

Delight Supported Living Edinburgh and East Lothian

Housing Support Service

Suite 5
First Floor Stuart House
Esk Mills
Musselburgh, East Lothian
EH21 7PB

Telephone: 01312 856 795

Type of inspection:
Unannounced

Completed on:
11 April 2022

Service provided by:
Delight Supported Living Ltd

Service provider number:
SP2009010723

Service no:
CS2016350594

About the service

Delight Supported Living Ltd - Edinburgh and East Lothian is a housing support and care at home service.

The service operates each day throughout the year providing care to people living in their own homes, predominately residing in East Lothian. At the time of the inspection, the service was supporting 28 people.

The service aims include:

"To promote maximum independence and increased quality of life for service users within their own homes which can be a preventative measure, reducing the need for hospital or care home admission and to help service users to return to work or education, where appropriate, or to take part in normal everyday activities again".

What people told us

28 clients were contacted by telephone. 16 people were happy to discuss their views of the service. This included 4 family members who assisted people express their own views.

People were complimentary about how respectful staff were in delivering care and felt that they carried out their role well. Comments included: "They are very thorough", "They do well and they are all very good", "No one is better than another" and "They do not talk down to you!"

Some people were frustrated by the inconsistency of staff with only four confirming they knew who would arrive each visit. Whilst this did not concern some, one stated "I would like to know who is coming to my house".

Half of the people thought that staff spent the time needed to deliver their care. One said that staff were rushed and some stated they did not know what time they should have.

We were assured that the majority of people knew how to contact the office and how to raise a concern. Examples were given of how issues were raised and resolved. Where issues were raised with us we discussed with the manager.

Overall, there were mixed views of some aspects of the service :

"I think the service is doing well"

"Some things need to get better who and when they are coming"

"I am happy with the care . It is just the times of the visits"

"I am quite happy with them. They look after my husband. he is happy with them"

" Sometimes early starts are difficult."

" I think it is great they are coming to check. If I need anything I would ask them".

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 care and support during the COVID-19 pandemic?	3 - Adequate
--	--------------

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

We carried out an unannounced inspection of this service commencing 24 March 2022 with feedback given to the provider on 11 April 2022. The purpose was to see how well the service performed in key questions "How well do we support people's wellbeing?" and "How good is our care and support during the COVID-19 pandemic?"

We evaluated the service to be operating at an adequate level for "How well do we support people's wellbeing?" There were a number of strengths which outweighed weaknesses.

Many people gave positive comments about staff working in the service and felt that they did a good job. People felt treated with respect and dignity. This was also confirmed in records completed by staff at visits. Staff used skills of de-escalation and calmness when managing challenges.

Care plans were person centred and set out what people could expect from their visit with an emphasis on positive outcomes and maintaining independence.

There were nice examples of where people managed to get the most out of life. Some people's care plans had their goals set out and where these were achieved they made a positive difference to them.

These achievements give people a sense of well being and improves their quality of life. Some people were very clear that they wished to retain their independence in many areas of their lives, but did appreciate the offers of support from staff.

Referrals were made to other professionals for guidance and assistance with care needs. This meant that people were reassessed and their health needs managed.

Medication administration was managed and recorded daily.

Staff logged and reported if there were health care issues for example, skin breakdown. Client told us how supported them maintain health skin.

Some people told us of their frustration that they did not know when workers were arriving or who it would be.

This means that there could be an impact on the structure of someone's day. For example arriving in the middle of tea time or waiting the whole day as they did not know the approximate time of the visit. Many people received visits from a core staff group and felt this was acceptable. Others did not have consistency but would have liked to know who may arrive. Although rotas could be sent people did not know about this.

See area for improvement 1.

Reviews of care were completed on occasions when issues were raised. However regular reviews were needed for all to help identify and rectify issues before they become problematic. Care needs can be reassessed and changed or made better for individuals. This adds to better outcomes where needed.

See area for improvement 2.

Areas for improvement

1. Support to people should be provided as agreed and in such a way that it meets the needs of the service user as recorded in the support plan. This would include:
 - Audits of electronic call monitoring and records within people supported homes to ensure times and lengths of visits meets the assessed care needs. Where these do not, this is followed up with an action plan for improvement.
 - A reliable system in place to inform service users who is coming to the house and to inform service users if carers are running late.

This ensures care and support is consistent with the Health and Social Care Standards which state "my care and support meets my needs and is right for me". (HSCS 1.19)

2. The provider should develop a plan for 6 monthly reviews of care. These should evidence if agreed outcomes are met. Where these have not been met then actions should be recorded to enable these to be followed up and monitored. This ensures care and support is consistent with the Health and Social Care Standards which state that "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "my personal 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)

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

3 - Adequate

We evaluated the service to be operating at an adequate level for "How good is our care and support during the COVID-19 pandemic?" There were a number of strengths which outweighed weaknesses.

7.2 Infection prevention and control practices support a safe environment for people experiencing care and staff

Supplies of personal protective equipment such as masks, gloves and aprons (PPE) were readily available. Staff restocked and this was recorded. People said staff used these items. The manager observed practice of staff in the use of PPE and carried out some spot checks. This meant that there was assurance that staff implemented learning from training.

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

Recruitment practices and induction of staff was well recorded. Induction covered many key areas of health and social care. Staff felt prepared to carry out their role.

People were positive about the care they received with comments like "They are very thorough" and "They never talk down to you".

Staff practice was monitored with the manager working in the field. Feedback from people through these face to face discussions and telephone calls meant that concerns were addressed quickly. Steps were taken to discuss and make changes to care needs or involve other professionals where needed.

The manager acted as a role model for staff however, leadership of the service needed to improve in respect of management of the service. The manager, due to the need for her to deliver care, did not have the opportunity to focus solely on her management role. This meant that issues such as, reviews of care and audits of the service were not recorded and formalised. The manager was fully aware of how she wanted to improve the service and we discussed how an improvement/development plan would assist prioritise work.

See area for improvement 1.

We acknowledge that the manager has now been given support in the form of external management and a full time coordinator.

Areas for improvement

1. The provider must complete a comprehensive improvement plan, detailing key improvements, timeframes for achievement and who was responsible for these. The plan should be a working document to support continuous improvement. A copy of the plan should be forwarded to the Care Inspectorate. This would include all aspects of the service provided, including daily records, medication, staff rotas, communication, feedback on the quality of records and monitoring of staff practice. The outcomes of the audits should inform and reflect improvements in the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my care and support meets my needs and is right for me" (HSCS 1.19) "I benefit from a culture of continuous improvement ,with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

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

Support to people should be provided as agreed and in such a way that it meets the needs of the service user as recorded in the support plan. This would include:

- Audits of electronic call monitoring and records within people supported homes to ensure times and lengths of visits meets the assessed care needs. Where these do not, this is followed up with an action plan for improvement.
- A reliable system in place to inform service users who is coming to the house and to inform service users if carers are running late.

This ensures care and support is consistent with the Health and Social Care Standards which state "my care and support meets my needs and is right for me". (HSCS 1.19)

This area for improvement was made on 16 November 2019.

Action taken since then

Care files contain information on agreed care needs and times for visits. There are no audits which highlighted where improvements were needed in the timing and duration of visits. There were variable comments from people who stated that "they generally come on time" or if running late they know the staff have a problem. However, not all were knowledgeable about the times or duration of visits.

The manager stated that people would be given a rota each week of who is visiting if they wish. We did not hear that anyone was aware of a rota.

There remains work to do to meet this area for improvement.

This Area for Improvement has not been met and is carried forward.

Previous area for improvement 2

All personal plans should accurately reflect support needs, risks and preferences. The six monthly reviews of support should evidence if the agreed outcomes were being met. Where these had not been met then actions should be recorded to enable these to be followed up and monitored. This ensures care and support is consistent with the Health and Social Care Standards which state that "I am recognised as an expert in my own experiences, needs and wishes" (HSCS 1.9) and "my personal 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 16 November 2019.

Action taken since then

Care files show that there is involvement of the client. Needs are set out with guidance for staff on what care should be delivered at each visit.

What is important to the individual is discussed and recorded. Outcomes are set out and checked if these have been achieved at visits which is person centred.

Preferences are clear and informs when any client can discuss and inform carers of what they wish at each visit.

This Area for Improvement has been met.

Reviews of care have not been carried out or formalised for all. We have made a separate area for improvement in respect of reviews in this report.

Previous area for improvement 3

Staff must accurately record medication administered in line with policy and to reflect the agreed outcomes in the personal plan. This ensures 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 and able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

This Area for Improvement has been met.

This area for improvement was made on 16 November 2019.

Action taken since then

MAR charts are used and completed following supporting individuals with this aspect of care.

This Area for Improvement has been met.

Previous area for improvement 4

Where issues are identified by service users or their families, these should be recorded with appropriate follow up and action taken. This ensures care and support is consistent with the Health and Social Care Standards which state that "If I am unable to make my own decisions at any time ,the views of those who know my wishes, such as my career, independent advocate, formal or informal representative are sought and taken into account"(HSCS 2.12) and "my views are always sought and my choices respected, including when I have reduced capacity to make my own decisions". (HSCS 2.11)

This area for improvement was made on 16 November 2022.

Action taken since then

An electronic system allows staff to record detailed information about their visits. Examples seen showed that actions were taken when issues were raised at visits. Steps were taken to discuss and make changes to care needs or involve other professionals where needed.

This Area for Improvement has been met.

Previous area for improvement 5

The service should provide all service users and their relatives with accurate information on what can be provided as part of the agreed support. This would include reference to travel time. Where travel time is not

part of the allocated time then this must be effectively monitored to ensure that people get the correct support as agreed.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I have the time and any necessary assistance to understand the planned care, support, therapy or intervention, including any costs, before deciding what is right for me" (HSCS1.18) and "I receive and understand information and advice in a format or language that is right for me". (HSCS 2.9)

This area for improvement was made on 19 November 2019.

Action taken since then

Agreed support is included in care files. Whilst this does not detail travel time, the manager is aware of the locality and distances travelled by staff. Rotas take into account where travel time is needed.

This Area for Improvement has been met.

Previous area for improvement 6

The training plan should also include a range of training to reflect the needs of the people supported. Training should be discussed with staff using reflection to show how the training has influenced their practice.

This ensures 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 and able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

This area for improvement was made on 19 November 2019.

Action taken since then

There was a comprehensive induction programme. This covered the Scottish Social Service Council (staff regulatory body) codes of practice for both employee and employer and Health and Social Care Standards.

Additionally person centred care, infection control, food hygiene, dementia, moving and handling, medication, adult protection, supervision, staff meetings, leave, absences, confidentiality and security were included.

On line training is available to staff.

The manager led by example and often worked with and guided staff in practice and saw how training was implemented in practice.

Staff reported that they felt satisfied with the training they had been given.

This Area for Improvement has been met.

Previous area for improvement 7

Staff should be reminded of their responsibilities to promote dignity and respect, compassion and responsive care and support in their role of care workers.

This ensures 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 and able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

This area for improvement was made on 19 November 2019.

Action taken since then

Induction includes the expectation of the service and discussed SSSC codes for employers and employees and also covers HSCS.

History records of clients demonstrated that staff managed difficult situations and used good skills of distraction, listening and de-escalation of situations.

The manager worked alongside staff and observed and role modelled expected behaviours. Where there had been less than favourable comments the manager tried to resolve issues. People who gave us their views felt that staff treated them with respect.

This Area for Improvement has been met.

Previous area for improvement 8

The provider must complete a comprehensive improvement plan, detailing key improvements, timeframes for achievement and who was responsible for these. The plan should be a working document to support continuous improvement. A copy of the plan should be forwarded to the Care Inspectorate. This would include all aspects of the service provided, including daily records, medication, staff rotas, communication, feedback on the quality of records and monitoring of staff practice. The outcomes of the audits should inform and reflect improvements in the service.

This ensures care and support is consistent with the Health and Social Care Standards which state "my care and support meets my needs and is right for me" (HSCS 1.19) "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 19 November 2019.

Action taken since then

The manager did not have an improvement plan in place. She was aware of what she wished to do and what were priorities for improvement. Her focus had been on care delivery and ensuring that people were safe.

She understood the value of audit and planned to commence.

This Area for Improvement was not met and is carried forward.

Previous area for improvement 9

People experiencing care, and their relatives/carers, should expect to be fully involved in agreeing their care and support needs and how they should be met. The manager should ensure senior staff have the skills and knowledge required to engage positively and constructively with people experiencing care, and their relatives/carers, to ensure their voices are heard. This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 26 February 2021.

Action taken since then

See AFI 2 and 7. Information covers this.

This Area for Improvement has been met.

Previous area for improvement 10

In order to support good outcomes for people experiencing care, the manager should ensure there are robust medication administration training, monitoring and evaluation of staff competence systems in place. Clear guidance should be in place for staff when they are expected to administer medication. This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 26 February 2021.

Action taken since then

See AFI 3 for details

Additionally, the manager spot checks and guides staff in practice. A new system of medication recording is to be implemented and staff will be supported by the manager and regional manager.

This Area for Improvement has been met.

Previous area for improvement 11

In order to support good outcomes for people experiencing care, the manager should ensure that information shared about people's likes, dislikes and preferences for care are recorded and used to inform care plans. Initial assessment meetings should be documented. This is to ensure care and support is consistent with Health and Social Care Standard 1.9: I am recognised as an expert in my own experiences, needs and wishes.

This area for improvement was made on 26 February 2021.

Action taken since then

See AFI 2 for details

This Area for Improvement has been met.

Previous area for improvement 12

In order to support good outcomes for people experiencing care, the manager should ensure all staff delivering direct care understand and comply with up-to-date good practice infection prevention and control practice. Systems of monitoring staff practice and competence should be improved. This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 26 February 2021.

Action taken since then

Staff adhere to ICP as discussed with manager. She works alongside staff and can role model and address areas of poor practice quickly.

Staff access PPE frequently and the manager stated that HSCP Hub is used for supplies.
This Area for Improvement has been met.

Previous area for improvement 13

In order to support good outcomes for people experiencing care, the manager should ensure all staff fully understand and apply the SSSC professional codes of practice they should be working to. Where practice falls short of the expected standards, the manager should take the appropriate action to address failings and improve outcomes for people.

This is to ensure care and support is consistent with Health and Social Care 8 of 9 Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 26 February 2021.

Action taken since then

See AFI 7 for information.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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

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 iartras.

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 ਵਿੱਚ 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.