

Mochridhe Homecare & Housing Support Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
17 January 2023

Service provided by:
Mochridhe Limited

Service provider number:
SP2006008297

Service no:
CS2006118959

About the service

Mochridhe Homecare & Housing Support provides a service to older people, adults and young people with a variety of conditions including physical disabilities, sensory impairment and learning disabilities living in their own homes. Support provided to people can range from a few hours a week to 24 hours a day.

At the time of the inspection, the service was provided to 40 people living in Glasgow, North and South Lanarkshire and East Renfrewshire. The provider is Mochridhe Limited which is part of City & County Healthcare Group Limited.

The registered manager and deputy manager co-ordinate the overall running of the service. The team co-ordinator and quality support manager along with team leaders locally manage the staff teams of support workers who provide direct support to people.

About the inspection

This was an announced short notice inspection which took place between 11 - 17 January 2023. The inspection was carried out by an inspector 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 eight people using the service, and/or their family, at the service or on the telephone
- spoke with nine staff and management
- reviewed documents
- reviewed communications from visiting professionals.

Key messages

- People receiving support and their families were very satisfied with the service.
- Supports promoted people's physical and mental wellbeing.
- Outcome focused personal plans were created in partnership with service users and/or their families.
- Staff were knowledgeable and skilled at their role.

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

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 made an evaluation of very good for this key question, as there were major strengths in supporting positive outcomes for people with very few areas for improvement needed.

People receiving support, and their families, told us that staff were kind and friendly. They described staff as skilled and knowledgeable. People's support ranged from personal care to maintaining their social skills, being active members of their communities to support with life skills such as shopping, cooking and cleaning. People and their families described real life-changing positive outcomes for people with regards to their physical and mental health. For example:

"I have my son back."

"They help me with my depression."

"They get to be part of the community."

"Their physical health and confidence have improved massively."

An electronic personal planning system had been introduced in recent months. This supported staff to provide care and support on a day-to-day basis that reflected people's current needs and wishes. Personal plans sampled were very detailed and informed by robust risk assessments. People advised us that they were involved in the creation and ongoing review of their personal plans on a regular basis. People, and/or their guardians, were able to access their own individual plan. This empowered people to be involved in any decisions regarding their care. Staff told us it allowed them to prepare for support visits by checking what people had done on their previous support and reduced repetition and monotony for people.

Activities supported not only people's mental wellbeing but their physical health too with an emphasis on walking, swimming and cycling to promote healthy lifestyles as well as fun activities.

People were supported to attend health appointments to maximise their wellbeing and there was evidence of joint working with specialist health professionals, social work and advocacy to promote good outcomes for people.

A robust recruitment process ensured that staff had the right values for working in the care sector. People were mostly recruited to individual care packages and the service users or their family representative were encouraged to be part of the selection process to try and ensure that they were comfortable with the proposed carer. This ensured people were afforded a choice and say in their care delivery.

People were emailed their carers' roster four weeks in advance; this ensured that people knew who was coming and when. Support visit times were able to be amended to suit personal appointments, affording people choice.

Staff had access to personal protective equipment (PPE) and had been observed by line managers to ensure appropriate use. This helped ensure people were protected.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question, as there were major strengths in supporting positive outcomes for people with very few areas for improvement needed.

The management team worked well together. People experiencing care knew the management team well and spoke highly of them. Staff told us they felt supported and they could approach the management team with any issues professionally or personal.

A range of audits was completed by the management team. The provider's external quality team provided regular reports and action plans where any improvements were highlighted. This ensured people benefited from a service that continually reviewed their practices.

On taking up post, staff participated in induction training including face to face, online, practical sessions and shadowing of experienced support staff. Where necessary, bespoke training took place in service users' homes. On occasion, service users had participated in the delivery of training. We highlighted an element of the induction programme that could be improved on; the provider responded immediately to ensure that all staff received appropriate training in this area. This ensured people could be confident that staff were trained, competent and skilled in their role.

Staff supervision was in date, with a combination of themed and 1:1 supervision sessions. An annual appraisal system was in place to allow staff to reflect on their performance and plan any further training and development.

Care reviews took place regularly and were titled The voice of the customer, this allowed people to give regular feedback on how they experienced care and support. The service could further develop this by using this feedback to inform their service improvement plan (see area for improvement 1).

The service improvement plan had been developed to align with the Care Inspectorate's - A quality framework for support services (care at home, including supported living models of support).

<https://hub.careinspectorate.com/resources/browse-all-resources/a-quality-framework-for-support-services-care-at-home-including-supported-living-models-of-support/>

This ensured that service improvements and developments were person centred, outcome focused and in keeping with best practice guidance and reflected the Health and Social Care Standards.

<https://hub.careinspectorate.com/national-policy-and-legislation/health-and-social-care-standards/>

The service should look at how they share their improvement plan with their stakeholders (see area for improvement 1).

Areas for improvement

1. The provider should ensure that service user feedback informs their improvement plan and the plan is shared with all stakeholders.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience care and support and the organisation uses learning from this to improve"(HSCS 4.8).

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 improve quality, the provider could benchmark the service being delivered against best practice, current legislation and the Health and Social Care Standards. This ensures that staff have forums to reflect on their work practice and have opportunities to develop a shared understanding of how their actions are underpinned by good practice guidance.

This is to ensure 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 robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 5 October 2021.

Action taken since then

The service had introduced themed supervision sessions with staff to ensure staff knowledge was current and in keeping with best practice. The service improvement plan had been aligned to the Care Inspectorate quality framework ensuring that all improvements and practice reflected current best practice guidance referenced in same.

This area for improvement was assessed as being 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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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