

Key Community Supports - North Lanarkshire Support Service

Unit 7
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Type of inspection: Unannounced
Inspection completed on: 23 April 2018

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Care service number:
CS2004079438

About the service

Key Housing Association Ltd is a registered charity managed by a voluntary committee. It aspires to be a 'values led organisation'. The approach is based on the central ideas of individualisation and social inclusion.'

Key Community Supports - North Lanarkshire provides a care at home support service to adults, young people and children living in their own homes in the local area. Support varies from a small number of hours to 24 hours support.

What people told us

As part of the inspection we met with people who use the service in their own homes and at Key's Coatbridge Office. Some of the people were not able to tell us how they felt about the service however we could see from meeting them at that moment in time they appeared contented and comfortable with their support staff.

People who were able to, told us that they were happy enough and got on well with their staff team. We heard about the activities they participated in and the places they went to, which they enjoyed.

Comments included:-

"I feel lonely sometimes as I live on my own, I would like to be in a relationship and live with someone"

"I am fed up with my neighbour, they always knock on my door when staff are not there"

"I like my staff and get on with them really well"

"I got a job in the office answering the phone two days a week, I enjoy this"

"Staff were amazing, they supported me through a very difficult time"

"Team leaders should communicate the reasons why a staff member is unable to attend for support."

Self assessment

This was not required for this inspection year.

From this inspection we graded this service as:

| | |
|--------------------------------------|---------------|
| Quality of care and support | 5 - Very Good |
| Quality of staffing | not assessed |
| Quality of management and leadership | 5 - Very Good |

What the service does well

We looked at personal plans and could see that they were in the process of changing over to a new format. We examined a sample plan and found this to be much improved in relation to simplicity and capturing the essence of the person. Person centred tools were used to support people's involvement in the process.

We met with people in their own home and in the Coatbridge office. Overall people felt happy with the service and with the staff team who supported them. We observed staff interacting respectfully and with compassion.

We heard and observed how staff were familiar with people and their personal plans. This was particularly demonstrative when people had limited vocal communication.

We noted that relevant Risk Assessments were in place to ensure people's health and safety as much as possible. We saw that medication records were being completed appropriately with limited errors. This contributed to people's wellbeing.

We fed back to the manager that we received Care Inspectorate questionnaires returned by people who used the service and their relatives. These were in the majority positive. We sent out 55 and 13 were returned.

Participation had a strong focus within the service and furthermore as a provider. We looked at the minutes from the Tenants Advisory Group which is a group who has been well established within Key and offers a very good platform for people to put forward their views. As a result people are able to make meaningful decisions in relation to improvement. We also saw minutes presented in a pictorial format which demonstrated a person centred approach.

The service had sought feedback from their partner agencies who were mostly positive about the service provision. One area for development identified was in relation to communication not being consistent at team leader level to the local authority and families.

We looked at the induction process and found it to be an effective following staff feedback. However we did receive one comment from a staff member who felt otherwise and stated he was not suitably equipped with the relevant knowledge and training before supporting people.

All staff had been trained in Adult Support and Protection which had been a previous requirement by the Care Inspectorate. However the service was still catching up with staff who had been absent.

We were told by both people who used the service and staff that the manager had an open door policy and was very approachable. This contributed to a culture of openness and feeling listened to.

What the service could do better

The 'Keys To Life' strategy should be referenced in Support Plans in relation to health, wellbeing and improving people's quality of life. It should be adopted by staff as a live document and be embedded into the culture of the service.

We advised that staff handovers should be utilised to ensure important information pertaining to the service is being communicated and recorded effectively.

All personal plans should reflect up to date information and be reviewed regularly in line with legislation and the provider's own procedures. **(See recommendation 1)**

Person specific training is important to build staff awareness and skills when supporting an individual. We advised the service that this training should include, Autism, Bi-polar, Schizophrenia and Dementia to name but a few. The managers stated that they would be looking to deliver some of this training.

We also suggested communication could be an area of development as this had proven to be a theme throughout the inspection particularly in relation to the communication from the local office. This has mainly

been in relation to tone of voice used and relatives left feeling devalued due to the impersonal conversations they have experienced.

We discussed the need for the managers to reduce the use of agency within the service and to have a clear plan of how they will achieve this through robust advertising and recruitment.

We advised of the need for staff to further develop professional language and be more aware of professional boundaries when operating in their roles. This was in regard to working closely with families and how professionalism must be maintained. **(See recommendation 2)**

We suggested that the service use the system they have in place to plan staff supervisions, appraisals and team meetings throughout the year. This will ensure staff have access to practice development and feedback. **(See recommendation 3)**

Although service audits were being carried out these were not consistent in frequency and some lacked clear follow up actions. This should be improved and vigilance applied particularly around financial audits. **(See recommendation 4)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. All personal plans should be updated and reviewed regularly in line with legislation and the provider's own procedures. This should include risk assessments pertaining to the plan.

National Care Standards 2: I am fully involved in all decisions about my care and support, 2:17

2. All staff should be able to reflect on practice and follow their organisational and professional codes:-

- managers should ensure that all staff understand their professional boundaries when working closely with families

- staff should use professional language when discussing a person's condition or disability to ensure dignity and respect is demonstrated to the individual.

National Care Standards, I have confidence in the people who support and care for me, 3:1, 3:14.

3. Staff supervision should be improved in regard to frequency and in line with the provider's policy. Systems should be further implemented to support the organisation of diaries for supervisions, appraisals and team meetings.

National Care Standards, I have confidence in the organisation providing my care and support, 3:14, 4:19.

4. Improved frequency and vigilance to audits being carried out, particularly in relation to finances such as :-

- receipts for all expenditures
- two staff signatures on all transactions in line with best practice guidelines.
- separation of items on vouchers for clear auditing purposes.
- full names used on all signatures.

National Care Standards 4:, I have confidence in the organisation providing my care and support, 4:19.

Complaints

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

Inspection and grading history

| Date | Type | Gradings |
|-------------|--------------------------|--|
| 12 Jun 2017 | Unannounced | <div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>4 - Good</div> |
| 16 Jun 2016 | Unannounced | <div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and leadership</div> <div>Not assessed</div> |
| 18 Aug 2015 | Unannounced | <div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and leadership</div> <div>4 - Good</div> |
| 16 Sep 2014 | Announced (short notice) | <div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div> |

| Date | Type | Gradings | |
|-------------|-------------|--|---|
| | | | |
| 29 Nov 2012 | Unannounced | Care and support Environment Staffing Management and leadership | 5 - Very good Not assessed 4 - Good 4 - Good |
| 26 Oct 2010 | Announced | Care and support Environment Staffing Management and leadership | 5 - Very good Not assessed Not assessed Not assessed |
| 20 Jan 2010 | Announced | Care and support Environment Staffing Management and leadership | 5 - Very good Not assessed 4 - Good Not assessed |

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