Type of inspection: Unannounced

Completed on: 13 December 2019

Service provided by: My Care (Tayside) Limited

Service no: CS2004061873

Service provider number: SP2004005884
About the service

My Care Tayside is registered by the Care Inspectorate to provide a support service - care at home and a housing support service. The service is provided by My Care (Tayside), a private company.

At the time of the inspection the service was provided to about 430 people living in Angus, Dundee and Perth.

The service is provided by 185 staff consisting of:

- Care workers and senior care workers, who provide people with direct support.
- Care supervisors, who monitor people’s care arrangements, staff performance and wellbeing.
- Office based care coordinators, who arrange care staff to visit people’s homes.
- Office based staff of; a manager, deputy manager, a team leader, a training coordinator and administration staff.

The aims and objectives of the service are:

‘Our aim is to provide the highest standard of care, to help enrich the lives of our clients, to ensure they continue to remain able to live an independent life in their home.

Our services are designed to be person centred with the sole aim of fulfilling the required service outcomes of the client.

We support people of all ages and with conditions such as dementia, or a learning disability, or people who just need that extra bit of help to remain independent in their homes.’

This service has been registered since 22 September 2004.

What people told us

During this inspection we spent three days visiting people who used the service and some of their relatives. Overall we spoke with 18 people who used the service and nine relatives. Everyone we spoke to expressed their satisfaction with the support they received and with the staff who supported them. Some of the comments we heard were:

“I usually have the same worker, I’m happy with this arrangement. There will be someone different if they are on holiday or off for any reason, but I would always be told about this in advance.”

“Staff are always respectful, they check what needs done and that I am happy, or if I need anything further.”

“I mostly have the same carers since I started with the service. The odd new one now and again but they generally come round with one of the older ones. All the girls are very nice - they do what I ask them to and know what’s on the list.”

“I have gotten to know the staff since they have been coming. A couple of new ones recently but I’ve been told about them in advance. No strangers turning up at my door.”

“The girls do what I ask them/need them to. Always check with me.”
“I’ve never had a need to contact the office but I have all the numbers and would know how to make a complaint - I wouldn’t be shy about this!”

“Girls are all wonderful.”

“Girls do check what I need/want them to do, but it’s up to them - they tell me it’s up to me!”

“Care is very good, I like all the girls some more than others.”

“Sometimes a supervisor turns up and I don’t always like this.”

“All the staff are excellent, can’t complain - never feel rushed, any changes communicated. Daughters are happy too they have met the carers.”

“We like the girls - they get on well with us - we have a laugh.”

“Some staff are better than others - we like the old hands. Some of the younger ones are a bit quick.”

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

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<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>5 - Very Good</th>
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<td>How good is our leadership?</td>
<td>5 - Very Good</td>
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<td>How good is our staffing?</td>
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<td>How well is our care and support planned?</td>
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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

During this inspection, we considered a range of evidence presented in relation to this key question. Our evaluation of this, along with feedback from the people we visited and spoke to, helped us to evaluate performance under this key question as very good.

People had confidence in their care because they knew who was coming to provide their care and support, and when to expect them. This was important to people and helped to build confidence in the relationships they had with the staff who supported them. People told us they were sent rotas weekly to let them know who would be
attending to their support. People told us that they had a regular core of staff who visited them and a few others who would fill in for holidays/sickness. The majority of people we spoke to told us they always knew of any changes. Usually when this was short notice people said they received a call, and although this wasn’t always consistent, people told us it was very infrequent that changes were made or that they hadn’t been informed.

People should feel respected and listened to because their wishes and preferences are used to shape how they are supported, including if they wish to decline an aspect of their support. It was good to see that care plans included information about people’s past experiences and interests and what was important to them. This helped to ensure that their care and support took account of their views and preferences. The new care plan format had been introduced recently and some plans contained more information that others, however we acknowledge this is a work in progress.

People experience support that promotes their identity, independence, dignity, privacy and choice. It was evident that staff had developed positive relationships with people they supported - people told us they had confidence in the staff, that they were respectful and caring when visiting their homes and provided support in a manner that respected people’s dignity and preferences. This included involving family members and respecting that they were in their homes too.

People told us that they thought staff had a good knowledge about their needs and any conditions they may be living with. Plans described what support people required each visit, however people confirmed that they were encouraged and supported to continue to do the things they could do for themselves.

Staff in the service understand their role in supporting people’s access to healthcare and addressing health inequalities, even where the role of the service in this is minor. Staff recognise changing health needs and share this information quickly with the right people. People told us that staff were observant and noticed the slightest change in presentation and informed relevant people. We saw relevant guidance from other professionals and how this was used to formulate care and support. Staff recorded their contact with people and the outcome of support which helped to maintain good communication and ensure consistency.

If people needed help with their medication, they could expect to have as much control as was possible. People were supported with their medication in the form of prompts and in some areas through administration. We highlighted one example where further clarification was required in relation to the actual support being provided and clarity that staff understand the difference.

Overall, people expressed a high level of satisfaction with the care and support they received and with the staff team who supported them.

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

People should benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes. During this inspection, we considered what quality assurance processes were in place and how well improvement was led. The manager presented a range of evidence that demonstrated a consistent approach to the development and improvement of the service. Based on this, we evaluated this quality indicator as very good.

Through discussions with people it was clear that people who used the service and their relatives felt that they were involved in the review and evaluation of their care and support. People confirmed that any changes were discussed and agreed with them. People also told us about the annual questionnaire that they received and how
they had used this to provide feedback and that they felt they were listened to in relation to suggestions for improvements and developments within the service. They told us:

"I have the same set of girls mainly now although this wasn’t the case a year ago. I filled in their questionnaire and requested this as an improvement and they listened."

Complaints and concerns were well documented. Areas for improvement that were suggested through the questionnaires were documented further through the complaints/concerns log and it was good to see that staff had discussed the resolution and then checked back with people that the proposed improvement had been sustained and made the difference that was expected.

The provider also sent people a regular newsletter. People had the opportunity to get more involved in the induction of new staff and to provide their feedback on the overall service. One person we spoke to told us they had been involved in speaking to new staff about their experience of receiving care and support and other people were invited to do the same.

The manager presented a business plan that described work streams that were underway to bring about improvements in the service. This included developing skills and experience in staff supervision and building the capacity of senior staff to provide meaningful, reflective supervision. Areas for development also included the use of Scottish Social Services Council (SSSC) badges for professional development and the progression of Scottish Vocational Qualifications (SVQs) for staff.

Staff received supervision and had access to team meetings. Some staff were vague about frequency, however did tell us they felt well supported. It would be good to see each minute of meetings reflecting the previous discussions and outcomes or follow up. Supervisors also carry out spot checks with staff providing direct care. This is an opportunity to seek feedback from the supported person and care should be taken to ensure that people feel informed and involved in this process.

A new electronic call monitoring system called PASS was being introduced which would enable a live stream of any alerts or information in relation to care and support and quickly identify where further action was required to help ensure people received the support they required.

It would be good to see how this business development plan translates into a service improvement plan and how the local manager and their staff team are involved and informed about progress and outcomes from the plan. It would be a good development to have an overall quality assurance plan that described activities, such as supervision, audits and consultation and how often they would take place. This could be part of an overall service improvement plan that if shared with staff would help to ensure the whole staff team are clear about plans for developing and improvement of the service and how they can contribute. The provider was working on this at the time of the inspection.

How good is our staff team?

This key question was not assessed.
How good is our setting?

This key question was not assessed.

How well is our care and support planned?

This key question was not assessed.

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

All support staff should be reminded of the need to follow the provider’s policy which directs support staff:

- To ensure they follow the support plan as directed, particularly when this is to keep the person who uses the service safe and protected.
- To contact the office when they are not able to visit at the planned time.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that “Support is provided in a planned and safe way, including if there is an emergency or an unexpected event” (HSCS 4.14) and “If the care and support that I need is not available or delayed, people explain the reason for this and help me to find a suitable alternative” (HSC 4.22).

This area for improvement was made on 20 June 2019.

Action taken since then
Staff are reminded of policy and procedure through team meetings and daily communications. Minutes of meetings clearly set out expectations for knowing the care plan and notifying of any changes. In addition, minutes describe regular discussions about timings of visits and the need to communicate any problems encountered. A new electronic call monitoring system had recently been introduced and the manager demonstrated information from carers being received ‘live’ which means appropriate prompt action can be taken to address any issues or challenges.

Complaints

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

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<tr>
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<tr>
<td>1.2 People get the most out of life</td>
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<td>1.3 People’s health benefits from their care and support</td>
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<th>How good is our leadership?</th>
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<tbody>
<tr>
<td>2.2 Quality assurance and improvement is led well</td>
<td>5 - Very Good</td>
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انسحاب تقرير الإشراف على مراجعات الرعاية تايسيد

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