

Key Community Supports - Dunbartonshire Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 31 January 2017

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Care service number:
CS2004073245

About the service

Key Community Supports is a registered charity, managed by a voluntary committee, which provides services for people with learning difficulties in a variety of community settings across Scotland. The organisation provides a range of housing support, care at home and residential care services in over 50 locations throughout the country.

This service is registered to provide housing support services to adults with learning disabilities living in their own homes within East and West Dunbartonshire. Support is provided by five staff teams. Staff support is available to service users, where identified, over a 24 hour period. Some people who use the service have moved from long stay hospital or residential care provision while others have previously lived with their families. Staff provide support to individuals based on an assessment of need and what people want. Support varies from a small number of hours a week to twenty-four hour care.

The service is managed by an area manager, (the registered manager), and local service managers. They are responsible for a number of team leaders and support workers in a service area.

What people told us

For this inspection, we spoke individually with 22 individuals using the service. We also received 20 completed care standard questionnaires.

From the responses we received we were advised that all were either very happy or happy with the quality of care and support provided.

From individual discussions with service users we were told that staff made service users feel very safe and comfortable in their company and that the care and support delivered is centred solely on their own individual needs.

Those using the service were very confident in the staffs knowledge and skills.

Service users commented that they felt the staff allocated to their care package had a great degree of knowledge about them and as a result of this, confidence in the staffs ability to do their job appropriately was very high.

Comments from those we spoke with included:

"The support staff assigned to support my sister have really strived to respect the needs and wishes of my sister."

"I am happy here"

"As a guardian I have to watch the service myself, I do find sometimes having to bring problems myself to the carers attention, perhaps not all carers read the personal plans"

"Any problems that come up are usually sorted out by having meetings/consultations with the staff and managers"

"We are absolutely thrilled by the service we receive from KCS. XXX knows everyone by name and looks forward to seeing everyone"

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. The provider identified what it thought the service did well and gave examples of improvements in a number of areas.

The self-assessment clearly identified some key areas that the provider believed can be improved and showed how the service intended to do this. The provider told us how the people who used the care service had taken part in the self-assessment process and how their feedback directed the development of their plans for improving the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

During our inspection of this service we visited a number of locations including Alexandria, Milngavie, Dalmuir and Kirkintilloch.

We noted a range of findings within these locations demonstrating the good supports delivered by the service while also highlighting inconsistencies which we will describe in detail.

During the examination of care plans we discovered some good examples of specific strategies and routines used by the service staff to provide effect person centred supports which allow service user to feel both engaged with and in control of their own supports.

Mini support plans introduced within one service location have been effective in ensuring staff have 'at a glance' information readily available in order to provide efficient, person centred supports.

The information sampled within these mini plans was up to date and worked well alongside the original, more detailed plans. Within the original plans we found that documents such as hospital passports were also well presented in this location.

Some of the supports being delivered within the housing support side of this service consisted of very short bursts of time spent with service users. These smaller care packages were well reflected in some of the care plans we examined across specific areas of the service. Where there was no requirement for large pieces of documentation to be held, concise and well presented support plans were more appropriate and have been developed to ensure that the supports necessary are detailed in a professional manner.

Further examination of care plans demonstrated a number of issues where improvement is required in a timely fashion.

We noted that many working care plans are out of date by a considerable amount of time, in some places this was by three or four years. Different locations are routinely using different care and support plan templates when we would expect to see a level of consistency which stretches across the whole service. Care plans were found to have scribbled additions, entered over time but without much in the way of context to explain the changes. In such cases it would be very difficult for members of staff to be able to understand the changes being made without a detailed amount of information being presented to ensure understanding.

Risk assessments examined were lacking in the sort of control measures that would fully explain to the reader of the work done in preparation and with the service user to ensure their continued safety. (Requirement 1)

Further improvement is required in evidencing the involvement of individuals in the development of their financial support plans and a lack of regular reviews taking place across the service.

Where reviews have taken place we have noted that the minutes taken give the reader very little evidence of what has been discussed, who was present at the meeting and what, if any, outcomes or action plans came as a result of the review. (see further details within requirement 2)

Day to day care and support of service users has been disrupted within the service due to the low staffing numbers available to provide the support. The service has used a number of agency staff over the course of the past year, (which is not immediately a negative aspect to the service) however after speaking to service users and staff members we have been informed that some agency staff have been expected to provide all types of support on occasions where they not spent any time with the individuals to ensure familiarity. This has been confirmed by various members of the management team within the service.

Coupled with the earlier issue of care plans not being fully updated to provide all necessary details to the staff involved, we are concerned about the potential for harm in such circumstances. (Requirement 3)

There was no evidence of a service wide approach to ensuring regular quality checks are conducted on care plans. The lack of such an approach results in the wide inconsistencies that we have found and which has ultimately had a detrimental affect on the standard of these documents. We will make further comment on this within the management and leadership section.

Requirements

Number of requirements: 3

1. Service users must have documented personal support plans which incorporate full and current details of their relevant individual health and welfare needs and of how these are to be met by the service.

In order to achieve this, the service provider must ensure that:

- (i) Assessments of the relevant needs of each service user are consistently undertaken and documented.
- (ii) Detailed individual care plans are developed, implemented and documented for each service user, in consultation with the service user and their personal and professional representatives as appropriate, in respect of any relevant identified needs.
- (iii) Detailed individual risk assessments are developed, implemented and documented, in consultation with service users and their personal and professional representatives as appropriate, in respect of any potential risks

inherent to the provision of agreed care and support.

(iv) Personal plans are regularly reviewed with service users, and/or their representatives as appropriate, to evaluate how accurately the plans reflect the needs of service users and how well the service is meeting these needs.

(v) All staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.

This is in order to comply with:

SSI 2002/114 Regulation 4(1)(a) – to make proper provision for the health and welfare of service users.

SSI 2002/114 Regulation 5(1) – to record how the health and welfare needs of service users are to be met.

Timescale for implementation: To start on receipt of the final inspection report and be completed within eight weeks.

2. The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users.

In order to achieve this:

– all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Timescale: To start on receipt of the final inspection report and be completed within eight weeks.

3. The provider must demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this the provider must:

* ensure that at all times suitably qualified , skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. – (1) A provider must – (a) make proper provision for the health, welfare and safety of residents. And regulation 15(a) – requirement about staffing.

Timescale: To start on receipt of the final inspection report and be completed within eight weeks.

Recommendations

Number of recommendations: 1

1. The link between what was discussed at The (National) Advisory Group, (TAG), and other service user forums and how this is applied in day-to-day practice in the service should be made clear. It would help if an action plan was put in place to take forward ideas, suggestions and comments from service users, carers and other stakeholders after each participation activity. The action plan should include the outcomes for service users that the service would wish to achieve.

Such an action plan could also detail the how the views and feedback from service users about the overall quality of staff and management, led to changes at a local level and informed the service's improvement agenda.

NCS 3 Housing Support Services - Management and Staffing Arrangements

NCS 8 Housing Support Services - Expressing Your Views

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

During the inspection we met with and spoke 24 members of staff. This included support workers, enhanced support workers, team leaders and local service managers.

Comments from staff included:

"The biggest problem we have is the lack of staffing at the minute"

"We have such a nice atmosphere within this service, since coming here last November it is the happiest I've been in my 12 years with Key"

"The service had been a little chaotic when I arrived here"

"Morale is slowly improving as more staff come on board"

"The lack of staffing here is very stressful, I think there is too much pressure on the existing staff"

Staff we spoke with were generally knowledgeable with regards to Key's whistleblowing policy and procedures and indeed were aware of the reason why such procedures were valuable in ensuring the safety of all stakeholders.

Staff also aware of the issues raised in Recommendation 2 from the previous inspection and were able to identify how Keys to Life, Winterbourne and various strategies have affected their practice and how they will develop their continued professional development to ensure they continue to grow in their roles.

Throughout our inspection we observed the interactions between service users and their support staff in a number of scenarios, one on one informal chats, group exercises and visits from service users to their nearest

office base.

We noted that service users always appeared very comfortable with their allocated staff and that a sense of familiarity and trust had been developed over time.

Staff advised that they felt well equipped in their roles to discharge their responsibilities.

Upon examination we could see a range of training courses available to staff. Those we spoke with advised that they felt the training provided was suited to the needs of the people being supported.

As with other issues within the service we found an inconsistency in the way staff are supported across the various locations.

We examined 18 staff files finding the levels of supervision offered and subsequently provided to be not in keeping with the standard expected by the organisation. Recommendation 4 from last years report called for staff to be given the chance to participate in formal sessions across the service. We have found that this has not been the case across all areas with an acceptance from staff and management that the levels provided have not been good enough.

The staff in the service do recognise that the doors of the management team are always open for informal discussions whenever necessary and while this is laudable, all staff must the chance for regularly scheduled and protected time with their line manager to discuss a range of topics, including their professional development and the progress made in their areas of responsibility, including the updating of care plans for key workers. This recommendation from last year has been repeated.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The management team should ensure that all staff have the opportunity to fully participate in supervision and appraisal at a frequency that is in line with the provider's own policies and procedures. Supervision sessions should also take account of and record staff learning and development needs including how these will be addressed.

NCS 3 Housing Support Services - Management and Staffing Arrangements

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We found systems of quality assurance within some areas of the service, demonstrating a willingness to improve and to ensure that the best possible outcomes are achieved for all stakeholders.

We examined financial and medical checks and noted some good examples of the types of checks that can be completed and how they can help to safeguard service users health issues and financial matters.

We could see that a range of staff are involved in some of these systems. This benefits the service as it allows all to have an understanding of what it takes to produce quality outcomes and take a degree of ownership in maintaining standards set.

While we will compliment the service on some areas of their quality assurance, we also have a responsibility to point out the serious concerns we have and the areas in which they must work to improve.

In some locations we noted financial and medical checks being either blank or incomplete for months on end, in some cases going back to January 2016.

Team leader checks were sampled and found to again either be incomplete or having not been audited (as stated in the guidance) by the local service manager.

We noted a range of medication errors which had not been communicated to the care inspectorate as per guidance provided to the service and as stated earlier in the report we found that no formal system was in place for the routine auditing of care and support plans.

In a location where a previous serious incident had occurred we found further examples of quality assurance systems (including water temperature checks) to be again either incomplete or in some instances not done at all. As mentioned previously within this report, we are concerned about the potential for harm to service users should this continue. (Requirement 1)

During the inspection fieldwork and at feedback we discussed the benefits to the service if a formally scheduled system of observational monitoring were to be implemented across all service locations.

At present no evidence was produced to demonstrate this type of support being provided to the staff and in turn the service user.

By regularly observing the practice of the staff team while they are engaging in supports of service users, the management team will be able to accurately assess any development/training needs they may have and work accordingly to ensure the consistent improvement of the team.

The feedback gained from these types of observations along with the information contained within an appropriate quality assurance system will allow the development of a service wide improvement plan. Such a document will allow all staff to the work to be done and the progress made over the course of the coming year.

Requirements

Number of requirements: 1

1. Internal quality assurance systems must effectively identify any issues which have a potential negative impact on the health and welfare of service users and ensure these are timeously addressed.

in order to achieve this, the service provider must ensure that:

- (i) Systems for monitoring the quality of service delivery and whether this meets contractual obligations such as reviews and observational monitoring are implemented in accordance with organisational policies.
- (ii) Systems for the monitoring of practice and the support of practice development, such as supervision and appraisal, are implemented in accordance with organisational policies.
- (iii) Systems to monitor whether documentation provides accurate accounts of service provision, quality assurance and is fit for purpose and developed and implemented.
- (iv) All current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective and integral to service provision.
- (v) A service wide development/improvement plan must be made available to show how and when improvements will be made.

This is in order to comply with:

SSI 2002/114 Regulation 4(1)(a) - to make proper provision for the health and welfare of service users.

SSI 2002/114 Regulation 13(a) - to ensure staff are suitably competent

SSI 2002/114 Regulation 19 - to keep relevant records

Timescale for implementation: Within eight weeks of the receipt of this letter.

Recommendations

Number of recommendations: 2

1. The provider should review if there is any adverse impact for staff support and overall operational management of local services resulting from local service managers periodically and teams leaders routinely being scheduled to provide direct care and support. This review should consider the number of hours senior staff are providing direct support and the benefits/disadvantages of this.

NCS 3 Housing Support Services - Management and Staffing Arrangements

2. The management team should review how they evidence that care plans are regularly monitored.

NCS 3 Housing Support Services - Management and Staffing Arrangements

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The link between what was discussed at The (National) Advisory Group, (TAG), and other service user forums and how this is applied in day-to-day practice in the service should be made clear. It would help if an action plan was put in place to take forward ideas, suggestions and comments from service users, carers and other stakeholders after each participation activity. The action plan should include the outcomes for service users that the service would wish to achieve.

Such an action plan could also detail the how the views and feedback from service users about the overall quality of staff and management, led to changes at a local level and informed the service's improvement agenda.

NCS 3 Housing Support Services - Management and Staffing Arrangements
NCS 8 Housing Support Services - Expressing Your Views

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

While we can see that progressive work is being done within the TAG group meetings and service users are indeed being able to make contributions with regards to their on-going involvement in activities, we were not provided with action plans which come from these meetings or a subsequent service improvement plan. We will continue this recommendation and examine the progress made at the next inspection.

Recommendation 2

The management team should continue to identify action points that the service can take forward from the Scottish government's document 'Keys to life'. All staff should have a clear understanding of the key recommendations from The Keys to Life report, the Winterbourne View report and the local autism strategy, (referred to in Keys to Life). Staff should be encouraged to consider the relevance of how these reports and strategies apply to their own practice.

NCS 3 Housing Support Services - Management and Staffing Arrangements

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

See information presented within the body of the report under the heading Quality of Staffing. This recommendation has been met.

Recommendation 3

The provider should explore further the reasons why any staff member would disagree that staff treat people who use the service with respect. Staff should be reminded about the organisation's whistleblowing policy and procedures so that staff know what to do should they be concerned about poor or inappropriate staff practice.

Consideration should be given to seeking more current views from staff about their experience of working in the service.

NCS 3 Housing Support Services - Management and Staffing Arrangements

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

See information presented within the body of the report under the heading Quality of Staffing. This recommendation has been met.

Recommendation 4

The management team should ensure that all staff have the opportunity to fully participate in supervision and appraisal at a frequency that is in line with the provider's own policies and procedures. Supervision sessions should also take account of and record staff learning and development needs including how these will be addressed.

NCS 3 Housing Support Services - Management and Staffing Arrangements

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

See information presented within the body of the report under the heading Quality of Staffing. This recommendation has not been met and is therefore continued.

Recommendation 5

The provider should review if there is any adverse impact for staff support and overall operational management of local services resulting from local service managers periodically and teams leaders routinely being scheduled to provide direct care and support. This review should consider the number of hours senior staff are providing direct support and the benefits/disadvantages of this.

NCS 3 Housing Support Services - Management and Staffing Arrangements

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

During the inspection we noted and were informed that senior staff are indeed still responsible for providing direct care on a fairly regular basis. While we appreciate that the supports they are providing are essential to the continued delivery of contracted services, however in doing so the managers are often unable to conclude the other parts of their roles, the prime example of this would be the quality assurance systems which we have referred to earlier in the report.

This recommendation has not yet been made and therefore is continued.

Recommendation 6

The management team should review how they evidence that care plans are regularly monitored.

NCS 3 Housing Support Services - Management and Staffing Arrangements

This recommendation was made on 23 March 2016.

Action taken on previous recommendation

We have referred to this recommendation within the main body of the report under the heading of Quality of Management and Leadership.

The recommendation has not been met and is therefore continued.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
23 Mar 2016	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Jan 2015	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
3 Feb 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Mar 2013	Re-grade	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
31 Oct 2012	Announced (short notice)	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
20 Dec 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
20 Jan 2011	Announced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
11 Mar 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
31 Mar 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good

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