

Ark Borders East Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 23 February 2018

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Care service number:
CS2005098942

About the service

Ark Housing Association provides both Care at Home and Housing Support to adults with learning disabilities, physical disabilities or mental health problems. This service is provided across the eastern part of the Scottish Borders with staff based in Kelso and Hawick.

The service includes a 'short breaks' scheme where people are supported in a variety of rented/holiday accommodation.

Information provided by Ark states that service users will: -"Have choice and control over their own life, develop new friendships and relationships, develop skills and contribute to their community and do things valued by others in the community."

What people told us

We considered information provided from 17 completed Care Standards Questionnaires. The Care Inspectorate routinely issues these for completion by service users and their families prior to inspection. We also spoke directly with four service users and three family representatives during inspection.

The feed back we received was mixed. We heard from some people who staff were caring, dedicated and worked effectively. They valued staff insight into the needs of their loved ones and said that they were kept informed of any significant events relating to their care and support.

However, we were also heard that some staff sometimes lacked initiative, were less than conscientious in delivering support and didn't maintain the standards of professionalism expected of a support worker.

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These Standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these.

We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We saw some positive developments since our last inspection, including the introduction of "hospital passports". These documents contained key information for use in event of service user admission to hospital.

We looked at care plans and risk assessments and found that documentation wasn't always being maintained/updated. This meant we were unsure if support plans were still relevant to the care and current needs of the people using the service. There were also gaps in the service review history for some people.

Support plans and risk assessments for people with complex needs sometimes lacked the detailed information needed to ensure that staff understood their care requirements. The service must, where appropriate, consult relevant professionals whilst drafting these plans and seek their guidance whilst reviewing them.

One service user we met had experienced profound changes in their presentation. This necessitated significant changes in the way their support was delivered. The changes were not adequately reflected in their care planning documentation, albeit that our observations of staff practice demonstrated that they understood how to work with the person in question.

We made a requirement covering care plans, risk assessments and service reviews.

Although Ark have introduced a form which recorded contacts with key professionals, this wasn't always being completed. In order to ensure that people have had access to services essential to maintaining positive well-being, Ark should evidence attendance at appointments, indicating any actions or outcomes arising from them. This was an area for development at our last inspection. We made a recommendation which addresses this issue.

Ark have not always been able to meet the commissioned levels of service provision for all the supported people. This issue was upheld in a complaint investigated internally by the provider. The issue was also raised as a concern during inspection and the registered manager acknowledged that it remained a challenge for the service. We made a requirement which addresses this and also request that the service maintain a log of dates/times when they were unable to deliver support as per support agreement.

Further issues relevant to this Quality Theme are discussed in The Management and Leadership Quality Theme of this report.

Requirements

Number of requirements: 2

1. The provider must demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this the provider must ensure:

- Documentation and records are accurate, sufficiently detailed and reflect the care planned or provided;
- They demonstrate that managers are involved in monitoring and the audit of all files.

- 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.
- 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.
- Personal plans are reviewed with service users, and/or their representatives at a minimum of six monthly intervals, evaluating how accurately the plans reflect the needs of service users and how well the service is meeting these needs.
- 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: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans & regulation 9(2)(b) requirement about fitness of employees & regulation 15(b)(i) requirement about training.

Timescale for implementation: To commence on receipt of this report and to continue on an on-going basis.

2. The Provider must ensure that the service is provided as commissioned, at the agreed times, and in such a way that meets the identified needs of the service user as recorded in the agreed support agreement and personal plan.

A log should be maintained, indicating any failure to provide support as agreed.

This is in order to comply with The Social Care and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 210, Regulation 3, a Regulation relating to the main principles to be promoted by providers and services and Regulation 4(1)(a) a Regulation regarding the welfare of service users.

In making this requirement account has been taken of the National Care Standards for Care at Home; Standard 4 (6): Management and staffing.

Timescale for implementation: To commence on 21/3/2018 and continue on an on-going basis.

Recommendations

Number of recommendations: 1

1. In order to demonstrate that the provider is facilitating access to health and community based professionals essential to maintaining well-being, the service should ensure that they maintain a record of contacts, indicating the actions and outcomes arising from them.

The National Care Standards-Standard 7-Exercising Your Rights.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We saw good quality service delivery from staff working with a person who presented with complex and changing support needs. From our direct practice observations and from our discussions with support workers, it was evident that staff in this service were both caring and very knowledgeable about the person they worked for. These factors helped them deliver good support outcomes.

We also saw staff engage with other service users, during planned and informal contacts with service users. Again we saw a good standard of interaction. Some of the service users we met and family representatives we spoke with shared positive views on the quality of staff, telling us how much they valued the support provided.

These positive views contrasted strongly with other information we received about some staff practice. We heard assertions that some workers were not conscientious in supporting people to maintain an acceptable standard of personal and domestic hygiene, that they left shifts early, used mobile phones for personal calls during support time and visited the properties of other supported people in order to use their toilet. A number of these matters had been raised previously in a complaint received by Ark during the last inspection year. We were concerned that these issues remained on-going.

We also spoke with management about staff expressing views that did not sit comfortably with the providers ethos around equality and diversity. We also noted that Ark have investigated and upheld a complaint which focussed on staff conduct in the months prior to inspection.

Management advised us that there were plans to facilitate training which would help assist addressing these issues. We suggested that there was scope to use individual and group supervision as a means of exploring values and equality/diversity related themes.

Ark have developed a matrix which allowed management overview of training undertaken. However, there was no significant progress around the provision of additional training which complimented the core learning and refresher training undertaken. We noted that some staff had not undertaken any training for a significant period of time

The provision of additional learning would help develop staff their skills, promote better practice and outcomes for supported people, as well as ensure that all support workers met the training criteria for registration with the Scottish Social Services Council (SSSC). We made a requirement on staff training.

We discuss some of the issues raised around staff conduct in the Management and Leadership Theme of this report.

Requirements

Number of requirements: 1

1. 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.

- ensure that persons employed in the care service receive training appropriate to they are to perform.

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 10(2)(a) - requirement about premises. And regulation 15(a) (bii) - requirement about staffing.

Timescale for improvement: To commence on receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We looked at the service's records of accidents and incidents, comparing them to the notifications they submitted to the Care Inspectorate. We found some events which were not notified in line with regulatory guidance. We also found one significant incident which was neither notified nor recorded in the provider's own incident log.

Notification of accidents and incidents was an area for development at our last inspection of the service. We made a requirement about notifications.

Although staff had been provided with formal supervision, this was not always offered in line with the provider's policy. It is essential that management offer regular supervision to all staff in order to support them and develop good practice. We repeated a recommendation from our last inspection about supervision.

Support workers were responsible for producing and maintaining care plans and related documentation. However, they lacked the training needed to support the production of good quality guidance. Access to relevant training is essential and will help ensure that all staff have the skills needed to produce paperwork which meets a consistently good standard and offers a clear outline of people's support needs and desired outcomes.

Some staff told us they didn't have dedicated time for updating care plans. If these roles are routinely assumed by main grade support workers, the service provider should allocate time for the task and appropriate training.

There was improvement in the way the service managed medication administration and associated records (known as MAR sheets). However, gaps in returning completed MAR sheets to the office meant that management didn't always have an up-to-date overview of the competency of medication administration. Management audits must be carried out timeously in order to ensure that errors are addressed effectively.

Management must also undertake audit of all the care files within the service, including short breaks. Audits should have a quality focus and will help ensure that documentation is present, and of the standard required to support high quality care delivery.

We made a requirement around file audit.

Requesting that all staff record the times when they commence and finish scheduled visits is good practice and should be integrated in to daily progress notes maintained in service user files. Spot checks and observed practice for all staff will help management gain insight into the issues raised and support them to take action where relevant. We made a requirement which addresses this concern.

The provider must look closely at it's on call arrangements. We saw records which showed that staff had struggled to reach management on-call during a number of challenging events. Staff told us that lack of access to management on-call support had caused them considerable anxiety and made them feel unsupported during crisis situations. Access to effective on-call support will provide necessary guidance to staff and help promote good outcomes for people using the service.

The service must consider the way they assess the environment whilst providing short break services. Management must have an overview of environmental risk assessment and evidence that they give consideration as to how they ensure suitability of the people sharing a respite resource, as well as the level of staffing required to ensure effective support outcomes.

All people using short breaks must be fully assessed prior to commencing respite in order to determine their care needs. This assessment will form the basis for fully informed care planning/risk management, generating the kind of detailed support strategies needed to provide safe and effective support outcomes.

We made a requirement which addresses the concerns we had around short breaks service planning.

Areas for improvement we outlined in Quality of Care and Support and Quality of Staffing Themes also apply to this Quality Theme.

Requirements

Number of requirements: 3

1. The Provider must ensure:

- All incidents which are detrimental to the health and welfare of service users are thoroughly investigated in a timely manner.
- Incident reports are completed in a timely manner and where applicable notification reports are sent to the Care Inspectorate.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users.

Timescale for improvement: To commence upon receipt of this report and continue on an on-going basis thereafter.

2. The Provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- Routine and regular management monitoring of the quality of care, support and staff practice must be provided.
- Quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay.
- A service development plan must be made available to show how and when improvements will be made.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

Timescale for improvement: To commence within one month upon receipt of the final inspection report.

3. The provider must demonstrate that the service has systems in place to ensure that the needs of the individual resident using the short breaks service are regularly assessed, monitored and adequately met. In order to do this they must:

- Ensure that premises based risk assessment is undertaken and that management have insight and an overview of the suitability of the resources used to facilitate short breaks.
- Ensure that the service meets, assesses and produces detailed care planning documentation for anyone using the short breaks service.
- Demonstrate that the service have given due consideration to how they match the individuals who share short breaks premises and how they risk assess staffing levels whilst providing this part of the service.

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.

Timescale for improvement: To be completed by 1/5/2018

Recommendations

Number of recommendations: 1

1. In order to ensure staff are supported to discuss and develop their roles and work practice, staff supervision and annual appraisal should be carried out in accordance with the provider's policy and procedures .

This is in order to comply with: The National Care Standards-Housing Support, Standard 3 - Management and Staffing Arrangements.

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must ensure the health and welfare of residents, including those who lack capacity to make decisions about their care and treatment. To do this they must:

- Medication is administered as instructed by the prescriber, and given in line with the resident's lifestyle and recommended guidance.
- A complete, accurate and consistent auditable record of all prescribed medication entering, administered and leaving the service. (where applicable, the audit trail and stock control should be enhanced by recording on the MAR the amount of medication carried forward to the start of each new cycle).
- Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart.

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 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale for improvement: To begin on receipt of this report and to continue on an ongoing basis.

This requirement was made on 9 March 2017.

Action taken on previous requirement

There were systems in place which supported regular audit of medication and we saw improvement in the way staff completed medication administration records and recorded medication stock entering the service.

Not met

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

Previous recommendations

Recommendation 1

The service should ensure that they have access to copies of all legal authorities in place for the people they support, ensuring that they have insight into the specific details of the powers granted.

The Mental Welfare Commission for Scotland: Good Practice Guide-Rights, risks and limits to freedom.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

This remained as area for improvement.

Recommendation 2

In order to ensure staff are supported to discuss and develop their roles and work practice, staff supervision and annual appraisal should be carried out in accordance with the provider's policy and procedures.

This is in order to comply with: The National Care Standards-Housing Support, Standard 3, Management and Staffing Arrangements.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

There was an increase in the provision of supervision, but this was not accessed by all staff in line with the provider policy.

Recommendation 3

The service should ensure that all service users are provided with an agreement which details the times and duration of scheduled support. This should be developed with a handbook which outlines any charges associated with service provision and outlines how to make a complaint to the Care Inspectorate.

The National Care Standards-Housing Support, Standard 1, Informing and Deciding and Standard 2, Your Legal Rights.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

The service user files showed that the service had provided support agreements. They have not been able to produce a service handbook as per recommendation.

Recommendation 4

The service should develop a training matrix which ensures managerial overview of staff training undertaken and when refresher updates are required.

The National Care Standards-Housing Support, Standard 3, Management and Staffing Arrangements.

This recommendation was made on 9 March 2017.

Action taken on previous recommendation

The service have developed a matrix and core refresher training had been provided for most, but not all of the staff team.

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
22 Dec 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
11 Feb 2016	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
19 Feb 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
18 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Dec 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Oct 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Nov 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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