

Midlothian Council - Domiciliary Care - Care at Home Support Service

35-37 High Street
Bonnyrigg
EH19 2DA

Telephone: 01312 715688

Type of inspection:
Unannounced

Completed on:
2 December 2024

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 care at home service, including The Midlothian Enhanced Rapid Response and Intervention Team (MERRIT) which are based at Bonnyrigg Health Centre.

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 people with personal alarms, and they are heavily involved with responding to and the prevention of falls.

At the time of inspection 236 people were using the service.

About the inspection

This was an unannounced inspection of the service which took place between 19 November 2024 and 26 November 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 15 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire of which we received 30 responses.
- we talked with staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- People experienced warmth, kindness and dignity in how they were supported and cared for.
- Support records contained detailed information to guide staff and plans were personalised and set out the care and support that people required to keep them safe.
- Management had a clear overview of the service.
- Staffing arrangements were working well.
- The manager should continue to build upon the work already commenced around future care planning.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced warmth, kindness and dignity in how they were supported and cared for. People's choices were respected and promoted. Staff members knew people well and this ensured good health and wellbeing outcomes. One person told us 'We work well with service and care is directed by us not the other way round'.

Managers strived to ensure consistency of staff as much as possible, a visit scheduling system was in place to monitor this. Improvements had been made to limit the number of different carers people had visiting them. Where this had been achieved, people welcomed the consistency. One person told us "As we have regular care staff, they have built a great relationship with my husband, which makes it all easier".

People told us that they looked forward to staff visiting and for some the company of staff was a significant positive outcome for them. Some people benefitted from support to access their local community helping them to feel connected and reduced isolation.

Support records we sampled contained detailed information to guide staff, daily notes were descriptive and linked to identified outcomes. People had access to their individual support plans which promoted their rights in relation to information held about them.

There were referrals made to health professionals where people's health changed or deteriorated. Staff recognised changing health quickly and this benefitted supported people by referrals being made promptly. One relative told us 'The office staff are very approachable and when I've needed to be in contact with them, I have felt listened to with my concerns acknowledged and acted upon swiftly'.

An extensive training programme was in place to ensure staff were knowledgeable and competent to effectively support people. This included dementia awareness, mental health and first aid. Staff routinely attended adult protection training which enabled them to keep people safe and protected.

Management monitored and audited medication records to ensure any medication errors had been acted upon. All medication was administered by staff who received regular training to ensure safe practice which benefitted people's health, this was followed up by observations of practice to ensure that staff were competent and skilled. Care plans detailed clear information in relation to support required with the application of topical medication. The management team had completed body maps to support staff in the application of transdermal patches and we discussed how these could be included to support all topical medication needs. We made a previous area for improvement in relation to medication, this area for improvement has now been met.

How good is our leadership?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Management had a good overview of the service. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other through clear channels of communication. This ensured any changes to care were consistently achieved. Regular team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. An overall improvement plan was in place which was supported by action plans to drive continuous improvement. We observed that identified actions resulting from quality audits could be easily tracked through to completion showcasing improvements made and improved outcomes for people using the service.

Audits linked to healthcare were regularly completed. This enabled overview of any actions that needed to be put in place to improve individual health. This led to positive outcomes for people using the service.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. Managers ensured where needed, that any identified risk led to changes in planned care.

We had made a previous area for improvement in relation to quality assurance, this area for improvement has now been met.

How good is our staff team?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People could be confident safe recruitment guidance was followed by the service. An induction programme for new employees helped ensure staff were prepared for their role. This included shadow opportunities to facilitate introductions with people who experience support.

Staffing arrangements were working well. Visit arrival times were planned within a timescale which provided some flexibility. People we visited were not identifying arrival time to be a problem. During our visits staff were not rushing and took the necessary time which also allowed for a chat with the person. Missed visits were rare and where they occurred learning was sought to reduce reoccurrence.

Staff completed a range of online and face to face training courses relevant to people's needs. There were systems in place to evaluate staff's understanding or ability to transfer learning into practice. The provider

ensured staff training and support provided the skills, knowledge and understanding required to meet people's needs.

We saw that supervision records were completed for all staff on a regular basis; staff told us they could speak with a manager at any time and attended regular team meetings. We sampled records of supervision meetings and observations of staff practice and found evidence of discussions held, feedback on practice, reflection on any training undertaken and aspects of care they did well or found more challenging. This aided staff development. We discussed with the manager linking observations of practice to staff supervision sessions so that clear feedback could be provided.

Morale across the service was high, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This supported people to have a positive experience of their care as the staff team were enthusiastic and happy.

How well is our care and support planned?

4 - Good

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The service had worked hard to improve the quality of care and support plans since our last inspection. We found that plans were personalised and set out the care and support that people required to keep them safe. We made a previous area for improvement in relation to care plans, this area for improvement has now been met.

Key processes such as the monitoring of people's falls and risk assessments were in place and were regularly reviewed. People and their relatives also benefitted from six monthly reviews of their care and support. However, this was not consistent for all, the manager acknowledged that reviews of care had fallen behind in some areas and was working with staff to ensure these were completed in a timely manner.

It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. The management team had commenced development of future care plans since the last inspection, these included do not attempt cardiopulmonary resuscitation (DNACPR) certificates where appropriate. Plans helped to direct the care and support for people at the end of their life however, work was still in the early stages. We had made a previous area for improvement in relation to future care planning, this area for improvement will be carried forward to ensure completion of the work already undertaken and sustained improvement moving forward (**See area for improvement one**).

Areas for improvement

1. 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 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)

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

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.

This ensures care and support is consistent with the Health and Social Care Standards which state: 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

This area for improvement was made on 15 November 2023.

Action taken since then

Please refer to information detailed under key question one.

This area for improvement has been met.

Previous area for improvement 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.

This is to ensure the care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes' (HSCS 4.19)

This area for improvement was made on 15 November 2023.

Action taken since then

Please refer to information detailed under key question two.

This area for improvement has been met.

Previous area for improvement 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.

This is 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 15 November 2023.

Action taken since then

Please refer to information detailed under key question five.

This area for improvement has not been met.

Previous area for improvement 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.

This is also to ensure that care and support is consistent with the Health and Social Care Standard 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 1.1)

This area for improvement was made on 15 November 2023.

Action taken since then

Please refer to information detailed under key question five.

This area for improvement has 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.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.