

# My Homecare Edinburgh Housing Support Service

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SHORE PLACE  
Edinburgh  
EH6 6SW

Telephone: 0131 553 1302

**Type of inspection:**  
Unannounced

**Completed on:**  
17 May 2024

**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 Limited'.

## About the inspection

This was a follow up inspection which took place on 17 May 2024. The purpose of this inspection was to review progress made against the requirements at the previous inspection, dated 16 April 2024. This report should be considered in conjunction with the report dated 16 April 2024.

## Key messages

People benefitted from safe medication practices underpinned by good quality assurance measures.

Managers completed effective medication audits to continue to drive improvement.

Each person had an accurate medication risk assessment with good information to lead and guide staff on how to safely support their medication needs.

Staff reported that the training has significantly contributed to their learning and development.

Regular staff supervision has been improved to continuously assess, review, and address their learning and development needs.

Staff expressed that they now feel more confident and supported in their work.

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

### Requirements

#### Requirement 1

By 16 May 2024, the provider must ensure that people experience a service with well trained and informed staff. You must ensure that all staff receive training appropriate to their role, in line with the support needs of the people using the service. This must include but is not limited to providing adequate support if an emergency situation occurs.

- a) regular quality assurance checks to demonstrate how the training received is being implemented in practice;
- b) regular monitoring of staff practice to provide assurance that staff practice is consistent with current good practice guidance;
- c) providing regular staff supervision to ensure their learning and development needs are assessed, reviewed, and addressed;
- d) ensuring staff have access to up-to-date knowledge and best practice guidance through access to regular team meetings.

**This requirement was made on 16 April 2024.**

## Action taken on previous requirement

Management told us they have been working with staff to increase their knowledge and understanding in relation to emergency response and general care practices. Staff training records showed that many staff members completed first aid training, and several staff members had also completed train the trainer training. Additionally, part of the induction training now includes train the trainer, first aid, and responding to emergencies, ensuring new staff receive comprehensive instruction.

We could see that regular quality assurance checks are conducted, including unannounced observations on Saturdays, to monitor how the training received is being implemented in practice. Spot check forms are filled in and kept in the service office and service user notes. The management team has implemented a new system that allows for better documentation and tracking of staff performance and incidents, which has significantly improved overall practice.

Staff told us they felt the training has been beneficial for their learning and development. For example, a Team Lead expressed confidence in advising staff during emergencies. Similarly, other staff we spoke with stated that they feel more capable of assisting carers and service users during emergencies.

Regular staff supervision has been enhanced to ensure their learning and development needs are continuously assessed, reviewed, and addressed. Staff now have access to up-to-date knowledge and best practice guidance through regular team meetings. Staff shared with us that they now feel more confident and supported in their practice.

Overall, we are satisfied that the actions taken have ensured staff are well-trained, competent, and skilled.

## Met - within timescales

### Requirement 2

By the 16 May 2024, the provider must ensure medication is given as prescribed to support people's health and wellbeing. To do this the provider must as a minimum:

- a) put in place a system to ensure that medication is administered as prescribed, and changes made by health care professionals can be checked with the changes made to the medication records
- b) ensure medication administered is taken by people
- c) discard any medication which is declined and record and if required report appropriately
- d) have an effective system of audit to identify delays in treatment, where medication is not administered and effectiveness of treatments.
- e) ensure staff are suitably trained to effectively use the medication administration and any recording systems to review and optimise care.

**This requirement was made on 16 April 2024.**

## Action taken on previous requirement

We could see that management has been working with staff and external partners to ensure medication is given as prescribed and supports people's health and wellbeing. A system has been put in place where the main carer sends in medication updates weekly to the office.

This system allows for changes made by healthcare professionals to be checked against the medication records.

Staff training records show that staff have been trained in medication administration and recording systems to ensure effective use. Currently, the service has been working closer with the pharmacy to address any discrepancies. This again managed with weekly updates and involvement of the main carer to ensure accuracy and consistency.

Staff have been trained to discard any medication that is declined and record this appropriately. Any necessary reports are made following these recordings. We saw that an effective audit system has been implemented to identify delays in treatment, ensure medication is administered correctly, and assess effectiveness.

Examples of medication handling and administration were documented, and printouts were taken to ensure clarity in records. The new system in place is reported to be much better, providing more reliable documentation and better tracking of medication administration.

Regular meetings are held to discuss and address any concerns related to medication management. Care plans are updated to reflect changes in medication.

#### 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

The provider should ensure that the service develop clear and robust communication with all parties involved regarding people's assessed needs and preferences to ensure that they receive appropriate support that respects their needs, choices and promotes their overall wellbeing.

**This area for improvement was made on 16 April 2024.**

#### Action taken since then

This area for improvement was not evaluated during this inspection.

#### Previous area for improvement 2

People experiencing care and support should have confidence that communication, both verbal and written, between them, their family/chosen advocates, staff, and the service provider will be accurately maintained.

To achieve this, the manager should ensure to:

Establish clear and robust systems and guidance to support staff in maintaining accurate communication records at all times. This includes providing training and resources to ensure staff understand the importance of accurate communication and how to properly document information.

Implement an auditing process to evaluate communication practices regularly. This process should assess whether communication methods are meeting the needs of individuals receiving care and support and are aligned with their preferences.

It should also ensure that communication is conducted in a manner that is right for them and in their preferred method of communication.

**This area for improvement was made on 16 April 2024.**

#### Action taken since then

This area for improvement was not evaluated during this inspection.

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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