

# MM Housing Support Service

## Housing Support Service

Mitchell and Murdoch Care Ltd  
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**Type of inspection:**  
Unannounced

**Completed on:**  
11 December 2024

**Service provided by:**  
Mitchell & Murdoch Care Ltd

**Service provider number:**  
SP2021000074

**Service no:**  
CS2024000095

## About the service

MM Support and MM Housing Support are part of private company Mitchell and Murdoch. The service was registered in June 2021 to provide care at home and housing support and currently provides this across a wide geographical area, with 4 different staff teams based in Dundee, Perth, Fife and Aberdeen. Each team has a manager that leads the service, however the service has one registered manager based in Dundee.

At the time of inspection Dundee was delivering 836 hours to 55 people, Perth 846 to 58 people, Fife 80 hours to 13 people and Aberdeen 57 hours to 18 people

As the service has grown the provider has submitted an application to divide the registration into 3 distinct geographical areas.

## About the inspection

This was an unannounced which took place on 26, 27 and 28 November and the 5th, 6th and 9th December. The inspection was carried out by two inspectors 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:

- visited 9 people using the service and 4 of their family and spoke to 7 people on the telephone
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- reviewed survey responses from 16 staff and 5 visiting professionals.

## Key messages

- Staff were good at developing meaningful relationships with people.
- Generally people had positive experiences of using the service, however some people using the service had varying experiences of the consistency and continuity of staff.
- The provider had a strong emphasis on training their staff and this meant people were supported by skilled staff.
- Future care planning should be developed to accurately reflect people's support needs and wishes.

## 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?	3 - Adequate
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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people using the service.

People were involved in making decisions about their care and support as staff took time to offer choice throughout the care visit. People were supported at a pace that suited them and this enabled them to participate and make their views known. People were supported with their preferences with eating and drinking. Staff took time to have social interactions with people while delivering care. We heard how much they appreciated being asked if anything else was needed on their visit once the planned care was completed. We observed warm interactions, particularly when people were being supported by their regular carers and it was clear that people had developed encouraging and positive relationships.

People should feel confident in their care because they know who is coming to provide them with care and support. The service provided people with the plans for care on a weekly basis and it was positive to hear that people could rely on the scheduled times for care. However, we heard that, for some people, the staff member who was delivering the care was often changed. Some people told us that they were not concerned that they had not had consistent staff as, 'all the carers I've had were all good.' However, this was not everyone's experience. People expressed frustration at the lack of consistency, as it meant they had to get to know many different people and keep explaining what they needed and where everything was. The provider was aware of these issues and was taking steps to build the staff team in order to provide greater consistency across the service.

People were supported to have as much control over their medication and people were supported to have independence with this. Effective systems were in place to monitor people's medication. Staff we observed supporting people with medications followed the organisations process and ensured relevant information was recorded in the persons care plan following this. Staff had been trained and understood their role in providing the appropriate level of support to the individual. This meant we could be assured that people received their medication as prescribed and this supported their health and wellbeing.

## How good is our leadership?

3 - Adequate

Quality assurance should be led well. We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The provider had implemented a range of quality assurance self-evaluation tools based on the Care Inspectorate's Quality Framework in order to support service provision. There was some variation in the depth of information these provided, depending on who had completed them. The provider should consider how to ensure self-evaluations meaningfully contribute to improvements across the whole service.

It was positive to see that each geographical area had its own service improvement plan that was updated and used on an ongoing basis. We noted that improvement plans had identified the need to improve review documentation and steps had been taken towards this. The review documentation should be further developed to ensure the person's voice and experiences of the service are included and these views contribute to changes and improvements in the service.

We heard that the leaders of each geographical area met with the provider on a weekly basis and this helped to ensure that the service was responsive and changes or improvements in service delivery could be discussed and implemented in a timely manner.

Incidents and accidents were being recorded, however there appeared to be a lack of effective oversight of these. This meant that there were missed opportunities to evaluate people's experiences and implement improvements in people's outcomes. Improvements were required to the recording, reporting and escalation of incidents to the Care Inspectorate. We recognised that this was in part due to the current structure of the service, however the registered manager of the service must have effective oversight of all elements of the registered service. The provider began to address this concern over the course of the inspection. We have made a requirement to support this. (See Requirement 1).

## Requirements

1. By 31 March 2025, the Provider must ensure that all relevant accidents and incidents are notified to the Care Inspectorate.

a) Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).

b) All relevant staff responsible for providing such notifications must have their knowledge of 'Records that all registered services (except childminding) must keep' and 'guidance on notification reporting (February 2012, Care Inspectorate)' evaluated to ensure compliance.

This is in order to comply with SSI 2011/28 Regulation 4(1) (a) (b)

## How good is our staff team?

**4 - Good**

Staffing arrangements should be right and staff should work well together. We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people using the service.

People using the service benefitted from a warm atmosphere because there are good working relationships. One person said, 'the staff go above and beyond and do all they can to make me feel comfortable.' Another said, 'I don't have any problems with any of them. They are all good and respectful. It's made such a difference.'

It was positive to see that the service strived to match staff with individuals where possible. Profiles with photos and interests of staff providing support were included in the folders kept in people's homes. This provided an opportunity for people and their families to get to know staff. Where people had a regular rota of staff supporting them, it was evident that staff had built positive relationships with people.

Scheduling of care was working well in areas where there was a consistent staff team. The electronic system that managed scheduling calculated travel time between visits and staff and people using the service confirmed that this worked well.

Staff were motivated and told us that they felt supported at work and that their induction and training had prepared them for their role. The provider had put in place a comprehensive training programme which included robust medication training.

We heard that there were some challenges in certain areas where there had been issues with the recruitment and retention of staff. We recognise this is an issue across health and social care in Scotland. The provider shared examples of how they had managed to build the team in Perth after similar issues. We asked them to consider how the learning from this could be applied in other areas, to ensure people across the service experienced positive outcomes.

## How well is our care and support planned?

4 - Good

Assessment and personal planning should reflect people's outcomes and wishes. We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people using the service.

Care and support planning should maximise people's capacity and ability to make choices. Plans contained personalised information and outlined people's individual preferences and wishes. It was positive to see that care plans had recently been updated to include people's identified outcomes. We could see that people were involved in planning their care during their care visits. We noted that people's involvement was not clearly evident in the reviews we sampled. The service should further develop reviews and documentation in order to support people's meaningful involvement in planning their care.

The service used an electronic care planning system which was updated as people's needs or circumstances changed. We heard examples of how people's care and support had been increased or reduced in response to their identified needs. It was positive to see that the electronic care plan had been printed off and was contained in a folder so that people knew what was in their plan and had access to it in a format that was meaningful to them. QR codes were also contained in these folders which enabled people to access care notes for the past week.

Individual risk assessments were in place to support people's health, safety and wellbeing.

People should be fully involved in decisions about their current and future care and support. Where people had legal documents in place, such as Power of Attorney or Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), information relating to these was not consistently clear throughout their care plans. It's important that if these documents are in place, it is clearly reflected in the care plan and documents/copies of these documents can be found easily by members of the care team. This is to ensure that people who should be involved in decision making on their behalf, are involved and that any interventions are in accordance with the persons needs and wishes.

Future care planning should be further developed, to ensure that people using the service, particularly those who have palliative care needs, have their care needs and wishes supported in the way they want. The provider recognised that this was an area that required further development and agreed to take this forward.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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