

# Monteith Personal Care Management Ltd Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
15 May 2024

**Service provided by:**  
Monteith Personal Care Management  
Limited

**Service provider number:**  
SP2015012619

**Service no:**  
CS2015342700

## About the service

Monteith Personal Care Management Ltd, is a private company registered to provide a service to older people and adults with a learning/physical disability living in their own homes and in the community within Northeast Edinburgh.

At the time of the inspection the management team consisted of a care director, registered manager a senior care manager and a care manager.

At the time of the inspection the service was supporting 81 people.

## About the inspection

This was a short notice inspection of the service which took place on 07 May 2024 between 09:30 and 15:30, 08 May 2024 between 10:00 and 14:30 and on 09 May 2024 between 09:00 and 15:30. 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire.
- We talked with members of staff and the management teams.
- Observed staff practice and daily life.
- Reviewed a range of documents.

**Key messages**

- People experienced warmth, kindness and dignity in how they were supported and cared for.
- Support records we sampled contained detailed information to guide staff, daily notes were descriptive and linked to identified outcomes.
- There were referrals made to health professionals where people's health changed or deteriorated.
- Quality assurance processes were not sufficiently detailed to demonstrate their impact.
- People were supported by a small group of staff that they knew well.
- Staff were clear about their roles and helped each other by being flexible in response to changing situations.

**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?	4 - Good
How good is our staff team?	4 - 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced warmth, kindness and dignity in how they were supported and cared for. People's choices were respected and promoted. Staff members knew people well and this promoted good health and wellbeing outcomes. One relative told us "We have built up a good relationship with the staff we know them well, staff are very interactive and communicate well, they are respectful and treat us with dignity and compassion".

There was an effective visit scheduling system in place. If they wished people received a weekly rota so they knew which staff member would be undertaking each of their visits and what time the visit would be. This prior notice showed respect for people and reduced anxiety. People were also advised if there was to be a significant change in time or staff member if a visit was running late.

People told us that they looked forward to staff visiting and for some the company of staff was a significant positive outcome for them.

Support records we sampled contained detailed information to guide staff, daily notes were descriptive and linked to identified outcomes. People had access to their individual support plans which promoted their rights in relation to information held about them. There was a previous area for improvement in relation to care planning. We concluded that this area for improvement had been met.

There were referrals made to health professionals where people's health changed or deteriorated. Staff recognised changing health quickly and this benefitted supported people by referrals being made promptly. One person told us "The office staff are very approachable and when I've needed to be in contact with them, I have felt listened to with my concerns acknowledged and acted upon swiftly". One health professional told us "Monteith have been a partner provider for several years. They have always been one of the most reliable, caring and professional companies I have worked alongside".

The management team regularly checked the medication practice of staff and recorded the findings. We looked at a sample of people's Medication Administration Records and established that staff had given the correct medication to people at the stated times. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

There was a previous area for improvement in relation to prescribed creams. We concluded that this area of improvement had been met.

## How good is our leadership?

4 - Good

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

Managers were supportive, responsive, visible, and available to staff and people they supported. People receiving support told us, "The managers are always polite"; describing being able to easily speak to someone and telling us that they were approachable and responsive to any concerns highlighted.

While there was a strong overview of care and support for each person focused on individual outcomes, there was limited formal quality assurance being undertaken by the service. This made it difficult to assess change and improvement over time or measure performance. Further development of quality assurance would enable the service to plan their future improvement and changes in a more structured way. (See **area for improvement one**)

The service had a complaint policy and procedure in place. There was a system in place to allow the management team to record and analyse any complaint received. There had been no complaints received at the time of inspection.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment".

### Areas for improvement

1. To ensure management have a good oversight and monitoring of the service, a quality assurance framework should be introduced, that should link into audits and outcomes for people using the service. The manager should:

- analyse the data they receive
- action plan accordingly
- develop and include findings within a continuous improvement plan.

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 4.1)

### How good is our staff team?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting and good working relationships with staff. One person told us "I have no complaints what so every, the care staff are regular I know exactly who is coming and we have a wonderful relationship".

Some concerns were raised around being notified of changes to visit times and care staff at short notice; the manager was aware that communication improvements still needed to be made within identified care teams.

People experiencing care had the opportunity to meet any new staff being introduced. This meant that staff had time to get to know the person and learn what was important to them. Staff confirmed that they felt they had a good induction with regular ongoing support from the management team.

Staff accessed a range of online and face-to-face training opportunities. The quality of training was described as good by staff and was relevant to staff member's roles and responsibilities. This helped ensure that staff had the right knowledge and skills to support people effectively. There was a previous area for improvement in relation to staff training. We concluded that this area for improvement had been met.

Staff were clear about their roles and helped each other by being flexible in response to changing situations.

Morale across the service was good, staff we spoke to said they were happy at their work. Staff felt well supported by management and had regular opportunities to discuss concerns. This supported people to have a positive experience of their care as the staff team were enthusiastic and happy.

## 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 make sure people experience high quality care that is right for them, the provider should ensure each supported person has an accurate, up to date care and personal plan, which sets out how their individual health, welfare and safety needs are to be met. This should include, but not be restricted to:

- a) sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out;
- b) how mobility support is provided, including what and how equipment is used;
- c) how to communicate and respond to people experiencing care who have communication difficulties, cognitive and mental health issues and other communication conditions;
- d) financial support arrangements;
- e) oral hygiene care;
- f) life history.

This is in order to ensure effective and safe care planning and is consistent with the Health and Social Care Standards:-

(HSCS 1.15) "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 1.19) "My care and support meets my needs and is right for me."

(HSCS 1.23) "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 4 December 2019.**

#### Action taken since then

Since the last inspection managers have further developed Care Plan documentation to include key information in relation to health, welfare and safety needs. This included moving and positioning, communication needs, financial support, oral health, and life history. Information held within plans enables care and support to be carried out consistently by care staff in a way the person prefers and needs.

This area for improvement has been met.

#### Previous area for improvement 2

The provider should make improvements with how care staff support people with the application of prescribed creams. This to include:-

- a) providing information about the purpose of the cream being applied;
- b) detailing exactly which area of the body the cream needs to be applied;
- c) using body maps to further clarify where the cream must be applied.

This is in order to ensure the safe application of prescribed creams and is consistent with the Health and Social Care Standards:-

(HSCS 1.15) "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 1.19) "My care and support meets my needs and is right for me."

(HSCS 1.23) "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 4 December 2019.**

#### Action taken since then

Medication care plans have been further developed to include the application of creams. Plans detail information about the purpose of creams being applied and hold body maps to ensure care staff have clarity as to where creams must be applied.

This area for improvement has been met.

#### Previous area for improvement 3

The provider should ensure people are confident that staff employed to work in the care service are trained, competent and skilled to undertake their designated roles.

This should include, but not be restricted to the following: -

- a) all care staff have access to appropriate and sufficient training at induction to effectively develop their skills, knowledge and continuing competencies appropriate to the work they are to perform;

- b) all current induction training material and methods of delivery is reviewed and revised so that it provides sufficient information and opportunities for discussion to effectively train and guide staff in their practice and reflects current legal requirements and best practice in Scotland;
- c) a mandatory training programme to be developed that addresses the review of training needs, induction of new staff and taking account of any client specific training. This to include but need not be limited to training in the following areas:
- i. dementia care;
  - ii. nutrition and hydration;
  - iii. food hygiene;
  - iv. manual handling;
  - v. adult support and protection;
  - vi. continence care including care of catheters and stomas;
  - vii. infection control; and
  - viii. medication support.
- d) the training programme should identify time scales for mandatory training to be refreshed;
- e) the competency of carers, particularly in relation to medication support and moving and positioning, is checked in the field, recorded and linked into training, one to one supervision and personal development;
- f) evaluate the training, which must include seeking feedback from people using the service and their carers about how well staff are organising their care and caring for them.

This recommendation is consistent with the Health and Social Care Standards: -

(HSCS 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".

(HSCS 4.27) "I experience high quality care and support because people have the necessary information and resources".

**This area for improvement was made on 4 December 2019.**

### Action taken since then

New care staff undertake three full days of face-to-face induction training followed by shadowing shifts with an experienced staff member. Staff then complete a range of online eLearning relevant to their role.

The service has appointed a training manager who completes regular train the trainer training, who keeps abreast of best practice guidance and legal requirements. Their role is to ensure training sessions provided are modified and come in line with the services policies and procedures.

Mandatory training is facilitated in a range of area's reflective of supported people's needs. Specialist training is sourced when needed.

The manager has implemented a training matrix to give good oversight of when training is due to be refreshed.



Spot checks and competency checks are carried out on a regular basis allowing care staff to reflect on their practice and personal development.

Regular opportunities for service users and care staff to feedback on care staff's ability are in place.

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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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