

## Inspection of Midlothian Council Care at Home service

Report by Morag Barrow, Joint Director, Health and Social Care

# 1 Purpose of Report – provide information

This report provides an overview of the recent announced Care Inspection report on Midlothian Council care at home service.

## 2 Background

2.1 Midlothian Council Care at Home service was inspected in November 2020 over a period of two weeks by the Care Inspectorate. The recent report was published in December 2020 and will be distributed to all Elected Members of the Cabinet for their information. The inspection covered three key areas of the National Health and Social Care Standards attributed to care at home services. These include:

How good is our leadership?
How well is our care and support planned?
How good is our care and support during the COVID-19 pandemic?

2.2 Following the recent inspection a report was published that details the areas of its findings and outlines areas for recommendation and/or requirements. A revised action plan with specific timescales for completion, has been developed to address all areas for improvement. This action plan is regularly updated, to track and monitor improvements.

The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded the three areas as follows:

How good is our leadership, **4 - Good**How well is our care and support planned, **4 - Good**How good is our care and support during COVID pandemic, **4 - Good** 

The Care Inspectorate noted that there had been significant progress made since the last inspections in August 2018 and May 2019, including the service meeting pre-existing requirements. There was no published report from the May 2019 inspection due to the inspection process and approach being successfully challenged by the Health and Social care partnership.

#### 3 Conclusion

The Care Inspectorate reported in their findings from speaking to clients and speaking to family members:-

People described the staff as kind and caring. While some people had staff consistency and enjoyed establishing meaningful trusting working relationships, others did not experience this. Many people told us they had lots of different carers during the week, and this was unsettling for them. Communication was a key concern voiced by those we spoke with.

## The report also states:

"Improvements have been made to the various quality assurance systems since our last inspection. This has enabled the leaders to have a greater overview of the service, including capacity, reviewing people's care and support needs and staff training. This has led to improved outcomes for people."

There were 5 previous requirements from 2018 and these have all been met. There were 2 previous areas for improvement that have also been met. There are 3 new improvements required from this inspection including

- 1. People's care and support plans should be outcome focused, detailing the agreed goals they would like to achieve to support their independence as much as possible.
- 2. People's care and support plans should be reviewed on a more regular basis (six-monthly or as and when required) to ensure the service continues to meet their agreed outcomes.
- 3. People should be made aware of who is coming to care for them on a day to day basis. They should also be clearly communicated and consulted with about their agreed times and any changes to how and when the care is provided to them.

#### 4.1 Resource

There has been a focus on achieving improved quality in relation to Care Inspectorate requirements, including the appointment of an additional quality assurance officer ensuring effective audit systems are in place and project management support to ensure planning is in place and outcomes delivered on time.

#### 4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of the report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It will also be on display in the Care at Home base for staff and visitors to access and review progress. There are mitigated risks with the current service around inconsistency of carers due to the continual increase on demand on the service and managing this type of service through a pandemic where staff absence has been higher due to staff being unwell, shielding and self-isolating.

## 4.3 Policy

## **Strategy**

The Care at Home service has responded to the inspection with a revised action plan responding to the recommendations, with clear timescales and outputs to deliver to the plan. The plan of actions is informed also by the rebalancing care agenda ensuring people can live as well as possible in their own homes in their communities. This includes working together with other key partners such as primary care services, allied health professionals, private and voluntary sector services within health and social care and our acute partners to deliver alternatives to acute care avoiding inappropriate hospital admissions.

## Consultation

Copies of the Inspection report will be been made available to Elected Members, and staff members, and notified to families/carers and other interested parties when finalised.

#### **Equalities**

There are no evident equalities issues.

#### Sustainability

There is an ongoing review of Care at Home services within Midlothian to establish opportunities to develop "outcome focussed" effective and efficient Care at Home services. This supports the Midlothian Older People strategy 2020 – 2022 which focusses on improving access to services and exploring opportunities to keep people safe and well in their own home and community.

## 5 Technology issues

There are no Technology issues arising from this report.

## 6 Recommendations

Cabinet is requested to:

- (i) Note the content of the report and progress made; and
- (ii) To refer the report to the Performance, Review and Scrutiny Committee for consideration.

## **Report Contact: Anthea Fraser**

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