

Muirpark Lothians Care and Support Service Housing Support Service

26 Muirpark Drive
Tranent
EH33 2PE

Telephone: 0131 201 2947

Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Care Support Scotland

Service provider number:
SP2004005200

Service no:
CS2003055985

About the service

Care Support Scotland is a voluntary organisation registered to provide housing support and care at home services to adults within their own homes. The Muirpark Lothians Care and Support Service operates across East Lothian and Midlothian. At the time of inspection, 41 people were receiving support.

About the inspection

This was a full inspection which took place between 21 and 23 May 2025. 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 got feedback from 23 people using the service and their representatives
- spoke with and got feedback from 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with and got feedback from visiting professionals.

Key messages

- Strong adult support and protection policy and procedures contributed to safeguarding.
- Interactions between staff and people were warm and individualised.
- The service uses information from audits and incidents to improve the service.
- Support plans were person-centred and promoted independence where possible.

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.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Interactions between staff and people supported were positive. We witnessed several interactions where staff were warm, patient and adopted a person-centred approach to interactions. People who had limited ability to communicate verbally were interacted with in an individualised way according to their communication abilities and preferences. Care and support witnessed was at the pace of individuals and all staff observed had a calmness in their approach. A person who used the service shared "The staff are nice, I feel they do their job whilst respecting boundaries that I have. They have been a good part of me being able to keep this flat the way it is and help me to live alone." Another said "They are always calm and respectful. They never rush me." This showed that people were treated with respect.

A strong adult support and protection policy contributed to safeguarding, with procedures in place to monitor people's finances. Staff were aware of reporting responsibilities with regards to Adult Protection and most staff had recently completed in house face to face training. This promoted safety for people using the service.

People's homes were clean, tidy and personalised with activities accessible for people according to individual interests. Staff were observed encouraging people to participate in cleaning, washing dishes and changing their own beds. This promoted independence for people where possible.

Most people attended activities in outside organisations and were supported by staff from the service to attend these. People were supported to attend educational establishments and trips out in the community were built into people's plans. This highlighted that people were supported to be involved in the local community.

Medication administration charts sampled were legible, easy to understand and signed, with any discrepancies accounted for. A strong medication policy and audit system as well as staff training protected the safety of people supported by the service and promoted wellbeing.

Some people received support with their mobility. We observed staff practice which we found to be safe and within best practice guidelines, however there was a lack of evidence of adequate training to support a consistent standard of care (see "How good is our staff team" section of this report for more information).

People were encouraged to make informed choices about their nutrition in line with their wishes and preferences. The support plans we sampled contained detailed guidance that supported staff to provide a consistent personalised approach. This contributed to people experiencing positive health outcomes.

Accidents, incidents and complaints were being recorded with detailed information within reporting forms. Actions were taken after incidents to reduce the risk of future recurrence, minimizing the risk to people using the service. This meant that people could rely on the service to listen, take appropriate action and make improvements should adverse events occur.

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.

Quality Indicator 2.2 Quality assurance and improvement is led well

The service used learning from incidents and accidents to improve the service. From documentation sampled, actions were taken after such events to avoid recurrence. This highlighted that the service used incidents for quality improvement and to minimise risk to people.

Observed staff practice sessions were recently implemented formally. These sessions were used to identify any training requirements and also to identify staff that could act as positive role models for others. This observation of practice allowed the service to identify any staff requiring additional support and recognise the potential in others.

Staff received regular supervision from an appropriate line manager. Supervision was structured but staff were also given opportunities to have open discussions. The management team requested feedback about meetings, promoting a person centred approach to supervision sessions and using feedback to improve future experiences for staff. This supported staff to feel valued and showed adaptivity.

The service recognised that the standards of record keeping could be improved, particularly with daily written notes. The management team had training planned to support staff to improve their confidence and to share the importance of accurate record keeping. This highlighted that the service was responding to evidence from audits and using this information to improve.

The management team were open and approachable. One visiting professional shared "Service manager was openly reflective on areas for service improvement." Staff told us they felt well supported by the management team. This meant that people's outcomes benefited from a service that worked within a culture of continuous improvement.

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.

Quality Indicator 3.3 Staffing arrangements are right and staff work well together

Recruitment procedures were thorough with relevant pre-employment checks in place prior to new staff starting. Interview questions sampled included a range of questions relevant to the role. This ensured that staff were appropriate for the role and helped to safeguard people using the service.

Staff sampled were registered appropriately with Scottish Social Services Council (SSSC). Staff shared that they received a comprehensive induction programme including e-learning, face to face training and adequate shadowing opportunities. Staff had regular review meetings during induction and probation, during which progress was monitored. From training records, we found that although staff had completed moving and handling training, some staff had not completed a practical moving and handling session. The service shared that they have made arrangements for this to be completed as a priority. This would mean that people could have greater confidence in their staff because they would be fully trained, competent and skilled, able to reflect on their practice and follow their professional codes.

From supervision documentation sampled, staff performance was quality assured and results from audits and incidents were shared with staff to improve future practice. Learning and development needs were discussed during supervision as well as a discussion about staff wellbeing. Staff shared that they felt able to share opinions and concerns during supervision sessions. This meant that people benefited from a service that was invested in continually developing staff practice.

Team meetings were used as an opportunity to share changes, learn from audits and incidents and bring staff together. Staff were given opportunities to share their opinion and minutes were made available for staff to review. During inspection we found that the quality of documentation and care notes could be improved. Meeting minutes revealed that the management team had recognised this, discussed this with staff and were in the process of supporting staff to improve their record keeping. This showed that when a learning need was identified, staff were supported to improve.

Staffing was consistent, with regular staff working with people using the service. Although agency staff were being used, a member of staff from the service was available for support. This promoted continuity for people using the service and allowed people to develop good relationships with staff.

One professional shared "My client has had a consistent staff team for many years. This has not only resulted in good client-staff working relationship but also staff have a good understanding of the needs of my client".

Areas for improvement

1. 1. To increase people's confidence that moving and handling techniques are safe and effective, the service should ensure that staff have competence based practical moving and handling training where appropriate for people's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HCSC) which state that:

"Any treatment or intervention that I experience is safe and effective" (HCSC 1.24).

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.

Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Information contained within support plans was detailed, with daily routines clearly laid out. The quality of information within support plans meant that new or agency staff were able to quickly identify support requirements for any given shift.

Support plans included information about likes, dislikes and what support was required to enable people to participate in preferred activities and social events. Support plans sampled also included the importance of maintaining connections with friends and relatives. This promoted wellbeing for people and encouraged meaningful connection.

Risk assessments for some people could be improved, in particular risk assessments around mobility and falls risk. Use of risk assessments for those who require support with finances would help to safeguard individuals.

Support plans sampled were written in a person centred format and included information about what people were able to do for themselves. Consent was discussed, with phrases such as "ask permission" and "choose" frequently used. This maximised people's capacity, promoted choice and maintained independence where possible.

Relatives were encouraged to participate in support plan reviews where possible, and these were updated regularly in most cases. Some risk assessment reviews would benefit from being updated more frequently, or when changes occur. Many daily note entries were brief and could be written in a more person-centred way. Details about daily meals, fluid intake and other support provided would help the service to monitor daily needs and recognise deterioration or change quickly. This would mean that the service could adapt to changes in people's health and care needs, ensuring the right level of support is provided at the right time.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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