

Midlothian Council - Domiciliary Care - Care at Home Support Service

Fairfield House
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Dalkeith
EH22 3AA

Telephone: 01312 713 942

Type of inspection:
Announced (short notice)

Completed on:
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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 care 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 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 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 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."

What people told us

We spoke with three people receiving care as part of this follow up inspection. Their views and comments were relevant to our findings.

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

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

The focus of this inspection was to assess what action had been taken to meet the requirements and areas for improvements made at the inspection on 19 August 2021.

Through various measures including staff refresher training, reflective accounts and quality assurance systems, improvements had been made for people who require support with taking their medication. The number of errors occurring has dramatically reduced, resulting in improved outcomes for people.

People's care plans included a section on how, when and in what circumstances people should be contacted, including relatives and those important to them. This will help to make further improvements around communication.

Further improvements were needed to ensure people had their wishes and choices recorded and shared with those relevant on how they would like to be cared for when receiving end of life care. This should be clearly recorded in people's anticipatory care plans.

In summary, the one requirement made previously about the administration of medication had been met, in addition to the area for improvement about communication agreements. However, the area for improvement on people's anticipatory care plans had not been fully met and has therefore been repeated at this inspection. (Please see area for improvement one).

The provider had made improvements since our last inspection. We have therefore decided to re-evaluate the service, recognising the work completed to date to improve outcomes for people. Please see section of this report titled "what the service has done to meet any requirements at or since the last inspection" for more information.

Areas for improvement

1. In order 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)

How good is our leadership?

4 - Good

The focus of this inspection was to assess what action had been taken to meet the requirements and areas for improvements made at the inspection on 19 August 2021.

Improvements had been made in the management oversight of the care provided to people through strong leadership and quality assurance measures which were underpinned by support to staff. This has included, but not limited to the following:

- Face to face staff meetings had been re-introduced following the easing of Covid-19 social distancing procedures.
- Staff wellbeing sessions had been held, which staff had found to be helpful and supportive to their ongoing learning and development.
- A service improvement and development plan was in place, focused on people's outcomes and support staff.
- Other areas for improvement as highlighted within our recent inspection reports and were time sensitive.

Improvements were still needed around communication between management, office and care staff to 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. We have therefore made an area of improvement. (Please see area for improvement one).

In summary, on balance, the one requirement made previously about the leadership and management oversight of the service had been met. However, we assessed that further improvement should be made to ensure communication between different staff teams was passed on so that staff can ensure continuity of care and support for people.

The provider had made improvements since our last inspection. We have therefore decided to re-evaluate the service, recognising the work completed to date to improve outcomes for people. Please see section of this report titled "what the service has done to meet any requirements at or since the last inspection" for more information.

Areas 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'.

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

Requirements

Requirement 1

In meeting this requirement, people who need help to take their medication can be confident that they will receive it safely from appropriately skilled staff. They will know that there are clear policies and guidelines in the service on the use, storage and administration of medication.

By 31 October 2021 the provider must improve the management and administration of medication within the service.

In order to achieve this, the provider must undertake but not be limited to the following:

- 1) Ensure all staff sign to confirm when they have administered medication and where a prescribed medicine is not administered, the reason(s) for this is recorded.
- 2) Staff have the appropriate level of understanding of administering medication including training and reflective accounts. Ensure all handwritten entries recorded on the Medication Administration Recording (MAR) chart are signed and dated by the person making that entry, details of where the information was obtained or the authority for the entry, for example, instructions from the General Practitioner (GP), is recorded.

3) Ensuring training, observations of practice and other appropriate quality assurance measures lead to supporting improvements.

This requirement was made on 19 August 2021.

Action taken on previous requirement

Improvements had been made to the recording and auditing of the administration of medication. This will help ensure people have confidence that they will receive their medication safely from appropriately skilled staff.

Met - within timescales

Requirement 2

In meeting this requirement people will have confidence that their care and support will be delivered to meet their needs and wishes. The provider must ensure affective management oversight of the service is in place with strong leadership and enhanced quality assurance measures.

To achieve this, the provider must by 31 October 2021:

1. Introduce an open and transparent learning & development ethos.
2. Introduce comprehensive management of information and guidelines shared with staff and to discuss.
3. Reflect on practice through team meetings, identifying areas to improve.
4. Ensure communication between different staff teams is passed on so that staff can ensure continuity of care and support for people.
5. Ensure effective quality assurance systems that support improved outcomes for people.
6. Implement a service improvement and development plan that has specific priorities which are achievable.

This is in order to comply with Regulations 4(1)(a) – Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

7. Introduce measures which support the improvement of the culture and staff retention.

This requirement was made on 19 August 2021.

Action taken on previous requirement

The provider had implemented a range of quality assurance systems and processes to support staff in terms of their wellbeing, support and their ongoing learning and development. This helps to make continued improvements to the outcomes for people receiving care.

Met - within timescales

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

In order that people and their relatives are provided with clear information about the service, in particular the arrangements for staff delivering their care and any changes in staffing, there should be good communication between staff, people and the management team. The implementation of communication agreements with people could support this area for improvement.

This ensures that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'. (HSCS 2:8)

This area for improvement was made on 19 August 2021.

Action taken since then

Communication agreements are now included within the care plan. States who, when and in what circumstances people should be contacted.

Previous area for improvement 2

In order 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 19 August 2021.

Action taken since then

Further improvements were needed to ensure people had their wishes and choices recorded and shared with those relevant in how they would like to be cared for when receiving end of life care. This should be clearly recorded in people's anticipatory care plans. We have therefore repeated this area for improvement.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.3 Staff are led well	4 - Good

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