

## My Homecare Edinburgh Housing Support Service

4  
SHORE PLACE  
Edinburgh  
EH6 6SW

Telephone: 0131 553 1302

**Type of inspection:**  
Unannounced

**Completed on:**  
22 April 2023

**Service provided by:**  
M & G Healthcare Services Limited

**Service provider number:**  
SP2018013121

**Service no:**  
CS2021000036

## About the service

My Homecare Edinburgh provide care at home and housing support services to adults and older people in their own homes and in the wider community throughout Edinburgh. The service provider is M&G Healthcare Services Ltd.

The Service aims are 'to enable individuals to continue to live independently in their own homes'.

At the time of inspection, the service was providing support to 205 people.

## About the inspection

This was an unannounced inspection. We visited the service on site on 12th, 13th and 17th April 2023. The inspection was carried out by two inspectors and one inspection volunteer 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 34 people who experience care or their representative;
- spoke with and reviewed feedback from staff and management;
- obtained feedback from external professionals;
- and observed practice, shadowing staff during home visits.

We also reviewed documents, including support plans , accident and incident recordings, complaints records and staff training records.

## Key messages

Most people who experience care described staff as hardworking, kind and professional.

Managers had worked hard to make improvements identified in the last inspection.

Staff were well recruited, in line with best practice guidance.

The provider should continue to develop people's personal plans to ensure they reflect their wishes, needs and outcomes.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most people who experience care spoke very highly of staff who supported them. Comments from people included - "(the carer) is like my family" and "(the carer) is like a shining star". Family members described the positive impact that regular, consistent care staff had on their relative's mood and wellbeing. Comments included "they are just so lovely and great with my (relative)" and "they are all brilliant".

These views were mirrored in our observations of staff practice during home visits. Staff were kind, courteous and demonstrated dignity and respect in their interactions with people who experience care.

However, a small number of people told us that certain staff members sometimes used their telephone during the visit or charged their telephone in their home without asking. Managers were aware this had occurred with a minority of staff and had already taken steps to address this before our inspection.

Staff schedules showed that there was overall consistency of staff who supported people who experience care. However this was not always achieved during short term changes to care arrangements such as new staff starting or people being discharged home from hospital. Comments from people described that their care was "great now but took a while to settle down" and "they have turned a corner. The carers are now so professional".

People were supported to build, maintain or re-gain their confidence. Staff used their knowledge of the impact of people's health condition or diagnosis when supporting people with this. We discussed with the manager the role of personal plans in ensuring that staff have sufficient information to lead and guide them on how to support someone to achieve their outcomes (please see "How Well is our Care and Support Planned" section of this report for more information).

Some people who experience care described the impact that staff running late could have on their day. Managers worked hard to ensure staff stuck to planned visit times and recognised that improvements were needed in the system they used to schedule visits. This had been actioned prior to inspection and a new system for logging in and out of visits was being trialled in one area.

We identified some changes that would improve the providers' processes when supporting people with money. Managers acted on our suggestions immediately and made systems clearer and easier to understand for people who experience care.

Management staff worked effectively with other agencies to ensure that people had access to the right support at times of crisis or when there were changes to their health or mobility. On occasion, if issues had not been recognised by individual staff members, managers took the opportunity to provide training and coaching on specific issues to all staff.

At our last inspection we identified that improvements were needed by the provider to ensure people receive medication in the way it is prescribed. While there was some improvement in the way that people's medication needs were supported, practice still needed developed to ensure all people were supported safely (see requirement one).

## Requirements

1. By 2 June 2023 the provider must improve policies and procedures for medication management to ensure that medication is managed and administered safely. In order to achieve this the provider must ensure:

- a) All staff who administer medications are trained in line with Care Inspectorate guidance, 'Review of medicine management procedures: Guidance for care at home services (2017)', and are able to distinguish the different levels of support service users require.
- b) All service users being supported with medication must have a detailed risk assessment to identify the appropriate level of support required; i.e. prompt, assist, administer.
- c) Ensure that processes are in place to regularly assess Staff practice and competency in medication management and records maintained.
- d) Accurate records must be kept for all medications being administered, where there are handwritten entries or changes made to medication records these should be signed, dated and indicate the source of the change.
- e) Ensure that Medication Administration Records clearly indicate the medication, dose, and times of administration in line with the prescriber's instructions

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, (SSI/2011/210) Regulations 4 (1) (a).

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Quality assurance systems were in place to support management oversight including audits, feedback from people who experience care and observations of staff practice. We suggested other areas of service delivery which would benefit from increased management oversight such as audits of personal plans and care notes. We were assured these would be put in place.

We observed managers leading on improvement through team meetings, observations of staff practice and responding to issues and concerns as these arose. The provider should ensure that managers use quality assurance measures to develop a more proactive approach to reduce the risk of adverse events recurring (see area for improvement one).

Our inspection picked up issues which were missed by the service's own internal audits. We have repeated a previous area for improvement to ensure that auditing is meaningful and continues to lead to improved outcomes for people who experience care (see area for improvement one).

There had been significant improvement in the management, recording and response to complaints and

concerns since our last inspection. Managers had increased oversight of issues which supported people who experience care to feel listened to and that their views were taken seriously.

There were a few comments from people who experience care who felt, at times, they were "paid lip service" when they raised concerns. The provider had recently appointed a staff member to manage all complaints and concerns as part of their role, to ensure that people who experience care benefit from a consistent response and feel listened to.

## Areas for improvement

1. To ensure people have confidence that the service they use is led well and managed effectively, the provider should improve management oversight, underpinned by robust quality assurance measures. This includes, but is not limited to the following:

- (a) assessment of the service's performance through effective audit,
- (b) further develop the service improvement plan, ensuring this is linked to auditing and feedback from people. Actions should be /specific and measurable with detailed timescales for completion/review.
- (c) align systems to good-practice guidance; and
- (d) ensuring staff who undertake quality assurance roles are trained and supported.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

## How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were recruited in line with best practice with necessary checks in place prior to them starting. Interview questions and recording of interviews clearly evaluated candidates' suitability for the role and identified any training needs or issues. Staff were clear on their roles and responsibilities to register with the Scottish Social Services Council (SSSC) and what this meant for them. People who experience care could be confident that staff in the service were safely recruited.

All staff we spoke with felt supported and valued. Managers had implemented sessions and events to support staff wellbeing to enable them to provide safe and effective care.

All new staff completed induction training and shadowing before working alone. We recommended that new staff have their practice observed earlier on in their employment in the service. This would help to ensure that people who experience care are confident staff are competent and skilled. The manager took this on board and will put earlier observations of practice in place for all new staff.

Staff supervision was of a good quality, especially around specific issues. Staff felt supported by their managers. Plans were in place for managers to continue to develop supervision and planned observations of staff practice. This will enable staff to develop their skills and improve outcomes for people experiencing care.

All staff were up to date with necessary mandatory training as stated in the provider's training schedule. Most training was delivered by management staff within the service, who had undertaken additional training to facilitate this. We discussed with management making opportunities available for more staff to undertake effective and appropriate training in dementia – to the level of "enhanced" in the Promoting Excellence training resource. This would help ensure all relevant staff have the necessary skills to support people living with dementia (see area for improvement one).

### Areas for improvement

1. To ensure staff have the knowledge and skills to meet people's assessed support needs, the provider should ensure staff undertake effective and appropriate training in dementia – to the level of "enhanced" in the Promoting Excellence training resource.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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)

## How well is our care and support planned?

### 3 – Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

There had been improvements in the overall quality of personal plans since our last inspection. Some plans contained personalised, detailed information which reflected individual outcomes and preferences. Several personal plans needed improvement, particularly around people's mobility and medication needs.

While information contained in risk assessments was of a good quality, risk enablement and action plans still needed more development. This would ensure that people can be confident staff have sufficient information on how to safely support them (see area for improvement one).

Service reviews took place regularly and discussions were recorded on a review template. On occasion personal plans were not updated after review. Managers should continue to develop the format and recording of reviews to ensure these are meaningful for people who experience care (see area for improvement one).

### Areas for improvement

1. To ensure people can be confident that their personal plans contain current, clear and meaningful information the provider should further develop care plans and reviews. This should include, but is not limited to, ensuring that:

- a) plans evidence that the care planned and provided meets people's assessed needs, including wishes for end of life care where appropriate.
  - b) appropriate risk assessments and guidelines are in place reflective of people's care identified care needs.
  - c) documentation and records are clear to read, easily accessible and reflect the care planned and provided.
  - d) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate.
- Reviews should capture discussions held and evaluate how well support is meeting individual needs and outcomes.

e) managers monitor the quality of support plans and risk assessments and take action where issues are identified.

This is to ensure that 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)

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

### Requirements

#### Requirement 1

By 31 January 2023, you, the Provider, must improve policies and procedures for medication management to ensure that medication is managed and administered safely. In order to achieve this the Provider must ensure:

- a) All staff who administer medications are trained in line with Care Inspectorate guidance, 'Review of medicine management procedures: Guidance for care at home services (2017)', and are able to distinguish the different levels of support service users require.
- b) All service users being supported with medication must have a detailed risk assessment to identify the appropriate level of support required, i.e., prompt, assist, administer.
- c) That processes are in place to regularly assess Staff practice, competency in medication management, and records maintained.
- d) Accurate records must be kept for all medications being administered. Where there are handwritten entries or changes made to medication records, these should be signed, dated and indicate the source of the change.
- e) That Medication Administration Records clearly indicate the medication, dose, and times of administration in line with the prescriber's instructions.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulations 4 (1) (a).

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23).

**This requirement was made on 6 October 2022.**



**Action taken on previous requirement**

While some progress has been made in improving the management of medication within the service, we have repeated this requirement to ensure that all people are safely supported with their medication needs.

**Not met**

**Requirement 2**

By 17 November 2022 you must improve staff recruitment practices within the service to the standard detailed in the SSSC and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)'. In order to achieve this you must ensure:

- a) Recruitment records are in place for all staff and all staff have outstanding preemployment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.
- b) That You obtain two references in place for each staff member recruited, one of which, where possible, from their previous employer.
- c) That where there are clear gaps in peoples work history a reason for this should be obtained
- d) There are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people.
- e) That those responsible for undertaking safer recruitment are skilled and competent in their role.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation, a Regulation relating to the fitness of employees and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24).

**This requirement was made on 6 October 2022.**

**Action taken on previous requirement**

Significant improvement had been made to ensure staff were safely recruited. Staff responsible for recruitment had completed additional training. Records were clear and accurate and evaluated each candidates skills and values.

**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

To ensure people and their relatives are provided with clear information about the service, in particular the arrangements for staff delivering their care and any changes in staffing or times of visits, the provider should ensure good communication between staff, people and the management team. This should also include, but not be limited to, seeking consent from people experiencing care, or their representative, before care or office staff shadow or observe practice. The implementation of communication agreements with people would support this area for improvement.

This ensures that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'. (HSCS 2:8).

**This area for improvement was made on 6 October 2022.**

#### Action taken since then

Most people who experience care and their families told us that communication between the office, staff and families was working well. While there were some issues with staff changing time of visits, or not receiving messages to change the visit times, we found overall improvement in this area. Plans were in place on how to embed this practice going forward. This area for improvement is met.

#### Previous area for improvement 2

To ensure people have confidence that concerns or complaints are taken seriously the provider should ensure that complaints systems effectively address issues raised which could impact on the health and welfare of people. This should include but not be limited to:

- a) ensuring office based staff and supervisors are informed of how to use the complaints procedure and be knowledgeable in complaints handling;
- b) ensure any complaint made to the service is fully investigated;
- c) process all expressions of dissatisfaction/concerns on a similar basis as formal complaints to ensure they are followed up and actioned to find resolutions to improve care and support;
- d) audit complaints and expressions of dissatisfaction to identify any trends and allow for continuous improvements.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19)

**This area for improvement was made on 6 October 2022.**

#### Action taken since then

There had been significant improvement in recording, management and response to complaints and concerns. A dedicated staff member had been appointed to ensure all complaints and concerns received a

consistent response. Managers reviewed themes from complaints and concerns and took action to make improvements in the service. This area for improvement is met.

### Previous area for improvement 3

To ensure people have confidence that the service they use is led well and managed effectively, the provider should improve management oversight, underpinned by robust quality assurance measures. This includes, but is not limited to the following:

- (a) assessment of the service's performance through effective audit,
- (b) further develop the service improvement plan, ensuring this is linked to auditing and feedback from people. Actions should be /specific and measurable with detailed timescales for completion/review.
- (c) align systems to good-practice guidance; and
- (d) ensuring staff who undertake quality assurance roles are trained and supported.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed."

**This area for improvement was made on 6 October 2022.**

#### Action taken since then

While some improvement had taken place, we have repeated this area for improvement to ensure that quality assurance processes lead to improved outcomes for people who experience care. Please see "How good is our Leadership" section of this report for more details.

### Previous area for improvement 4

The provider should ensure that there is a meaningful structured support and supervision system in place for staff which incorporates observations of practice. This is to support the ongoing development of staff, ensuring they are competent, skilled and able to reflect on their practice to continue to meet people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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 6 October 2022.**

#### Action taken since then

The quality of supervision and team meetings had improved significantly, especially around specific issues. We recommended that formal observations of practice take place within the first twelve weeks of employment for newer staff, after initial competency checks. We were assured the manager would take this forward. This area for improvement is met.

### Previous area for improvement 5

To ensure support plans contain current, clear and meaningful information the service should further develop care plans and reviews. This should include, but is not limited to, ensuring that:

- a) plans evidence that the care planned and provided meets peoples' assessed needs, including wishes for end of life care where appropriate.

- b) appropriate risk assessments and guidelines are in place reflective of people's care identified care needs.
- c) documentation and records are clear to read, easily accessible and reflect the care planned and provided.
- d) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate. Reviews should capture discussions held and evaluate how well support is meeting individual needs and outcomes.
- e) managers monitor the quality of support plans and risk assessments and take action where issues are identified.

This is to ensure that 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)

**This area for improvement was made on 6 October 2022.**

### Action taken since then

While there had been overall improvement in the quality of people's personal plans, we have repeated this area for improvement to ensure that all personal plans, reviews and risk assessments are of a consistently high standard.

## Complaints

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

## 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	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 ਵਿਚ 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.