

## Care service inspection report

# Mochridhe (Edinburgh & Lothians) Limited

## Housing Support Service

Business Exchange PLC  
Room 417  
9-10 Saint Andrews Square  
Edinburgh  
EH2 2AF

Inspected by: Grant Dugdale

Type of inspection: Announced (Short Notice)

Inspection completed on: 26 September 2013



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## Service provided by:

Mochridhe (Edinburgh and Lothians) Limited

## Service provider number:

SP2012011939

## Care service number:

CS2012311725

## Contact details for the inspector who inspected this service:

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

Mochridhe had a strong commitment to a person centred personalised service. The people who used the service had small support teams that provided consistent support. The service users spoke highly of the service they received. The service had a dedicated staff team who were committed to their person centred values.

### What the service could do better

The service still had work to do in a number of areas. A new management team was now in place who were committed to improving the training and supervision staff received. The management team were also committed to improving the support plans and other paper work to make them more accessible. The new support plans and review process will be more outcomes focussed. The service also planned to bring the teams together more to create a greater service identity.

### What the service has done since the last inspection

This is the first inspection of the service.

### Conclusion

This service had a strong commitment to providing a service that meets the needs and outcomes that the service users want. The service had only been registered for a few months so was a work in progress. The care and support being provided was of a high standard but work was ongoing in a range of service areas.

## Who did this inspection

Grant Dugdale

**Lay assessor:** Miss Winnie Whyte

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Mochridhe registered with the Care Inspectorate in April 2013. It is registered as a housing support and care at home service. The service has been going for 18 months but only recently registered as a separate Edinburgh and Lothians service. The service currently supports 14 service users. 8 of the support packages are 24 hours, others are more respite and ad hoc support hours. Each individual has a team who supports them. The teams are usually made up of a team leader and two or three support workers.

Mochridhe's aims and objectives are - 'We aim to provide service users with a comprehensive service of the highest quality. We strive to offer a flexible, efficient and professional service that is personalised to meet each person's individual needs. We will respect each service user and remain sensitive to their individual needs and abilities and strive to promote control, choice and flexibility.'

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of Care and Support - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following a short announced inspection. This was carried out by inspector, Grant Dugdale. The inspection took place on Tuesday 3rd September 2013 from 10.00am until 4.15pm. It continued on Wednesday 4th September 2013 from 10.30am to 12.00pm. A lay assessor, Winnie Whyte, independently also spoke with one service user and one relative. We gave feedback to the manager on Thursday 26th September 2013.

We sent ten care standards questionnaires to the manager to distribute to service users. Six service users sent us completed questionnaires.

We also asked the manager to give out ten questionnaires to staff and we received one completed questionnaire.

During the inspection process, we gathered evidence from various sources, including the following -

We spoke with:

- \* three service users
- \* two relatives
- \* the managing director
- \* the operations manager
- \* the manager
- \* two team leaders
- \* two personal assistants.

We looked at:

- \* four service users' files including support plans, risk assessments and reviews
- \* four staff files including induction, supervision, appraisal and training records
- \* rotas
- \* questionnaires
- \* minutes of meetings e.g. staff, service users

- \* external audits
- \* Internal audits
- \* incident and accident reports
- \* mission statement
- \* service leaflet
- \* Participation Strategy
- \* Staff Training policy
- \* Staff induction procedure
- \* Service User Involvement Policy
- \* Complaints Policy
- \* Medication Policy
- \* Supervision Policy
- \* Adult Protection Policy
- \* Challenging behaviour policy
- \* Restraint Policy
- \* Whistle Blowing Policy
- \* Grievance Policy.

## **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** No

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We did not receive a self assessment for this service.

## **Taking the views of people using the care service into account**

We spoke with one service user who told us that the service had made a difference to his life. He told us that nothing could be better than the support he received. The support was person centred and he was treated with respect and dignity. We were told by two other service users that they were happy with their support plans and they felt that they were getting support with everything they required support with. One service user told us that the support had given her 'more independence to achieve things in my life'.

## **Taking carers' views into account**

One relative told us that the support staff were 'brilliant' but that the management was 'sadly lacking'. The relative told us that she had resisted attempts by the manager to send unfamiliar support workers to provide the support. Another relative told us that the support was 'fabulous' but that there had been some problems with the staff rotas recently.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We noted that the service was currently developing methods to improve service user and carer participation. We read that support package reviews will be put on a more formal basis and will take place every six months. These will provide an opportunity for service users and, if appropriate, their carers to participate in assessing the quality of the support provided on a regular basis. We read that the service had recently issued a carers' survey.

We read the service user involvement policy which gave a commitment to feeding back the results and actions from service user and carer feedback to a target audience of service users. We read that the service had a commitment to meaningful involvement by providing guidance and support to service users to participate in service development. We read the draft participation strategy which included setting up a service user involvement group. There was a commitment in the strategy to obtaining service users' views on the skills staff need, recruitment, service development including writing at least once a year to find out their views on the service and how it could be improved. The service had a philosophy of meaningful involvement so service users and carers will be supported to participate.

There will be a carer reference group set up to be involved in designing job descriptions, planning selection processes, the appointment process and pre-interview visits by candidates. There was a commitment to ensuring that action points in relation to performance targets are explained. The service plans to increase staff awareness of service user involvement.

Two service users told us that they knew how to make a complaint but another was

not sure how to do so. Two service users told us that they were able to express their opinion through the review meetings. However, one service user and a relative told us that they had never been asked their opinion about the service.

We received six care standard questionnaires and four service users or carers strongly agreed or agreed that the service asks for their opinions on how they can improve. Two people did not feel they were asked their opinion.

### **Areas for improvement**

The service had the policies and strategies in place for involving service users and their carers. The service should ensure these are implemented in full in time for the next inspection. The service should ensure that service users and their relatives are fully involved in that process.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

We ensure that service users' health and wellbeing needs are met.

#### **Service strengths**

We read the support plans for four service users. The files held a substantial level of detail about each service user's support needs. They were written in person centred and respectful language. They held the appropriate personal and emergency details for each person. There were detailed risk assessments covering 'activity', hazard', 'what's at risk' and 'existing control measures'.

We spoke with one service user who told us that the service had made a difference to his life. He told us that nothing could be better than the support he received. The support was person centred and he was treated with respect and dignity. Another service user told us that their needs and outcomes were being met. We spoke with the parent of one service user who told us that the staff were great and caring. There was good communication between her and the staff team. We were told by all service users and relatives that they were happy with their support plans and felt that they were getting support with everything they required support with.

We spoke with four staff members. All four staff stated that the main strength of the service was that it provided a personalised person centred service for all service users. This was supported by each service user having their own specific team of support staff. We were told by the staff that they felt that the support plans were accessible and detailed the person's support needs.

We read that service had a complaints policy, medication policy, supervision policy,

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participation policy, Adult Support and Protection Policy, challenging behaviour policy restraint policy and whistleblowing policy.

We received six care standard questionnaires and all six service users or carers strongly agreed or agreed that they were happy with the quality of the care and support that they received.

### **Areas for improvement**

Although the support plans were very detailed, they were not in an accessible format. It was also not clear how the information from the various parts of the file linked in with each other. There were also various charts in some service user files, such as drinks monitoring charts, where it was not clear what their purpose was or they were not completed. One member of staff felt that there was still work to be done in terms of their work being outcomes focussed. The service needs to introduce a simpler more accessible support plan which details the outcomes identified by the service user. These outcomes should be reviewed as part of the review process. The service should ensure that all support plans and reviews are signed by the service user or their representative which is particularly important with outcomes focussed documents (see recommendation 1).

The risk assessments were being reviewed only every twelve months. The service should ensure that reviews of risk assessments should take place every six months (see requirement 1).

The Adult Protection policy needs updated to show the local procedures and contact details including the Care Inspectorate rather than the Glasgow process and details. The policy also refers to vulnerable adults which is not appropriate language (see requirement 2).

The service should ensure that the complaints policy and whistleblowing policies have the correct local Care Inspectorate details (see recommendation 2).

One member of staff felt that more time should be built into support hours to allow team meetings to take place to cover areas such as person centred planning and essential lifestyle plans. The service should explore how they can support this.

We noted for one service user that staff were doing very long shifts. The service recognised that this was not appropriate support and will introduce a new member of staff to the team to address this issue. One staff member highlighted some of the shifts can be long but that the service does try to match the shift patterns with service users' needs and staff requirements.

The service should consider developing their incident and accident reporting to cover staff reflection on how they are supporting an individual and any learning from the incident.

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**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 2

**Number of recommendations:** 2

## Requirements

1. The service must ensure that the support plans and risk assessments are reviewed every six months.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 5 2(b)(iii) - a requirement to review personal plans.

2. The service should ensure that their Adult Protection policy has the local processes and contact details. The policy should also remove references to 'vulnerable adults' which is not appropriate language.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 4(1)(a) - a requirement relating to health and welfare of service users.

## Recommendations

1. The service should put in place a simpler more accessible support plan which details the outcomes identified by the service user. These outcomes should be reviewed as part of the review process. The support plans and review forms should be signed by the service user or their representative.

National Care Standards, Care at home, Standard 3, Your personal plan.

2. The service should ensure that the correct local Care Inspectorate details are recorded in the complaints and whistleblowing policies.

National Care Standards, Care at home, Standard 11, Expressing your views.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

The information detailed in Quality Statement 1.1 also applies to this quality statement.

The service user involvement group will be involved in the recruitment of staff. The service also plans to set up a carer reference group to be involved in designing job descriptions, planning selection processes, the appointment process and pre-interview visits by candidates.

#### Areas for improvement

The areas of improvement detailed in Quality Statement 1.1 also applies to this quality statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

#### Service strengths

We were told that teams operated on an individual service user basis so the service planned to increase the flexibility across all teams and develop the overall service identity. The service planned to hold meetings every two months to bring all the teams together. We read that the service was introducing a more formal supervision process and team leaders will be trained on this. Staff supervision will be every eight weeks and a schedule was being put in place detailing future staff supervision dates. The format used will cover what was agreed and actioned at the previous meeting, workload issues, work/life balance and training. The process of doing supervision for team leaders was already under way. We read the team leader meeting minutes from

August where service issues, training, staffing was discussed and a commitment made to a better focus on quality checks.

We read the staff training policy which detailed the training that should be done as part of the induction process. This will cover areas such as moving and handling, first aid, Child Protection and Adult Protection. The service plan to introduce a signed induction record. We read that there will be a three day staff induction training. As part of this, staff will need to sign to confirm they have read all the relevant policies and procedures. All staff confirmed that new staff were given the opportunity to shadow before they start working with someone.

We read four staff files which held certificates for some of the training that staff had completed such as health and safety, first aid, food hygiene, fire safety, medication and Adult Protection. We read that staff will be undertaking intensive interaction training. We noted that many of the staff transferred over from other services when the service user moved over so some have considerable training experience and knowledge from working at previous services. All service users and relatives we spoke with us told us that the staff were well-trained and knowledgeable. This author of the Smart Partnerships Health and Social Care consultants report stated that the staff were committed, dedicated and enthusiastic.

All the staff told us that there was good communication between staff and team leaders. The current management was relatively new and staff were beginning to build a positive relationship with them. Staff we spoke with highlighted that the service was now becoming more organised and structured in a range of areas.

### **Areas for improvement**

We were told that staff had little input into service development at the moment. The service should ensure that team meetings and supervision provide an opportunity for staff to feed back about service development and ensure that emotional support is part of the supervision process (see recommendation 1).

All staff had received training but there were concerns expressed that some of this training had been in the form of DVDs so this needs to be developed into more formal training. One member of staff told us that he had not undergone Adult Protection training but had seen the Adult Protection policy. The service should ensure that all staff have undergone Adult Protection training. We noted that the training policy did not mention refresher courses so this should be amended. One relative told us that she had paid for staff to undertake Autism and Epilepsy training. Service users should not have to pay for staff training and the service should ensure that all training that staff require is provided by the service (see requirement 1).

The service should consider introducing questionnaires to test staff's knowledge of particular policies such as Adult Protection (see recommendation 2).

Service users and relatives expressed concerns about other staff being introduced to support teams. If the service plans to have greater flexibility between teams it should consult with service users and their families about this to reduce their anxiety (see recommendation 3).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 3

### Requirements

1. The service should ensure that formal training is put in place to ensure that all staff have undertaken appropriate training and that a system is put in place to ensure that refresher training takes place.

This is to comply with Scottish Statutory Instrument 2011 - No 210 Regulation 15(b)(i) - a requirement about staff training.

### Recommendations

1. The service should ensure that staff are given the opportunity to contribute to service development through team meetings and supervision.

National Care Standards, Care at Home, Standard 4, Management and staffing.

2. The service should consider introducing a questionnaire to test staff's understanding of particular policies such as medication and Adult Protection.

National Care Standards, Care at home, Standard 4, Management and staffing.

3. The service should ensure that service users and their relatives are fully involved in the discussions about increasing flexibility between teams.

National Care Standards, Care at home, Standard 4, Management and staffing, Standard 11, Expressing your views.



## **Quality Theme 4: Quality of Management and Leadership**

Grade awarded for this theme: 4 - Good

### **Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

#### **Service strengths**

The information detailed in Quality Statement 1.1 also applies to this quality statement.

We noted that the supervision policy will include 360 degree feedback from service users and employees.

#### **Areas for improvement**

The areas of improvement detailed in Quality Statement 1.1 also applies to this quality statement.

The service should consider extending the 360 degree feedback to include the appraisal of managers as well as support staff.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

#### **Service strengths**

The service was at an early stage in introducing an audit and quality assurance system. We read the template for the team leaders' monthly report which will be sent to the operations manager. This report will cover supervision, appraisals and performance improvement. The service was also introducing a team leader monthly quality assurance checklist. This will cover reviews, medication, supervision, team meetings and rotas.

We read that the service had employed an external agency to do an audit of the

service. This was done by Smart Partnerships Health and Social Care consultants. The audit summary stated that the service needed to revise the management structure, review current staffing support arrangements so that staff are fully inducted, trained and supported. The recommendations were for a robust management structure, review of induction, a review to consider links between induction, training and supervision, an appraisal system to be put in place with goals and expectations, a revised training strategy and reviews of policies and procedures. The review of the management structure and induction had been completed. A revised induction process was being introduced in September. We had made a recommendation from a complaints investigation that the service should implement the recommendations of the external audit and this was happening.

The feedback forms for service users covered support plans, staff performance, quality of support, areas for improvement. The questionnaires were written in an accessible format and support was offered to service users to complete them. We read that the carer evaluations covered quality of life, control and health.

We read the service interim plan from August to December 2013. This covered recruitment, involving service users, staffing, training strategy, training in outcomes focussed work, implementation of new audits, questionnaires to all staff members and agreeing Key Performance Indicators (KPIs). Supervisory training had been arranged for three days in September and October.

### **Areas for improvement**

The service should ensure that the quality assurance and audits are in place by the time of next inspection. The service should ensure that the feedback received should be put into an action plan and the result of these actions are fed back to service users, carers and staff (see recommendation 1). The service should ensure that the recommendations made by the external auditors are put in place (see recommendation 2).

The service should also try to involve any external professionals involved in supporting service users in quality assurance and feedback (see recommendation 3).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 3

### **Recommendations**

1. The service should ensure that the quality assurance and audits are in place by the time of next inspection. The service should ensure that the feedback received should be put into an action plan and the result of these actions are fed back to service users, carers and staff.

National Care Standards, Care at home, Standard 4, Management and staffing, Standard 11, Expressing your views.

2. The service should ensure that the recommendations made by the external auditors are put in place.

National Care Standards, Care at home, Standard 4, Management and staffing.

3. The service should also try to involve any external professionals involved in supporting service users in quality assurance and feedback.

National Care Standards, Care at home, Standard 4, Management and staffing, Standard 11, Expressing your views.

## 4 Other information

### Complaints

There have been two complaints about this service but neither were upheld. However, one recommendation was made as a result of the complaints investigation. This is detailed below:

Recommendation.

The provider should take account of their external consultant's findings and recommendations and progress its internal action plan (June 2013) to ensure that all care workers receive the appropriate training to enable them to meet the needs of service users.

National Care Standards, Care at home, Standard 4, Management and staffing.

From the inspection, we saw that the service was making progress towards meeting the recommendations of the report from the consultants. We have made a recommendation in this report to ensure that this process is completed.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

#### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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## Translations and alternative formats

This inspection report is available in other languages and formats on request.

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