

Community Support Service - Elgin Housing Support Service

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Type of inspection: Unannounced
Inspection completed on: 28 May 2018

Service provided by:
The Moray Council

Service provider number:
SP2003001892

Care service number:
CS2004073504

About the service

The Community Support Service - Elgin is a combined registered service which was providing a care at home and housing support service for adults with learning disabilities and/or mental health problems. The provider of the service was the Moray Council and the service had an office based in the council head quarters. The service was providing services across the Moray area and was operational 24 hours a day.

The key aims of Community Support Service were:

'To provide short term and long term support to assist those we support to build upon their existing life skills while providing the opportunity to promote independence and life choices. The key outcome of which is to provide individuals with the appropriate level of support to continue living in their homes or with their families'.

The service was registered with the Care Inspectorate on 1 April 2011.

What people told us

For this inspection, we gathered people's views in a variety of different ways. The service was asked to hand out the following prior to inspection:

- Twenty five care standards questionnaires for people who experience care from the service. Eight questionnaires were received back.
- Twenty five staff questionnaires. Eight staff responses were received back.

During the inspection we met 11 people who experienced support from the service, so this meant through the course of our inspection we gained the views of 19 people. The views people shared with us were mixed in terms of their experiences. Some people said they were very happy with the service, whereas others felt things could be better. Some of the comments shared with us were:

- 'The service is alright until you try to get hold of staff. Staff sometimes get sent elsewhere, so they change'.
- 'Things are going ok, when staff are here. I'm waiting for a new rota as some of the folk have changed on it'.
- 'I get on fine with my staff'.
- 'The staff are really good'.
- 'I really just want to know who is working with me. There has been some major mix ups'.
- 'The support I get is good. It's really helping with my confidence and I'm getting out more'.

Self assessment

Self-assessments are no longer requested for this type of service. The manager shared with us the team plan which gave an overview of the planned developments and improvements the service was currently working on.

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	3 - Adequate

Quality of care and support

Findings from the inspection

The quality of the care and support people experienced from the service was of an adequate standard.

The provider had implemented a change plan last year which had altered the managerial structure slightly. The provider had not managed to recruit all the necessary posts, which had been having an impact on the service.

People we spoke with told us 'there are a lot of changes in my staff'; 'a lot of the time I don't know who is coming in'; 'I don't get a staff rota'. The service was struggling with day to day shift cover which meant occasionally, that people's care or support had to be changed or cancelled. During the inspection there were a number of telephone calls into the office from people the service supports, asking who was supporting them; we heard times where staff were not able to tell the person who the staff member was. This was because cover was still being arranged, sometimes at very short notice. This was having an impact on people's support or their outcomes and it was clear the service could not continue to organise people's care and support in this way (**see Requirement 1**).

The service was currently looking at how they recorded people's care and support needs, aligning this better to the person's outcomes. Previously there was a requirement made in June 2016 around reviewing written information, like risk assessments or support plans and having regular six monthly review meetings. Records reviewed demonstrated that the service had not taken all the necessary steps to address the previous requirement. The previous requirement will be restated which will appear in the previous format from the last report (**see Requirement 2**). The service had taken steps to proactively address some concerns with external support from other agencies. The managers reported this was helping to review people's outcomes.

People were being supported well around their health and wellbeing needs, and people we spoke to told us about the positive impact their support was having; 'I'm much more confident now, I'm getting out more. They are helping me do more things'.

Requirements

Number of requirements: 2

1. In order to ensure that people experience care and support that is provided in a planned and safe way, the provider must review how they are organising and coordinating staff by 28 November 2018. To do this, the provider must:

- review, evaluate and identify the issues which are preventing staff cover from being planned in a safe way
- implement in a positive way a plan which addresses the areas identified, taking time to consider, measure and evaluate the changes which are being made.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation" (HSCS 4.15). This is also in order to comply with Regulations 2011/210, Staffing 15(a).

2. The provider must ensure that people's support, including their support documentation is being reviewed regularly. To achieve this, the provider must:

- ensure that all service plans are reviewed six monthly or sooner if needs change
- ensure that risk assessments are reviewed regularly
- ensure that everyone receiving the service has a formal six monthly review, which one should involve social work input on an annual basis.

Timescale by 28 February 2019.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Personal Plans (5)(b).

National Care Standards, Care at Home: Standard 3 – Your personal plan and National Care Standards, Housing Support: Standard 4 – Housing support planning.

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

The quality of the staffing theme was of an adequate standard.

There had been some developments since we last inspected around staff training and the service was capturing better the necessary staff training information. This meant when we reviewed records we were reassured that staff training was headed in the right direction. There was a plan in place to address any gaps with staff training. The managers of the service had plans to review overall staff training within the whole service. This would up skill staff members which would enable a wider ability for the service to adapt and be flexible in meeting the needs of the service. This was an area the manager was taking forward in the development of the service.

Staff support from their line manager, both formally and informally was not consistently happening to the expected standards set out by the provider's policy. Staff team meetings were not happening consistently or regularly enough across the whole service. This was largely down to the managerial resources being stretched with the pressures of day to day staff cover. This was having an impact on how staff practice was being developed and the levels of staff support, supervision and team meetings needed to improve **(see Recommendation 1)**. The provider was going to hold some staff forums later this year to meet with staff to discuss a number of areas about the service and their job roles.

People told us 'I like my staff, they are all good'; 'when they turn up they are good'; 'the staff help me a lot'. When we observed staff interactions with people they were supporting, staff demonstrated respect and knowledge of the people and there were appropriate levels of warmth and compassion.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order to ensure that staff are consistently offered opportunities to continually develop in their roles, the provider must consider the following:

- implementing structured and regular supervision for staff
- establishing structured and regular staff team meetings.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state "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).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The quality of management and leadership was to an adequate standard.

A change plan had been implemented since we last inspected, but the full compliment of management roles had not yet been established. This was having an impact on a number of areas within the service, which was made more challenging when you considered the amount of time managers spent trying to cover day to day support. This meant that some areas had not developed as was necessary. Quality assurance within the service had begun to take shape and at this stage there was not enough evidence to demonstrate this was established and consistently making improvements. A previous requirement will be restated which will appear in the previous format from the last report **(see Requirement 1)**.

Management team members were meeting more regularly than had been happening in the past, but due to the staff cover, this meant there was not enough time to focus on the developments and improvements necessary. One previous requirement, which was initially made in June 2016, had not been met in this inspection. The requirement was around reviewing people's care and support regularly, within the six monthly timescale or sooner if needs change. Reviews form an important time for people to share how they feel about their care and support and by not carrying out reviews regularly, people may not be able to share these views with their care provider.

The provider and managers of the service were keen to see improvements and developments take shape. There was a comprehensive development plan in place for the service and this was something the provider and managers had been working through to improve and develop the service. Further work was necessary to establish the changes which were needed.

People who were supported by the service and some staff members told us they found the office to be overworked and people felt this contributed to the lack of communication they felt at times.

Requirements

Number of requirements: 1

1. The provider must continue to develop robust quality assurance mechanisms to ensure that the service is monitored and audited to ensure that best practice is being followed. To achieve this, the provider must:

- continue to develop processes to address any concerns raised through their quality assurance audits
- feedback to appropriate people outcomes of quality assurance and actions taken to address any concerns raised.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Principles, 3). A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and National Care Standards, Care at Home: Standard 4 - Management and staffing and National Care Standards, Housing Support: Standard 3 - Management and staffing arrangements.

Timescale by 28 November 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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 that people's support, including their support documentation is being reviewed regularly. To achieve this, the provider must:

- ensure that all service plans are reviewed six monthly or sooner if needs change
- ensure that risk assessments are reviewed regularly
- ensure that everyone receiving the service has a formal six monthly review, which one should involve social work input on an annual basis.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210, Personal Plans (5)(b).

National Care Standards, Care at Home: Standard 3 - Your personal plan and National Care Standards, Housing Support: Standard 4 - Housing support planning.

Timescale: by 29 September 2017.

This requirement was made on 7 June 2016.

Action taken on previous requirement

The provider had failed to make the necessary improvements and developments within this requirement. We read a sample of case files which demonstrated there were gaps in the necessary reviews for people's care and support. This requirement will be restated within quality of care and support.

Not met

Requirement 2

The provider must ensure that all staff are appropriately trained in all areas relevant to their job roles to ensure that their knowledge and practice is up to date. To do this, the provider must:

- implement their training plan to address gaps identified.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210, Staffing, 15(b)(ii) and National Care Standards, Care at Home: Standard 4 - Management and staffing arrangements and National Care Standards, Housing Support: Standard 3 - Management and staffing.

Timescale: by 29 November 2017.

This requirement was made on 6 July 2017.

Action taken on previous requirement

The provider had in place a training plan and analysis which demonstrated staff were better trained.

Met - outwith timescales

Requirement 3

The provider must review use of staff communication books to ensure that they are being used appropriately, maintaining the privacy, dignity and confidentiality of people the service supports. Communication books must not be used to record personal and sensitive information about supported people.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210, Welfare of users, (4)(1)(b) and National Care Standards, Care at Home: Standard 9 - Private life and National Care Standards, Housing support: Standard 7 - Exercising your rights.

Timescale: by 29 August 2017.

This requirement was made on 6 July 2017.

Action taken on previous requirement

The provider had taken steps to address the areas which required development within this requirement. This meant that records we reviewed were respectful of the person.

Met - within timescales

Requirement 4

The provider must continue to develop robust quality assurance mechanisms to ensure that the service is monitored and audited to ensure that best practice is being followed. To achieve this, the provider must:

- continue to develop processes to address any concerns raised through their quality assurance audits
- feedback to appropriate people outcomes of quality assurance and actions taken to address any concerns raised.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Principles, 3). A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and National Care Standards, Care at Home: Standard 4 - Management and staffing and National Care Standards, Housing Support: Standard 3 - Management and staffing arrangements.

Timescale: by 29 November 2017.

This requirement was made on 6 July 2017.

Action taken on previous requirement

The provider had made progress with this requirement and had carried out various elements of quality assurance. There were still gaps identified within the service which needed to be developed. This requirement will be restated within quality of management and leadership.

Not met

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

Previous recommendations

There are no outstanding recommendations.

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
29 May 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good
7 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
7 Jul 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
20 Jun 2014	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
9 Jul 2013	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak

Date	Type	Gradings	
13 Jul 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 4 - Good
23 Sep 2011	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate Not assessed
10 Nov 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
26 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
4 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good

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