

Edinburgh Homecare T/A Meloosha Homecare Edinburgh Housing Support Service

Edinburgh Homecare T/A Meloosha Homecare Edinburgh
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Unannounced

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Service provided by:

Edinburgh Homecare Ltd T/A
Meloosha Homecare Edinburgh

Service provider number:

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About the service

Edinburgh Homecare, trading as Meloosha Homecare Edinburgh, provides a care at home and housing support service to adults with physical disabilities, mental health support needs and older people in their own homes.

The service is managed from an office in the Gyle area of Edinburgh.

At the time of inspection, a service was being provided to approximately 136 people throughout Edinburgh.

About the inspection

This was an unannounced inspection. We visited the service on 3, 5 and 8 July 2022. 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 and obtained feedback from 29 people using the service and their representatives.
- spoke with and obtained feedback from 33 staff and management.
- observed practice and daily life.
- reviewed documentation.

Key messages

- People were treated kindly by staff who demonstrated warmth, respect and compassion.
- People were recognised as having their own views and were involved in making decisions.
- Significant improvements had been made since the last inspection visit around how people's medication was managed and administered.
- People were asked for feedback about the quality of the service and queries and complaints were responded to promptly.
- Scheduling was improved to ensure people had their care visits on time, although work was still ongoing to ensure improvements continued and were sustained.
- People were regularly involved in reviewing their own care and support however some improvements in review processes were needed to ensure outcomes were effectively measured.
- Personal plans were up to date although not all quality issues were being identified by managers.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

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 knew people well and treated them with respect and compassion. We observed positive interactions which were warm, chatty and friendly. People said they were very happy with their staff who were 'kind' and 'helpful'. We were assured people could build trusting relationships with staff, which helped meet their wellbeing outcomes.

People were recognised as having their own views and were involved in making decisions throughout visits. Staff spoke with people to check what they needed, which ensured their expectations were clear. This meant people were in control of how their health and wellbeing needs were met.

People had good access to primary healthcare services in addition to specialist guidance and treatment plans from external professionals such as physiotherapists and occupational therapists. We saw examples of good practice, such as assistance with a mobility and exercise programme. Not all recommendations from external health agencies were included in people's personal plans however.

For further information, please refer to the section: 'How well is our care and support planned'.

Staff were attentive to people's food and fluid needs, providing support to prepare meals and drinks if required. Details were available for staff to read in personal plans, including individuals' preferences and dietary requirements. Whilst most guidance for staff was in place, we found a few examples where more detailed description was needed, for example around the texture of people's food. Where this was relevant, the manager agreed to take immediate steps to add the necessary detail to personal plans.

The manager had made significant improvements in relation to how people's medication was managed and administered. Comprehensive processes were in place to ensure people had the right support to take prescribed medication. People were supported and encouraged to maintain as much independence as possible and where needed, staff were trained to provide full assistance. Records of medication administration were maintained and managers had clear oversight through regular checks and audits.

For further information, please refer to the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

How good is our leadership?

4 - Good

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

The manager had good oversight of various aspects of the service and people could be confident of their commitment to quality assurance. Audits carried out by senior staff included checks around medication, staff practice, accidents and incidents, scheduled visit times and personal plans. Where issues were identified we saw that areas of practice were discussed with staff and action plans were regularly updated.

Personal plans were reviewed by senior staff on a regular basis, however some improvement was needed around the quality and accuracy of some information held. The manager discussed their plans with us around further developing audit processes for personal plans. We look forward to seeing this progress in the future.

The service had a well-structured improvement plan in place with clear, prioritised actions. Although the actions had been reviewed, the timescales for achieving them were not always clearly defined. We fed this back to the manager who agreed that this would strengthen the plan and help track progress. People could be confident the management team had a good understanding of the future direction of the service.

The provider maintained good communication with people and their families. Feedback was gathered through quarterly surveys and senior staff had regular phone contact with people. Queries and complaints were responded to quickly, resolved satisfactorily and good records were maintained. People were able to contact managers when they needed to and were confident they would be listened to.

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.

The manager and senior team had invested time in improving staff scheduling, with a specific focus on staff travel time between visits. Scheduling was completed in a systematic way and was under continual review to ensure improvements were maintained. We were pleased to see positive changes which had led to more reliable deployment of staff and improved continuity of care.

Staff felt supported by their seniors and each other and this was underpinned by effective communication to share information. This meant changes in people's care needs were identified quickly and staff could respond appropriately. People could be assured their care and support would be consistent and stable because people worked well together.

Staffing levels were based on individual need and staff had sufficient time to provide support in a safe and unhurried way. People benefitted from a consistent staff team who knew them well. People received a weekly staffing schedule and although there could be unexpected changes, these were usually communicated to people so they knew who to anticipate throughout the day.

The majority of staff had the relevant skills and training to support people's outcomes. However not all staff had received training in relation to supporting people who experience stress and distress. Relevant training had commenced for staff supporting people living with dementia and was due to continue across the team.

For further information, please refer to the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Recruitment processes were thorough and completed in line with current guidance. Staff selection was based on candidates' individual values, experience and previous training. Prior to lone working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently, people could be confident their staff were recruited appropriately and safely.

How well is our care and support planned?

4 - Good

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

People should be confident staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Personal plans were in place for everyone, with information and guidance about the person's needs and planned outcomes. There was information about people's lives which helped staff make meaningful connections with them. Risks were assessed, giving staff information about how to keep people safe.

Whilst the majority of information was clear for staff, some plans needed further updating to ensure guidance was accurate and sufficiently detailed. We discussed this with the manager who agreed that improved quality assurance was needed to ensure the continual improvement of written personal plans. See area for improvement one.

Where people were not able to fully express their wishes and preferences, individuals with the legal authority were involved in helping shape and direct people's care and support. We were assured to see measures in place to maximise support to protect and uphold people's rights.

To achieve the best possible outcomes, people experiencing care should be empowered to have meaningful input into reviewing their own support. Most individuals' needs were regularly assessed and people told us they were happy with their level of involvement in reviewing their care and support. Written records including daily recordings, and other documentation used to review people's care and support, did not always illustrate changes or achievements in people's lives. The provider should further develop their processes to facilitate more effective and meaningful review of people's outcomes. See area for improvement one.

Areas for improvement

1. To ensure people are confident that staff have sufficient information to support them to meet their outcomes, the provider should further develop personal plans and reviews. This should include, but is not limited to, ensuring:

- a) managers regularly monitor and improve information in personal plans to ensure a consistently high standard for all people;
- and
- b) daily recordings and review meetings capture discussions held and effectively evaluate how well support is meeting individual needs and outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's health and wellbeing, the provider should regularly review and update people's support plans to ensure they accurately reflect their medication needs, and meet best practice standards and guidance.

This should include, but is not limited to, ensuring that medication records are audited regularly and improvement actions are implemented timeously.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 20 December 2023.

Action taken since then

The manager and senior team had carried out regular reviews of personal plans which included updates of people's medication needs. The plans gave staff instruction about what medicines people required and how they preferred to take them. Body maps were in place to show staff where people needed creams and ointments applied. Protocols were available for staff to reference if people needed support with 'as required' medications. Staff recorded the administration of medication through the use of electronic recording formats.

Processes were in place to audit medication with evidence of improvement action being taken where errors were identified.

This area for improvement is met.

Previous area for improvement 2

To ensure people who experience stress and distress can be confident that care and support staff consistently understand and respond to their needs, the provider should ensure:

- a) all staff are trained in relation to supporting people who experience stress and distress;
- b) personal plans clearly set out interventions to support people who experience stress and distress; and
- c) managers regularly assess staff competencies in supporting people who experience stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 June 2023.

Action taken since then

The manager had commenced the process of implementing training for staff in relation to people with dementia who experience stress and distress. This training was due to continue across the team. We reviewed the relevant guidance in personal plans, however this was still in the process of development.

The manager should continue to progress improvements to ensure people who experience stress and distress can be confident staff have the skills to provide them with the right support and reassurance.

This area for improvement has not been met and will be reviewed at a future inspection.

Previous area for improvement 3

To ensure people can be confident that their skincare needs are met and promoted, the provider should make improvements in information to lead and guide staff on the application of prescribed topical creams and skin care plans.

This should include, but not be limited to, detailed information on where creams should be applied; how often; and amount to be applied, using body maps to aid understanding.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

This area for improvement was made on 6 June 2023.

Action taken since then

Improvements had been made in the guidance for staff to ensure people's skincare needs were met and promoted. Personal plans had clear details of people's prescribed topical medication including when they should be applied and the amount to be used. Body maps held within personal plans illustrated where creams, gels and ointments should be applied.

Instructions were provided to staff about checking people's skin integrity and what action to take if changes were observed. Protocols were in place with details of when staff should support people with 'when required' topical medication. Clear record keeping was maintained through the use of electronic recording formats.

This area for improvement is met.

Previous area for improvement 4

To ensure people are confident their care and support is well planned, the provider should continue to make improvements to visit scheduling. This should include, but not be limited to, ensuring that there is sufficient travel time between visits built into staff rotas and that there is good consistency of staff for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: Inspection report Inspection report for Edinburgh Homecare page 5 of 14 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This area for improvement was made on 6 June 2023.

Action taken since then

Improvements had been made to visit scheduling to ensure people had better consistency of staff. The manager had worked with the senior staff team to create staff rotas with more realistic travel times built in.

People and their families told us staff usually arrived on time and if there were delays, they had a call from the office to let them know.

There were further plans in place to ensure the progress made is sustained.

This area for improvement is met.

Previous area for improvement 5

To ensure people have confidence that the service they use is led well and managed effectively, the provider should continue to improve management oversight, underpinned by robust quality assurance measures, to ensure that improvements made are sustainable.

This is to ensure the 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 comprehensive and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 6 June 2023.

Action taken since then

The manager had processes in place which gave an oversight of quality assurance and issues occurring in the service. This included medication audits, visit schedules, training, supervision, spot checks of staff performance, care reviews and personal plans.

Further work was ongoing around quality assurance, including auditing of personal plans and further improvements to visit scheduling.

This area for improvement is met.

Previous area for improvement 6

To ensure staff have the knowledge and skills to support people living with dementia, the provider should ensure staff undertake effective and appropriate training in dementia. This should be to the level of at least "skilled" in the Promoting Excellence in Dementia training resource for all staff; and to the level of "enhanced" for relevant staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states: '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 June 2023.

Action taken since then

The provider had developed a training programme to ensure staff have the skills and knowledge to support people living with dementia. The first module had been delivered to most staff with plans in place for the remainder to attend over the next few months.

The manager continues to disseminate this learning opportunity for staff, details of which are included in the service's improvement plan.

This area for improvement is met.

Previous area for improvement 7

To ensure people are confident that staff have sufficient information to support them to meet their outcomes safely, the provider should further develop care plans and reviews.

This should include, but is not limited to, ensuring that:

- a) managers regularly monitor and improve information in plans to ensure a consistently high standard for all people;
- b) appropriate risk assessments and plans to enable risk are in place reflective of people's care identified care needs; and
- c) 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.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 June 2023.

Action taken since then

The manager and senior team had made significant progress to ensure individuals' personal plans were up to date with regular care reviews taking place. Appropriate risk assessments were also updated in line with people's identified care needs.

Whilst there had been progress made, we found issues in some personal plans relating to accuracy of information and a lack of clarity in reviewing people's outcomes. We have summarised these in a new area for improvement which outlines the steps the provider should take.

For further information, please refer to the section: 'How well is our care and support planned'.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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