

Midlothian Council - Domiciliary Care - Care at Home Support Service

Fairfield House
8 Lothian Road
Dalkeith
EH22 3AA

Telephone: 0131 271 3942/3940

Type of inspection:

Unannounced

Completed on:

17 May 2018

Service provided by:

Midlothian Council

Service provider number:

SP2003002602

Service no:

CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides a service to adults and older people living in their own homes within Midlothian. The reablement and complex care services are located at Fairfield House, situated close to the town centre in Dalkeith. The Midlothian Enhanced Rapid response and Intervention Team (MERRIT) is based at Bonnyrigg Health Centre.

Staff are divided into four 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 service users with personal alarms and they are heavily involved with responding to and the prevention of falls. The service aims to prevent hospital or care home admission. This team also assists individuals who are having a trial discharge from hospital.

The reablement team focuses on new requests for a care service or service users who have been in hospital for more than two weeks. The team offers personal care and support for a maximum of six weeks working with the service user to improve or maintain their independence. If services are required after six weeks, the team will have established what assistance the person needs in the longer term and organises the ongoing care and support.

The Complex Care teams offer support to individuals who require more individualised assistance on a longer term basis.

The service states that it aims:

"To provide a personal care and home support service for individuals and their carers in the individual's own home to enable them to remain at home for as long as they wish to do so.

To prevent admission and re-admission to hospital, and where people are being discharged from hospital to support them to leave hospital with minimum delay.

To support people leaving hospital to return to independence as soon as they are able."

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

The service told us that on 31 December 2017 it provided a service to 368 people.

What people told us

Before the inspection we sent out questionnaires. We received 71 completed questionnaires. Most people were happy with the overall quality of the service, though four people disagreed and many people made individual comments about the service.

We also visited 13 people in their own homes and called 23 on the telephone.

People said: "I am very happy with the service that I receive, Excellent staff, Always friendly and efficient, Excellent service, girls are brilliant".

However, some people commented on the inconsistencies of the care quality and of the arrival times of staff. Also, that the visit times were not long enough and people said they had many different carers. One person said "Having different carers is detrimental ..." and "It's like roulette, don't know who is coming".

Self assessment

The Care Inspectorate did not ask the service for a self assessment this year.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The service is performing at an adequate level. We have repeated one previous requirement under this theme.

Since the last inspection we recognise that there have been improvements. At this inspection the service has met two previous requirements under this theme.

However, many people said they did not get regular carers and this was upsetting. Relatives told us that they were surprised that people with dementia or forgetfulness were given many different carers.

We saw that people had a personal plan in their home. This is important as it lays out what the person needs help with, what the person's preferences are and how this person wishes to be supported. Having a copy of this to refer to is important to maximise good outcomes for people. However, people's preferences were not always recorded and sometimes enough detail of people's backgrounds was not recorded.

People were complimentary about the kindness and dedication of their regular carers. We saw that carers were knowledgeable and competent in the jobs. We could not always see this level of detail matched in the personal plan. Personal plans need to detail which creams a person gets and where each of these creams needs to go.

Risk assessments did not always include risks of falling out of bed or risk of developing pressure sores. Risk assessments need to be more detailed and completed fully.

We saw people cared for in bed, using bed rails to reduce the risk of falling out of bed and using pressure relieving mattresses to maintain good skin health. We have asked that the service reviews responsibilities for the safe monitoring of this equipment and we will look at this next time.

We saw that there had been a lot of focus improving care planning and, because of this, the service had not managed to keep up with its reviews of people's care. Regular reviews are important to be sure that people have been heard and to ensure best outcomes. We have repeated the requirement about reviews in order to give the service more time to complete this.

Requirements

Number of requirements: 1

1. The provider must review service users' care plans at least once every six months and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must invite all significant people, including third parties with legal responsibilities, to the review meetings. The provider must do this by 10 September 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 2.17 which states 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (1) and (2) - Personal Plans.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service was performing at an adequate level. We made one recommendation from the previous inspection and made one new recommendation under this theme.

We heard mostly that people's needs were met and people were very positive about the care staff that helped them. We saw when we went out with staff to people's homes that care staff treated people with compassion, kindness and respect. However, we also heard from some people and their relatives that some care staff were not as helpful, skilled or as polite as they would expect.

We would expect care quality to get better by improving staff support through supervision and observed staff practice. We saw that care staff did not get as much supervision as was planned. We have repeated a recommendation about observed staff practice.

Some staff told us they felt well supported while other staff told us they did not. Some staff told us that they could speak to their manager whenever they needed to and were complimentary about the new support plan which helped staff give better care and support. Other staff were very critical about how the service operates.

Some staff said that the scheduling of visits needed to improve. Staff were concerned about how service changes were at times, negatively affecting people receiving a service, in particular people with dementia. Some staff told us that people do not always get the same carers. Some staff told us that care staff doing over time often replaced regular staff meaning that people did not get their regular carer which could be confusing and upsetting.

Staff's concerns were also about the change to their work conditions. Some staff told us that they had been expected to walk many miles daily between visits or found it impossible to get to places in the time allowed. Some staff and relatives said that the communication between office and care staff needed to improve as they felt concerns or requests were not acted upon.

Also, scheduled work could change without notice. Some staff said that they felt unsupported and, for some, morale was low.

We looked at the way staff were recruited and found that safety checks for staff were not always stored according to best practice. We have made recommendation about this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. It is recommended that the service follows best practice in Safer Recruitment. This is to ensure care and support is consistent with the Health and Social Care Standard which states 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).
2. It is recommended that the provider regularly checks staff's competence through observed practice. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service was performing at a weak level. We have repeated four previous requirements and made one new requirement under this theme.

We were pleased to see that auditing processes have now started to be developed. This is an improvement from the previous year.

However, we found that further improvements were still needed in this area. Audits need to be specific about the individual samples checked, they need to record outcomes and they need to include timescales and who is responsible for taking any actions. We also found that audits were not completed regularly enough across all four teams and, when actions were identified, changes did not always occur. We have repeated a requirement about audits.

An improvement in this area would help to improve quality across the whole of the service, increasing better outcomes for people.

We also found that the service did not have an overview of key areas of service delivery. This limits the manager's quality monitoring which reduces the capacity for the service to improve and limits improved outcomes for people. We have made a requirement about this.

We saw that there were many missed visits, accidents and incidents and we have discussed this with the service. We expect that the service reports to us certain significant events but there were times when this had not happened. The management of this area of service delivery needs to be looked at as matter of urgency. We have repeated two previous requirements in these areas.

We found that carers' needs and rights were not always recognised and awareness of this needs to be developed. We discussed this with the service at the time.

We looked at the way the service manages its concerns, complaints and compliments. We were surprised to see that there was little data held in one place. During our inspection we heard that there were compliments received but we also saw in different places examples of dissatisfaction that were not recorded as such. This does not give the service a true overview of service satisfaction. These systems need to improve so that the service can make real improvements for people. We have repeated a previous requirement in this area.

We were concerned that poor performance in this theme was constraining performance for the service as a whole.

Requirements

Number of requirements: 5

1. The provider must (a) maintain an overview of all areas of service delivery including reviews, staff supervision and observed practice; and (b) implement any identified actions required to ensure service user's health, welfare and safety needs are continuously being met. The provider must do this by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is in order to comply with regulation 3 and 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011, SSI 2011/210; - Principles and Welfare of Users; make proper provision for the health, welfare and safety of service users.

2. The provider must ensure all incidents involving service users are appropriately acted on, reported, recorded and followed up. The provider must start this immediately and have this fully in place by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is in order to comply with regulation 4 (welfare of users) of the Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. The provider must ensure that the service complies with all aspects of the Care Inspectorate Guidance on Notification Reporting. The service must start this immediately and have this in place fully by the 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

4. The provider must (a) develop and implement appropriate auditing systems for internal processes including:- auditing all aspects of actual service delivery, completed daily recording documents, completed medication records, care plans and associated risk assessments, checking any planned targets are being met in relation to reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks; and (b) audit all accidents and incidents on a monthly basis to identify any trends.

The provider must do this by the 10 September 2018.

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

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/ 210) Regulation 4(1) (a) Welfare of users – a provider must make proper provision for the health, welfare and safety of service users.

5. The provider must put systems in place to follow through all concerns or comments and evidence the actions taken and changes made to the care and support as a result. The provider must do this by 10 September 2018.

This is to ensure care and support is consistent with Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

Recommendations

Number of recommendations: 0

Grade: 2 – weak

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The Provider must ensure that each service user has an accurate, up to date care plan, which sets out how the service user's health, welfare and safety needs are to be met in sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out. Information to include current health conditions and guidance on how to communicate with service users who have communication difficulties. Service users and their representatives to be included in the care planning process. Care plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plan. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

This requirement has been met.

Met - outwith timescales

Requirement 2

The Provider must ensure that where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk. Service users and their representatives to be included in the risk assessment process and review. Care plans and risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment. Completed risk assessment documentation to be held within the service users care plan for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

This requirement has been met.

Met - outwith timescales

Requirement 3

The provider must ensure there are clear procedures to follow to make sure all incidents are reported, recorded and processed to completion. – Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks. – The process to be formally closed by the manager once all completed to satisfaction. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) Welfare of users – a requirement that the provider ensures the health, welfare and safety of service users.
Timescale for implementation: 24 hours from receipt of this report.

This requirement was made on 31 July 2014.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 4

The provider must ensure that incidents, adult protection issues and care staff performance issues that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service to ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed. This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.
Timescale: This was required at the time of inspection and on an ongoing basis.

This requirement was made on 21 August 2013.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 5

The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes. This to include:- Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments.

Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.

All accidents and incidents to be audited on a monthly basis to identify any trends. This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users – a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 20 August 2012.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 6

The provider must ensure that service users' service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must ensure it invites all significant people, including third parties with legal responsibilities, to the review meetings. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 20 November 2012.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 7

The provider must put systems in place to follow through all concerns or comments and evidence the actions taken and changes made to the care and support as a result. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 8

The provider must ensure the new medication policies and procedures are put in place as soon as possible. All staff must be trained in the updated policy and procedures. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

This requirement has been met.

Met - outwith timescales**Requirement 9**

The provider must ensure that all staff receive training appropriate to the work they are to perform and to meet identified individual service user needs. A training programme must be developed based on training needs identified from training records and the organisational training requirements as laid down in the Community Care Learning and Development Framework. The provider must supply the Care Inspectorate with a copy of the training programme along with dates when training topics are to be delivered.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: the training programme to be submitted to the Care Inspectorate within 6 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

This requirement has been met.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations**Recommendation 1**

The provider should ensure quality assurance spot checks on care staff which include observation of practice are undertaken as per the organisation's learning and development framework.

National Care Standards. Care at Home - Standard 4: Management and staffing.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

This has not been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
24 Aug 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
21 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
7 Jul 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
31 Jul 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
21 Aug 2013	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate

Date	Type	Gradings	
20 Nov 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
18 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
12 Jan 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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