

Midlothian Council – Domiciliary Care – Care at Home Support Service

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Announced

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Service provided by:
Midlothian Council

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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 told us that on 22nd November 2020 it provided a service to 294 people.

How we inspected this service

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. We also evaluated the service against previous areas of improvement highlighted at our inspection.

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 45 people (including their relatives) to collate their views of the service they received.

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.

Comments from people included the following:

"I enjoy having different carers coming to support me during the week."

"Although I have different carers supporting me and I would prefer a core team of people I know well, I do appreciate the challenges for the management at this time during the COVID-19 pandemic."

"Quite a few different carers came in."

"It would be more reassuring to know who was visiting and when."

"Sometimes the staff change without notice which can be a little unsettling."

"I get no information on which carer is coming, if there are any changes or if they are running late."

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 good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good
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 good is our leadership? 4 - Good

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.

Several missed visits and medication errors have been made by staff over the past year, largely through human error. This has had a negative impact on some people using the service. Where this occurs, staff are asked to complete reflective accounts and acknowledge the potential impact this could have on people.

The service had a continuous improvement and development plan which encompassed further investment in quality assurance systems to ensure enhanced outcomes for people were achieved. This included a new APP staff could use and leaders would monitor (in real time) any potential missed visits caused through human error. The APP was being rolled out at the time of our inspection. It was hoped that this new quality assurance measure will help to minimise any errors occurring moving forward.

Although various audits and observations of staff practice were undertaken on a regular basis, including that of medication administered to people, the frequency was not as it used to be prior to the COVID-19 pandemic. The service was mindful of this and aimed to make improvements.

Time is now required for these positive changes to be embedded within the service and for improved outcomes for people to be achieved. We will follow this up at our next inspection of the service.

How well is our care and support planned?

4 - Good

People benefited from personal plans that were regularly reviewed, evaluated, and updated involving relevant professionals and took account of good practice and their own individual preferences and wishes.

Where people were not fully able to express their wishes and preferences, individuals who were important to them or have legal authority were involved in shaping and directing the care and support plans.

We found people's personal care plans focused entirely on tasks to be carried out or a deficit-led approach rather than building an enabling approach based on assets or outcomes.

The service strived to ensure people's care plans were kept up to date to reflect any changes to their care and support needs. However, it was not always clear what changes had occurred and to what level of involvement people, their relatives and other appropriate health professionals had in reviewing their plans as this was often not recorded.

The service should make improvements to the care planning and review process with people to be more outcome focused; detailing the agreed goals they would like to achieve to support their independence as much as possible. (See area of improvement 1).

We made a requirement at our last inspection for the frequency of people's reviews to be more regular, on a six-monthly basis or more often as and when required. Although this requirement has not been fully met, we acknowledged the pressures placed upon the service because of the COVID-19 pandemic at this remains an area for improvement. (See area of improvement 2).

Areas 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).

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)

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

4 - Good

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

People were being well cared for and described the staff as being kind, caring and respectful in their interactions with them. 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.

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

The service recognised the importance of social connectiveness and help 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.

The service was progressing well with allocating keyworkers to people's care packages to support the continuity of care.

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.

Many people have their visits scheduled within a time frame of three hours, e.g. 7am - 10am. They found this unsettling, unsure what time the staff would arrive. People were not routinely provided with information as to who was coming to visit them, and changes were not always clearly communicated.

It was evident to people that the level of consultation and communication was a key area of improvement for the service. (See area for improvement 1).

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

People experiencing care benefited from staff who were knowledgeable and promoted good infection control and prevention practices. There was sufficient supply of PPE equipment and staff had been appropriately trained in COVID-19 procedures and infection prevention and control.

The service has not experienced many people who have tested positive for COVID-19. However, speaking with staff they are aware of the escalation procedures in place should someone present with the symptoms and refer on for appropriate testing.

Staff have access to specific training on COVID-19, the correct use of personal protective equipment (PPE) and infection prevention and control. The service has made use of various video links to the NHS and other resources for staff to view.

The service had been pro-active for delivering training for new staff, with a rapid approach. This has ensured staff had the vital relevant training to meet people's needs.

Staff demonstrated confidence in their knowledge. This was further enhanced through various quality assurance systems.

We highlighted with the manager how improvements should be made to ensure the robust practices of safe disposal of used PPE were consistent throughout the service.

Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

Leaders in the service understood the potential challenges presented by COVID-19 and planned for the likely disruption to all aspects of the service. They strived to work in partnership with health and social care partnership staff, GPs, pharmacists and other health professionals to ensure they were able to continue to respond to people's changing needs.

There was a shared, collaborative, and coordinated response to local capacity issues because leaders communicated regularly with health and social care partnerships. Leaders were flexible and willing to share resources and problems co-operatively with others.

Leaders found flexible and alternative ways to support staff learning and development, including induction for new staff along with secure methods for communicating information.

There was a staffing contingency plan to help manage staff absences, holiday cover and unplanned shortages.

The service had completed a remapping exercise as part of their winter planning and COVID-19 preparation and risk management. However, for many people (including staff), they were not clear of the rationale behind this due to the lack of consultation and poor communication.

The service should make improvements to how they communicate with people and involve them in any changes to the way their care and support needs are met. (Area of improvement detailed in Key Question 7.1).

Areas for improvement

1. 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)

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

Requirements

Requirement 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.

This requirement was made on 17 May 2018.

Action taken on previous requirement

Due to the current pandemic and the aim to reduce the footfall into people's homes to support infection control measures, the service was behind in terms of reviewing people's care and support needs. However, the service had explored meaningful ways to achieve this and engage with people over the phone where possible.

The service should record the discussions held and actions agreed with people when reviewing their care and support needs, focusing on their agreed outcomes. We have detailed this more within this inspection report.

Met - within timescales

Requirement 2

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.

This requirement was made on 17 May 2018.

Action taken on previous requirement

Improvements have been made to various aspects of quality assurance, including the auditing of accidents and incidents and training staff have completed to meet peoples' care and support needs.

The provider had also invested in the development of a new APP for staff to use and for leaders to monitor. Time was required for these positive improvements to be embedded into the service and produce better outcomes for people.

Met - within timescales

Requirement 3

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).

This requirement was made on 17 May 2018.

Action taken on previous requirement

Incident and accidents were recorded well with appropriate quality assurance audits in place.

Met - within timescales

Requirement 4

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.

This requirement was made on 17 May 2018.

Action taken on previous requirement

We sampled the quality assurance records in place which monitored the accidents and incidents which took place and how these were actioned upon and reported to the Care Inspectorate where appropriate to do so. Based on the evidence we sampled, we have assessed that the service had met this requirement.

Met - within timescales

Requirement 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).

This requirement was made on 17 May 2018.

Action taken on previous requirement

Improvements have been made to the recording of any complaints, concerns or comments raised with regards to the quality of the service people receive. A quality assurance tracker was being used to monitor this. We also contacted people to enquire as to whether their comments had been addressed to a positive conclusion.

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**

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).

This area for improvement was made on 17 May 2018.

Action taken since then

Although we were not able to assess the improvement made, we have been assured by the service that all recruitment files are now securely held.

Previous area for improvement 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)

This area for improvement was made on 17 May 2018.

Action taken since then

Although spot checks and observations of practice were undertaken, we assessed the frequency of these could be improved. However, acknowledge the presented challenges with COVID-19 and the need to restrict footfall into people's homes. We have detailed this more within this inspection report.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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
How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded 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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