

Medd Care Services Ltd Support Service

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Type of inspection:
Unannounced

Completed on:
10 June 2025

Service provided by:
Medd Care Services Ltd

Service provider number:
SP2023000144

Service no:
CS2023000221

About the service

Medd Care Services Ltd. offer care at home support services to older adults. Their office base is currently in Glasgow. The service currently provides support in South Lanarkshire Council areas.

The service was registered in 2023, however, started delivering a service from January 2025. This was the first inspection of the service.

At the time of inspection the service was supporting 20 individuals.

About the inspection

This was an unannounced inspection which took place between 2 June 2025 and 10 June 2025 between the hours 07:00 and 18:00. 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 registration information, information submitted by the service and intelligence gathered. This was the first inspection of the service since registration.

In making our evaluations of the service we:

- spoke with eight people using the service and five of their family members
- spoke with eight staff and management
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents.

Key messages

- People's health and wellbeing benefitted from effective assessment of their needs.
- A person centred and flexible approach ensured people were supported in a way that suited them.
- People receiving care and support told us they were happy with the service.
- The service was well led by a responsive manager.
- Enhancing existing quality assurance systems would support the ongoing development of the service.
- The staff team worked well together.

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us "We (family supported) couldn't do without them (the staff), they are kind and caring people".

Overall, people told us that they were supported by a consistent staff team who knew them well. One person told us "They arrive when expected and are often singing when they enter the house in the morning". We received some comments regarding not knowing who would be providing support on a day to day basis. One person told us "I don't receive a schedule of visits, some staff will write down when they will be attending for the rest of that week. The service was planning to expand the electronic care plan system which would include an electronic overview of schedules, however, we asked the service to establish a system in the shorter term. **(see area for improvement one)**.

Staff responded to changes in health care needs and liaised with external health professionals. This included community nurses, GPs and local falls teams. This helped to keep people well. We received positive comments from an external professional. Staff managed unexpected situations well. We heard examples of staff reporting concerns for individuals, resulting in changes to planned visits, to offer additional support. One family member commented "after a fall, the staff waited for 2 hours for the ambulance to arrive and as a family we were very appreciative of this". This helped to keep people well.

Staff supported individuals to prepare meals. The service had received mixed feedback regarding staff practice in this area. The service had identified this prior to the inspection and had worked with the staff team to make improvements. We received mixed feedback regarding communication challenges faced by some staff. The service planned to monitor this as part of their ongoing development.

Medication was managed effectively to support people to take the right medication at the right time. Staff followed medication protocols to respond to individuals needs. The staff completed paper records during support visits with a further electronic view for the management team. This was monitored to ensure that medication had been administered as expected. This helped to keep people well.

Areas for improvement

1. The service provider should ensure that there is a system in place to inform individuals experiencing care who will provide their care and support on a day-to-day basis.

This is to ensure that care and support is consistent with Health and Social Care Standard 3.11: "I know who provides my care and support on a day-to-day basis and what they are expected to do. If possible, I can have a say on who provides my care and support."

How good is our leadership?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Overall, individuals spoke positively regarding the communication from the management and office team. One person told us "they are approachable and I always receive a response to my query", whilst a member of staff commented "they are helpful and listen to us, the introduction of the company car has made a significant difference for us and people". This helped to make people feel valued.

People should benefit from a culture of continuous improvement. A range of routine quality checks had been completed, including medication, personal planning, record keeping, infection control, staff practice and health and safety. The service completed appropriate action plans where required. This allowed monitoring of the improvements being implemented. We asked the service to develop an audit schedule to ensure audits were completed within an appropriate timescale. The service had commenced a self-evaluation of the service. We asked that staff, individuals supported and their families be included to strengthen the self evaluation process.

The service routinely sought feedback from individuals. We could see that this was used to make changes in the service when required. We asked that this be reflected in the service improvement plan. This would further demonstrate that the service was responsive to individual feedback.

An electronic system was used to record and monitor accidents and incidents. A lesson learned approach to ensure learning was taken from unplanned incidents was in place. We saw that the service took appropriate steps and communicated with external professionals following adverse events.

An appropriate complaint policy and procedure was in place. This system allowed the management team to evidence what actions had been taken in response to complaints or concerns.

How good is our staff team?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Individuals and their families confirmed that staff made a positive impact during care delivery. One person told us "staff have a good caring ethos behind them, this gives us reassurance as a family".

Feedback indicated that the staff team felt that they worked well together and offered each other support. An electronic chat was used to access support from peers and management. Team meetings had been introduced. This gave staff the opportunity to meet each other and discuss relevant updates. We asked the service to introduce a routine schedule of these. This would allow staff to plan for the future.

The staff team engaged with the training provided. Staff practice was assessed using observed practice and unannounced spot checks. These were carried out in relation to infection control, communication, moving and handling, interactions and health and safety. Where needed, appropriate guidance had been provided for the staff member. This helped to ensure that staff worked consistently to a good standard.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff confirmed that they had been afforded the opportunity to shadow more experienced staff. This helped them to get to know individuals and the expectations of the service.

It is important for staff to have protected time with their line manager. This ensures staff and managers have the time and space to share what is working well and what could be improved. The service had completed some formal supervisions, however these had fallen behind. We asked the manager to introduce a more structured approach to the supervision process.

(see area for improvement one).

Areas for improvement

1. The provider should ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "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).

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experiences.

Personal plans helped to direct staff about people's support needs and their choices and wishes. Overall, personal plans were written in a person-led way and involved those supported by the service and those closest to them. This had resulted in clear personal plans which included individuals' wishes and preferences. However, we shared some instances where the information could be more person-centred. Enhanced quality assurance in this area would improve the person-centred information. The service had introduced "one page profiles" in the short term which gave staff a sense of what was important to the individual that they were supporting.

Personal plans were informed by a range of risk assessments. Guidance was available for staff regarding life histories and what support individuals were assessed as requiring. This helped to keep people well. Staff could access the support plans prior to attending individual homes ensuring they were informed of the support individuals needed.

The service used a blended approach to record care delivered and what this meant for individuals. Staff documented this in paper diaries at the person's home and again on the electronic system. This had resulted in more basic entries on the paper records with much more detailed accounts on the electronic system. The service was working with the provider of the electronic system to streamline recording. Planned improvements included a "portal" for individuals and their families to provide individuals with more detailed accounts of their care arrangements.

An effective system to plan and monitor care reviews gave those accessing the service and those closest to them the opportunity to be involved in evaluating their care and support.

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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