

My Care Grampian Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
22 September 2021

Service provided by:
My Care (Grampian) Limited

Service provider number:
SP2004004310

Service no:
CS2003051777

About the service

My Care Grampian has been registered with the Care Inspectorate since 2004 and works with adults, older people, people with a learning difficulty, physical disabilities and mental health illness. It provides care at home and housing support to people in Aberdeen City and Aberdeenshire and within one sheltered housing complex in Aberdeen offering short-term and 24-hour packages of care. Their main office is in Aberdeen, with a further office in Inverurie.

The service's mission statement says that 'My Care Grampian aims to set the standard in the care setting by delivering exceptional quality care with a team who have a real passion for delivering client focused care with dignity and respect, which is valued by our clients and admired by all stakeholders'.

We carried out this inspection virtually. We used the Health and Social Care Standards (HSCS) to review the quality of care for people, these can be accessed here <https://www.gov.scot/publications/health-social-care-standards-support-life/>.

What people told us

Not applicable.

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

Requirements

Requirement 1

The provider must ensure people receive their medication in accordance with the prescribing instructions. By 10 September 2021, the provider must improve the management of medication for those people who have their medication administered by support staff. In order to achieve this the service should:

- Ensure all prescribed PRN medication is supported with a support plan which guides and directs staff practise. This should include the purpose of the medication and the expected outcome, the indicators or symptoms observed which could mean the medication is required.
- Where there are different medications used for the same purpose there should be clear guidance as to when each one should be used.
- MARs chart records must be fully completed in a consistent manner and have evidence of managerial oversight.

This requirement was made on 5 August 2021.

Action taken on previous requirement

The manager advised all clients who receive PRN medication have now been identified and support plans have been examined. Upskilled staff are in the process of updating these plans to clearly guide and direct staff practice in assessing why and when PRN medication should be administered.

It was reported as a consequence of the complaint they, as a service, revisited how they delivered the training of medication administration with all staff. They identified several improvements could be made. A blended approach to this training has been introduced which includes:

- Stage one medication administration. This is delivered as an e-learning module initially, then revisited as part of face-to-face induction to ensure staff have a full understanding.
- Stage two training is delivered in the client's home. This is for the administration of medication which is more complex and includes medication to be given as a PRN.
- On site competency assessments of staff practice are carried out to ensure good practice and compliance with legislation and record keeping.

The manager reported this has worked well and has meant more staff have become upskilled and more confident. They are now more confident in their knowledge and are able to ask more questions of social work assessments to ensure the assessed need is accurate and that they as a service can provide the appropriate support.

Contact was also made with a Care Inspectorate improvement advisor who shared information and signposted the service towards good practice models. It was reported this had been very beneficial and influenced how training could be 'tweaked' to be more person centred.

Met - outwith 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

As an area of improvement, the service should consider the seriousness of concerns raised and what the possible impacts are or may have been when assessing concerns as to whether an informal or formal complaint investigation is taken forward.

This area for improvement was made on 5 August 2021.

Action taken since then

The manager advised they revisited how they managed concerns and complaints received by staff and from clients.

The management meeting now includes complaints and concerns raised as part of the standing agenda every two weeks. A flow chart has been introduced which enables concerns and complaints to be tracked and revisited.

It was reported this has been beneficial for all staff as it prompts reflective discussions about practice, consistency and evaluative outcomes.

Previous area for improvement 2

As an area of improvement, the service could introduce additional measures to monitor and oversee staff practice on a regular basis this is to ensure ongoing oversight of the care and support delivered by support staff and with particular reference to concerns raised. Staff supervision records maintained to evidence discussion and where there have been areas of required improvement identified, these should be addressed with planned outcomes agreed.

This area for improvement was made on 5 August 2021.

Action taken since then

Oversight of staff practice has been re-introduced and it is planned this will be part of the upskilled staff role, to work alongside support staff offering guidance and learning opportunities through on-site practical learning.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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