6 months of their care and support plan to ensure their care and support plan reflects the needs of the client and are being met.

Staff regularly receive supervision and attend staff meetings and training where feedback is continually sought to influence service improvement.

#### A.6 Impact on Performance and Outcomes

The attached inspection report highlights the evaluation the Inspectors from the Care inspector found during the inspection several areas within the

**A.7 Adopting a Preventative Approach**

Not applicable

**A.8 Supporting Sustainable Development**

Not applicable

**APPENDIX B**

**Inspection Report**