

Meiklehill Housing Support Service

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Unannounced

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Service provided by:
East Dunbartonshire Council

Service provider number:
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Service no:
CS2004058395

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com. This service was registered with the Care Inspectorate on 1 April 2011.

Meiklehill provides a housing support service and a support service (care at home). It is registered to provide a service to adults with learning disabilities living in their own homes and in the community. The provider is East Dunbartonshire .

The service operates from two locations in East Dunbartonshire. One part of the service supports one individual in their own home in Kirkintilloch. The other part of the service, Pineview, is located in a house in Bearsden that has the capacity to support three people.

There was one person living in Kirkintilloch and two people living in Pineview at the time of our inspection.

For the purpose of this report, we will refer to each part of the service as Kirkintilloch and Pine View.

The aims of the service include supporting the individual to achieve increased independence, use community resources, maintain local supports and friendships and make use of and be part of the local community.

About the inspection

This was an unannounced inspection which took place on the 4th and 5th of October, 2023. The inspection was carried out by one 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 three people using the service and one of their family members
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People received compassionate support from motivated staff.

People were supported and encouraged to get the most out of life.

Staffs understanding of people's physical and emotional needs promoted positive outcomes for people.

Leaders had a clear understanding of what worked well within the service and of where improvements could be made. Positive outcomes for people were the driver for change.

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 evaluated this key area as very good as we found major strengths in supporting positive outcomes for people.

We witnessed warm compassionate interactions between staff and people using the service. Staff were motivated and took a proactive approach to support people to be as independent as possible. Support was tailored to meet people's needs and wishes. Care plans were person centred, describing in detail what people's preferences were. People were supported to be as independent as possible with personal care and activities of daily living. This meant that people experienced compassion, dignity, and respect.

People using the service were supported to get the most out of life. Activities accessed by people were a result of consultation with people and their families and included walking, games, dancing classes, music groups and outings for lunch. It was clear that staff prioritised supporting people to develop their interests and do what mattered to them. It was evident that staff ensured that people were safe and protected while they did so. There was evidence that people had developed more confidence as a result of having tailored, personalised support.

Staff in the service understood their role in supporting people's access to healthcare. They recognised people's changing health needs and shared this information with the right people. People were supported to attend regular health reviews and supported to maintain good oral care. People were encouraged to maintain a healthy diet. In one instance a person's health condition necessitated a diet that was protein free. Staff worked hard to ensure that the persons diet nevertheless remained varied and tasty.

It was recognised that people would benefit from external reviews of their care involving social work care managers. This was being arranged by the health and social care partnership at the time of the inspection. This is important to ensure that the local authority has oversight of the care plan and to provide a structure for people, staff, their families, and guardians to have meaningful discussion about people's future support needs.

How good is our leadership?

5 - Very Good

We evaluated this area as very good as we found that quality assurance and improvement was well led and had major strengths.

There was evidence that care plans were regularly audited in order and that this helped ensure recordings by staff were of a high standard. It was of note that staff are seen to conduct regular updates to care plans well as evidenced by the audits. Staff meetings took place once a month and each person's care was reviewed to ensure that people's goals were being met. Staff felt they could speak freely at these meetings and that their views were important.

There was a learning culture evident within the service as leaders appreciated the value of learning and development both for themselves and others. Staff training reflected the individual support needs of people using the service. There had been issues due to staff sickness however management were ensuring that all staff link in with trainers to ensure that they receive updated training within mandatory timescales.

Staff received very good informal support from the management team and were consulted in any changes to their work pattern. Staff found the team leader very approachable. Staff were kept well informed of the aspirations and goals of the service. Supervision of staff had moved from face-to-face meetings to telephone meetings during the Covid pandemic. Staff shortages have hampered a return to regular face to face meetings. Whilst all supervisions were in date with clear actions for the next meeting it is important that all staff receive regular face-to-face formal support and appraisals. We have made this an area for improvement (see AFI 1 below)

Leaders had a clear action plan which evidenced what was working well and what improvements were needed. It was clear that the outcomes and wishes of people using the service were the primary drivers for change. Therefore, quality assurance and improvement was well led.

Areas for improvement

1. The service should ensure that all staff including team leaders receive regular face to face supervision and appraisal.

This is to ensure that practice is in keeping with the health and social care standards (HSCS) which state 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

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
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	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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