

# Midlothian Council - Domiciliary Care - Care at Home Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
19 August 2021

**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."

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

The service was supporting approximately to 294 people.

## How we inspected this service

This inspection was carried out remotely using virtual video calling and telephone conversations with people. Two inspectors assisted with contacting people and their relatives.

## What people told us

We spoke with 22 people (including their relatives) to collate their views of the service they received.

People described the staff as kind and caring. Comments from people included the following:

"Words could not express how glad I am to see them coming in"

"Exceptionally happy to get the care from them"

"The carers are excellent"

"Carers are spot on and I love them to bits".

"It is a great service, the staff are really friendly and helpful",

"They (carers) always come in with a smiling face and brightens up my day"

"they are very nice, very pleasant 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.

Comments from people included the following:

"Care workers are superb, but the administration side of things leaves a lot to be desired and is inefficient."

"I don't know who is coming tonight or tomorrow".

"I don't get a rota and I have to call the office most days to find out who is coming."

"there are so many different carers I needs to explain what to do and where everything is - though the carer quality is very good".

"Different people all the time, don't see the same faces twice. Usually in a hurry to leave."

### 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?                     | 3 - Adequate |
| How good is our leadership?                                    | 3 - Adequate |
| How good is our care and support during the COVID-19 pandemic? | 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?

**3 - Adequate**

Overall, we evaluated how well staff supported people's wellbeing as adequate. There were some key strengths, which were just outweighed by some weaknesses the provider needed to address to improve people's experiences.

#### 1.1 - People experience compassion, dignity and respect

People we spoke with described carers as very kind and when consistent, were able to form strong working relationships. This helped to improve people's welfare as staff were familiar with their care needs.

Although care and support arrangements may have needed to change for some in response to the COVID-19 pandemic, people still experienced care and support with compassion.

#### 1.2 - People get the most out of life

People told us that they did not always know who was coming to support them and found this to be very unsettling. This was of particular concern for those who have dementia and rely on consistency for their wellbeing. People also told us the communication could be further improved in informing them if their care workers were running late or if the rota changed.

It was evident to people that the level of consultation and communication was a key area of improvement. Developing communication agreements with people; setting out when, how and why communication should be maintained would help improve this, including expectations balanced with what would be achievable. (Please see area for improvement one).

The quality of people's experience was negatively affected because staff did not always know the person. Staff were often unclear about the support required or how to provide it in line with the individual's needs and wishes or use their personal plan to enhance the care provided and their interactions with the person. This was especially the case for staff supporting someone for the first time or instances where consistency was not present. We have highlighted this more under Key Question 7 of this report.

### **1.3 People's health and wellbeing needs benefit from their care and support**

If people became unwell, staff knew what to do. Close working links with health professionals meant referrals were quickly actioned if needed.

Personal plans had been reviewed since the last inspection and showed improvement. Further work was needed to ensure people's outcomes reflected the care they received and that reviews of care could evidence this. Personal plans sometimes lacked detail and were often task led. Staff needed to engage more with people to develop meaningful anticipatory care planning, focusing on key outcomes people would like to achieve, with a reablement approach where appropriate and agreed. (See area for improvement two).

The numbers of staff were sometimes insufficient to meet outcomes for people using the service. Staff were working under pressure and some aspects of care and support may be skipped or missed, affecting outcomes for people. People experiencing the service perceive staff to be rushed and visit times may be cut short.

At our previous inspection we raised concerns with the provider about the number of medication errors occurring, potentially impacting on the health needs of people. The administration of medication needed to be improved with better understanding required from staff about the importance of when medication should be administered and how this should be recorded. (See requirement 1).

## **Requirements**

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 are 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 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 that care and support is consistent with the Health and Social Care Standards (HSCS) which state that My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS 1.23)

### Areas 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)

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)

## How good is our leadership?

**3 - Adequate**

We assessed the leadership within the service to meet the care needs of people as adequate. Whilst there were some key strengths, these were just outweighed by some weaknesses which the provider needed to address to improve people's experiences.

### 2.2 - Quality assurance and improvement is led well

There were a variety of systems in place to monitor aspects of service delivery and to support the manager to have a clear oversight of the care to people. We saw examples of how these measures improved the outcomes for people, including the reduction of missed visits occurring, reviewing people's care plans and the observation of staff practice. Other areas of leadership needed to be improved. This included but was not limited to, an evaluation of staff consistency monitoring by the manager, which would inform improvement for people.

People were recently asked to complete a satisfaction survey. Whilst recognising the overall response was generally positive, many did comment on areas that they felt needed to be improved, including communication and consistent carers.

The manager acknowledged that improvements were needed to ensure staff consistency is reached and sustained as much as possible. Training was being explored to maximise the use of electronic systems which would streamline the planning of care visits for people.

A continuous improvement and development plan detailed the impact of any planned improvements to the delivery of care to people. How approaches were taken, including self-evaluation, were not always sufficiently detailed and to demonstrate the impact of improvement for people.

## 2.4 - Staff are led well

People could have not have confidence in the management of the service because managers did not have a good overview of how well their care and support needs were being met by staff.

Staff did not feel supported and felt isolated in their roles. a culture had developed where staff did not have the confidence to raise concerns for fear of retribution and not feeling listened to. Supervisions were usually held with staff when there was something negative to discuss. However, staff were professional and did not let this impact on how they cared for people.

Poor communication in or with the office base meant that information often got lost or was not shared appropriately or at the right time. Staff described how situations often only got addressed at crisis point which could have been avoided.

Improvements should be made regarding the culture within the service. Staff also have a role to play in changing the culture and promoting a healthy working environment to support the outcomes for people; seeking support and reporting any concerns and demonstrating the codes of conduct for those registered with a professional body, for example, the Scottish Social Services Council.

We had concerns about the leadership and oversight of the service by the management team. Clear communication, support for staff and direction was lacking and the approach to improvement was not sufficiently detailed. The rationale for change was not always clear to staff, potentially impacting negatively on people's experiences. (See requirement 1).

## Requirements

1. 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.
7. Introduce measures which support the improvement of the culture and staff retention.

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."

## How good is our care and support during the COVID-19 pandemic?

4 - Good

### 7.2 Infection prevention and control practices are safe for people experiencing care and staff

Staff were familiar with COVID-19 procedures, reflecting on current national guidance and best practice. People experiencing care benefited from staff who were knowledgeable and promoted good infection control and prevention practices. There was sufficient supply of personal protective equipment (PPE) and staff had been appropriately trained in COVID-19 procedures and infection prevention and control. This ensured people could feel safe and were confident in the staff.

Staff had access to specific training on COVID-19, the correct use of PPE and infection prevention and control. The service had made use of various video links to the NHS and other resources for staff to view. The service had been pro-active at delivering training for new staff, with a rapid approach. This has ensured staff had the vital relevant training to meet people's needs.

### 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Disruption to regular patterns of support were inevitable during the pandemic. However, people felt confident in their care because staff have been trained appropriately.

The provider has a duty of care to ensure care and support was delivered to people across the county. Due to the COVID-19 pandemic and the associated pressures placed upon the staff and other providers, the manager had implemented a harm reduction approach, assessing where packages of care could be reduced to people. Whilst we acknowledge the need to introduce this approach in a period of crisis, this level of intervention should be short term and minimised wherever possible. The measures were having a negative impact on people, with family and friends being asked to step in to deliver care themselves.

The manager recognised the importance of helping to reduce risk of social isolation by increasing some visits for people or additional contact by staff in the office to check people's general wellbeing.

People understood that during the COVID-19 pandemic their support arrangements may have needed to be changed. People told us that they did not always know who was coming to support them and found this to be very unsettling. This was of particular concern for those who have dementia and rely on consistency for their wellbeing.

The provider should explore what measures could be introduced to maximise staffing levels as much as possible, including but not limited to staff retention and the use of agency staff.

Necessary notifications to the Care Inspectorate had been made throughout the pandemic. This meant there was proactive communication between the provider/manager and the Care Inspectorate. Management and senior staff understood the potential challenges presented by COVID-19 and planned for the likely disruption to all aspects of the service.

## 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

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.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 1.15)

**This area for improvement was made on 26 November 2020.**

#### Action taken since then

Further improvement is needed to ensure people have anticipatory outcome focused care planning in place. We have therefore repeated this area of improvement.

#### Previous area for improvement 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.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me." (2.17).

**This area for improvement was made on 26 November 2020.**

#### Action taken since then

The service has performed well in meeting this area for improvement given the restrictions as a result of the pandemic.

#### Previous area for improvement 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.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I know who provides my care and support on a day to day basis and staff are familiar of what they are expected to do. If possible, I can have a say on who provides my care and support." (HSCS 3.11)

"My care and support meets my needs and is right for me." (HSCS 1.19)

**This area for improvement was made on 26 November 2020.**

**Action taken since then**

Further improvement is needed, with the introduction of communication agreements with people. We have therefore repeated this area of improvement.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|  |              |
|--|--------------|
| How well do we support people's wellbeing?                             | 3 - Adequate |
| 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 | 3 - Adequate |

|   |              |
|---|--------------|
| How good is our leadership?                       | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 4 - Good     |
| 2.3 Staff are led well                            | 3 - Adequate |

|   |          |
|---|----------|
| How good is our care and support during the COVID-19 pandemic?  | 4 - Good |
| 7.2 Infection prevention and control practices are safe for people experiencing care and staff            | 4 - Good |
| 7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care | 4 - Good |

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