

DB Effusive Care Ltd Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
7 August 2024

Service provided by:
DB Effusive Care Ltd

Service provider number:
SP2022000110

Service no:
CS2022000155

About the service

At the time of the inspection, DB Effusive Care Ltd provided care at home to adults and children in Edinburgh with its office based in Pilton. The service was offering care and support to 34 people at the time of inspection. The service was registered with the Care Inspectorate on 15 June 2022 and the provider is DB Effusive Care Ltd.

About the inspection

This inspection took place on 1 and 2 August 2024 after 24 hours notice to the service. The inspection was conducted by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered.

We evaluated how well people's health and wellbeing was supported and their personal plans as well as the quality of staffing and management.

To inform our evaluation we:

- spoke with four service users, five relatives/friends and received 12 care service questionnaires
- spoke with ten staff and the manager
- spoke with three professionals working with the service
- observed how well care staff supported people
- visited the office to see how it was run
- reviewed documents and electronic records.

Key messages

- People were satisfied with the quality of the care and support received.
- Staff interacted warmly and respectfully with people.
- Most people had regular care staff who were on time.
- Managers were accessible and responsive to people experiencing care and staff.
- Personal plans were up to date though needed to focus more on people's outcomes.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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?	3 - Adequate
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 the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

People we spoke to were satisfied with the quality of the care and support received. The staff interactions were warm, kind and patient. People did not feel rushed by staff when being supported. Care and support were carried out in a dignified way with personal preferences respected.

We observed and people told us that staff used gloves and aprons appropriately. Staff cleaned and tidied up after themselves. Medication administration was organised with regular audits by management and appropriate training for staff. This ensured that people experienced safe and effective medication.

People's comments included "individually they treat me well, they are wonderful" and "always ask me what I want, they are very good."

Relatives' comments included "no complaints, they are doing a good job looking after him" and "most of time they are superb."

Professionals' comments included "they did a good job at engaging with him, were committed and professional" and "when there were issues and we needed to review, they wanted to learn and do better."

How good is our leadership?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the leadership and quality assurance.

People considered that managers were accessible and responsive to any issues they raised. Relatives said that "the managers are quite responsive for anything raised and flexible with the rota if we need to make changes due to family plans" and "when I contact the office, they have got back to me right away."

Any incidents were reported with actions on improvements where needed. The service sought feedback from people experiencing support and their relatives through satisfaction surveys, though needed to extend this to staff also. Regular audits were taking place for medication administration, though need to be developed for timing of visits and personal plan writing. The service had an improvement plan which focused on the five areas for improvement that were part of this inspection. This ensures that there is a culture of continuous improvement for people experiencing support.

How good is our staff team?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the staff training and support.

Staff recruitment processes were thorough. Essential staff training had been undertaken. Moving and assisting people training had taken place with a practical element regarding techniques and equipment. However, this practical training was taking place in the homes of people receiving care and not in a training

room. This meant the training could not include all commonly used techniques and equipment. Also, for health and safety reasons, staff cannot assist with moving and transferring people until they have passed the training (see requirement one).

Regular staff supervision sessions and regular staff meetings were held to assist with effective communication. There were regular quality checks by management regarding observing staff competence while working with people. This is to ensure people experienced good quality care and support based on relevant guidance and best practice.

The planning of the care visits was organised and significantly late or missed visits were not an issue. Most people experienced a consistent care team visiting them at home who knew people well. This ensures people benefit from a warm atmosphere because there are good working relationships.

People experiencing care said "she is okay at cooking my lunch, food is quiet reasonable, quite polite too" and "they are keeping the kitchen and bathroom tidy, they are all very nice."

Requirements

1. By 7 November 2024, the provider must ensure that training for moving and assisting people is safe and effective.

In order to achieve this the provider must adhere to the following:

- a) Training for moving and assisting people must have a practical element which includes the commonly used techniques and equipment.
- b) The practical training must take place in a training room and not in people's homes.
- c) Care staff must only assist with moving and transferring people when they have passed the training.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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)

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with personal planning.

People's personal plans detailed each area of care, for example, communication, and had personalised information regarding how best to support someone. However, there needs to be more focus regarding what people consider is important to them and the related outcomes they want to achieve.

Six monthly reviews of personal plans, as required by legislation, were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people as their needs change and to make sure that everyone has the opportunity for their views to be heard.

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 good outcomes for people experiencing care, the manager should ensure that people or their representatives are consulted to ensure times and duration of support visits are agreed and received within a reasonable time frame.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My care and support meets my needs and is right for me' (HSCS 1.19)

This area for improvement was made on 30 January 2023.

Action taken since then

People experiencing care were aware of the times and durations of support visits before the care visits had begun. This information was included in the personal plans and people had received a paper copy of this, which was kept in the service's care folder in their homes.

This area for improvement has been met.

Previous area for improvement 2

To ensure good outcomes for people experiencing support, the manager should ensure that the complaints policies and procedures are fully implemented and complied with. This should include, but is not limited to, ensuring appropriate records are kept to detail concerns raised and actions taken.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This area for improvement was made on 30 January 2023.

Action taken since then

The complaint policy was being effectively implemented and appropriate records were being kept. Complaints had been investigated promptly and thoroughly. There were apologies where necessary and appropriate actions undertaken to resolve the complaints and improve practice.

This area for improvement has been met.

Previous area for improvement 3

To support good outcomes for people experiencing care, the manager should ensure that appropriate daily notes and communication records are kept to detail the support provided at each visit and any communication which has taken place. This should include, but is not limited to, ensuring records of contact with people involved in people's support.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 30 January 2023.

Action taken since then

Daily care notes had enough detail and were personalised. These were written in good English with appropriate language being used. Communications with relatives and professionals involved in people's support was being recorded. People considered that managers were accessible and responsive to any issues they raised.

This area for improvement has been met.

Previous area for improvement 4

To ensure good outcomes for people experiencing support, the manager should ensure that people's needs have been assessed and care and support plans are implemented. This should include, but is not limited to, ensuring care and support plans detail how people's needs will be met and staff are able to access these.

This is to ensure care and support is consistent with the Health and Social Care Standards, 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 30 January 2023.

Action taken since then

People's personal plans detailed each area of care, for example, communication, and had up to date personalised information regarding how best to support someone. However, there needed to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. Staff were able to access the personal plans from the service's care folder in people's homes and through their mobile phones using a secure electronic system.

This area for improvement has been met.

Previous area for improvement 5

To ensure that people are provided with safe care, the provider should improve how they complete and document the recruitment of staff. This should include, but is not limited to:

- a) ensuring that recruitment and selection policy is followed and two suitable references are obtained for staff
- b) where there is a delay in receiving references and/or PVG during the recruitment process, a risk assessment be undertaken and control measures detailed and implemented.
- c) ensuring appropriate records retained and accessible.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 26 January 2024.

Action taken since then

Safer staff recruitment processes were being followed including the necessary checks for overseas staff. Staff files had appropriate records and were well organised. Two suitable references were being obtained for staff. If there was a delay in receiving the criminal convictions check (Protecting Vulnerable Groups Scheme), new staff would not undertake any lone working and the service would conduct its own risk assessment.

This area for improvement has been met.

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
1.1 People experience compassion, dignity and respect	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?	3 - Adequate
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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