

# Key Community Supports - South Lanarkshire & Renfrewshire Support Service

The Square  
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Glasgow  
G4 0HT

Telephone: 0141 342 1890

Type of inspection: Announced (short notice)  
Inspection completed on: 31 January 2018

**Service provided by:**  
Key Housing Association Ltd

**Service provider number:**  
SP2003000173

**Care service number:**  
CS2004079435

## About the service

Key Community Supports South Lanarkshire and Renfrewshire, is part of a national organisation with its head office based in Glasgow.

Prior to early 2016, the service was part of a combined service providing housing support and care at home, the service un-combined its registration and is now registered to provide a care at home service for both children and adults living in their own homes.

The service currently provides a care at home service to around 126 people with a disability.

The service operates in Renfrew, Lanark, Lesmahagow, Rutherglen, Elderslie and Erskine providing a variety of support hours including 24 hour support.

## What people told us

32 people who use the service returned completed care standards questionnaires. We spoke with nine more service users and 1 relative during our inspection. Everyone said that they were happy with the care and support they or their relative received. Four people who use the service stated that staff did not always have enough time to fully support them, two people added comments that the staff stay over their time and the issue was with their hours allocated by the Local Authority. Some comments we received were:

- I have a great carer who looks after me
- staff aren't given enough time to do all the things needed...but they still do it
- my relative seems happy and well cared for
- the staff have gone above and beyond their call of duty
- the service always recognises change and responds appropriately
- If we ever have any concerns, we feel relaxed at highlighting these.

## Self assessment

The Care Inspectorate is not currently requesting services to submit this.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

We made a requirement at the previous inspection around ensuring that each person using the service has a personal plan that includes up to date information and risk assessments. We heard how a programme was in

place to implement a new style for these and found that they contained a good level of detail about each person and their planned outcomes. The provider had carried out a full audit of plans which gave the service a plan to work through. Staff we spoke with were very knowledgeable about people's likes and dislikes. See requirement 1 detailed below.

We made a recommendation around ensuring that people had a chance to meet with the service and review their personal plan and outcomes at least every six months to ensure that they remained relevant and that these were available to each person within their plan. The service had made effective foundations towards this. See recommendation 1 detailed below.

We made a recommendation at the previous inspection that the service should review opportunities for people who use the service to give feedback. We heard how this had worked well in one part of the service and about plans for similar events over the coming months to ensure that all areas of the service had equal opportunities. See recommendation 2 detailed below.

We found that overall people were well supported to take their prescribed medications. Any adverse events around medication management had been looked at and lessons learned taken forward. Specific training had been provided where needed to ensure that staff could continue to offer support.

We observed people we visited during the inspection to look well cared for and be very relaxed around staff. We heard lots of very positive feedback about how people were supported by the staff.

## Requirements

### Number of requirements: 1

1. The provider must ensure that support plans and risk assessments accurately reflect the current needs of supported individuals and that these are reviewed regularly to ensure any changes are recorded. This is to ensure that relevant support needs and risks are identified and assessments and support plans / protocols are put in place to ensure staff provide the most appropriate support.

This is in order to comply with:

The Social Care and Social Work improvement Scotland (Requirements for Care Services) SSI 2011 No 210.  
Regulation 4(1) (a) - Welfare of users

Timescale: to be completed by 30 September 2018

## Recommendations

### Number of recommendations: 2

1. The manager should consider how to better evidence where reviews have taken place and ensure that minutes are available in service users files. Support plans, associated protocols and risk assessments should also reflect that they have been reviewed regularly in line with National Care Standards.

National Care Standards, Care at home. Standard 3 - Your personal plan

2. The manager should ensure that they continue to review their participation methods to ensure that there are regular opportunities for all service users and their relatives / carers to give feedback about the quality of care and support, staffing and management / leadership of the service.

This includes evidencing how the views and feedback gained, leads to changes or improvements for individuals and /or the service.

National Care Standards, Care at Home. Standard 4 - Management and Staffing Arrangements.

National Care Standards, Care at Home. Standard 11 - Expressing Your Views

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We sampled staff files and found that people who use the service could be assured that staff had been recruited following best practice guidance. An induction programme of training and orientation to the service was in place. The service had recently decided to open this programme out to all relief staff too.

We received feedback from staff who told that overall they felt that they received enough training to allow them to carry out their job role. At feedback we shared a few areas that some staff highlighted to us that could be improved upon including more frequent refresher training, Social Vocational Qualifications, IT skills and where their role included supporting someone who could become distressed at times then training specifically on how to manage this. Recommendation 3 made at the previous inspection had been met.

We made a recommendation at the previous inspection that staff should be more familiar with the Scottish Government publication 'Keys to Life' and the 'Winterbourne View Review' and found that this had taken place.

We made a recommendation at the previous inspection around the provision of supervisions and appraisals for staff. An audit had taken place to establish a base line to progress from and this was being worked towards for each staff member. Staff we spoke with told us that they felt well supported by the management team.

We received feedback about the recent difficulties being faced by the service to recruit new staff. At times this meant that people did not always have their usual staff member supporting them or that staff had to be moved across services to ensure that supports did not get missed. This is a sector wide challenge that faces many similar providers currently.

We found staff to be very enthusiastic about their jobs and genuinely caring about achieving the best possible outcomes for the people they support.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

National Care Standards, Care at Home. Standard 4 - Management and Staffing

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

We made a requirement at the previous inspection around quality assurance systems. We found that the provider had carried out a range of audits which gave a good base of certain key areas for the service. They were also in the process of conducting financial audits for each area. However, we found inconsistencies between areas of how these were being taken forward. Please see requirement 1 detailed below.

We looked at accidents and incidents that had taken place since the last inspection and found that systems were in place to investigate these were needed and any further action identified had been dealt with. Accidents and incidents had been notified as expected. Requirement 2 and recommendation 1 made at the previous inspection had been met.

We found that service developments plans were now in place within each area of the service we visited, which could now be used to direct the future of the service. It may useful to add clear timescales and persons responsible for any specific actions.

We discussed the services own surveys that they had sent out to stakeholders who came into contact with the service in a professional role during 2017. Whilst the majority were positive, there was a significant proportion that highlighted some shortfalls. The service had been pro-active in meeting with stakeholders to work through their feedback.

Overall, the feedback from our questionnaires that we sent out prior to the inspection and from people we spoke with during the inspection was that management staff were very approachable and people felt able to speak to them if they had any areas of their service they wanted to try differently or were concerned about. The benefit of this was that people felt included.

### Requirements

#### Number of requirements: 1

1. To support the development and improvement of the service, 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 and support, staffing and management and leadership must be provided
- Quality audits relating to the above areas must be accurate, kept up to date and be progressed to ensure they lead to any necessary action to achieve the improvement required 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: to be completed by 30 September 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 support plans and risk assessments accurately reflect the current needs of supported individuals and that these are reviewed regularly to ensure any changes are recorded. This is to ensure that relevant support needs and risks are identified and assessments and support plans / protocols are put in place to ensure staff provide the most appropriate support.

This is in order to comply with:

The Social Care and Social Work improvement Scotland (Requirements for Care Services) SSI 2011 No 210. Regulation 4(1) (a) - Welfare of users

timescale: to begin immediately on receipt of this report

**This requirement was made on 31 March 2017.**

### Action taken on previous requirement

Please see quality theme 1 for information.

**Not met**

## Requirement 2

To support the development and improvement of the service, 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 and support, staffing and management and leadership must be provided
- Quality audits relating to the above areas must be accurate, kept up to date and be progressed to ensure they lead to any necessary action to achieve the improvement required 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: 3 months

**This requirement was made on 31 March 2017.**

### Action taken on previous requirement

Please see quality theme 4 for information.

**Not met**

## Requirement 3

The provider must ensure they evidence that they have taken appropriate action to address all issues of poor practice identified in order to keep people safe and ensure staff are competent to deliver their role and remit.

This would include any error identified through the providers quality assurance processes, for example errors with the administration of medication or the safe storage of finances.

And

Any concerns about staff practice including those raised by staff or by other professionals visiting the service.

All concerns identified should be addressed robustly in accordance with the organisation own policies and procedures and the appropriate action taken should be documented with records kept.

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: to begin immediately on receipt of this report

**This requirement was made on 31 March 2017.**

## Action taken on previous requirement

Please see quality theme 4 for information.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

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 be familiarised with the key recommendations from The Keys to Life report, the Winterbourne View report and the local autism strategy.

Staff should consider the relevance of how these reports apply to their own practice.

National Care Standards, Care at home. Standard 4 - Management and Staffing

**This recommendation was made on 18 April 2016.**

#### Action taken on previous recommendation

Please see quality theme 3 for information.

This recommendation had been met.

#### Recommendation 2

The manager should consider how to better evidence where reviews have taken place and ensure that minutes are available in service users files. Support plans, associated protocols and risk assessments should also reflect that they have been reviewed regularly in line with National Care Standards.

National Care Standards, Care at home. Standard 3 - Your personal plan

**This recommendation was made on 31 March 2017.**

#### Action taken on previous recommendation

Please see quality theme 1 for information.

This recommendation had not been met.

#### Recommendation 3

The manager should ensure that they continue to review their participation methods to ensure that there are regular opportunities for all service users and their relatives / carers to give feedback about the quality of care and support, staffing and management / leadership of the service.



This includes evidencing how the views and feedback gained, leads to changes or improvements for individuals and /or the service.

National Care Standards, Care at home. Standard 4 - Management and Staffing  
National Care Standards, Care at Home. Standard 11- Expressing Your Views

**This recommendation was made on 31 March 2017.**

#### Action taken on previous recommendation

Please see quality theme 1 for information.  
This recommendation had not been met.

### Recommendation 4

To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

National Care Standards, Care at Home. Standard 4 - Management and Staffing

**This recommendation was made on 31 March 2017.**

#### Action taken on previous recommendation

Please see quality theme 3 for information.  
This recommendation had not been met.

### Recommendation 5

In order to evidence the continuous professional development of staff, the manager should ensure there are regular opportunities for the personal and professional development of staff and that these are appropriately recorded.

National Care Standards, Care at home. Standard 4 - Management and Staffing

**This recommendation was made on 31 March 2017.**

#### Action taken on previous recommendation

Please see quality theme 3 for information.  
This recommendation had been met.

### Recommendation 6

The provider should review current systems for reporting accidents and incidents to the Care Inspectorate. This is to make sure that senior staff are consistent and timely in reporting accidents and incidents in line with Care Inspectorate guidance. (see Records that all registered care services (except childminding) must keep and guidance on notification reporting available at [www.careinspectorate.com](http://www.careinspectorate.com)).

National Care Standards, Care at home. Standard 4 - Management and Staffing

This recommendation was made on 31 March 2017.

## Action taken on previous recommendation

Please see quality theme 4 for information.  
This recommendation had been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
31 Jan 2017	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 Jan 2016	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 Nov 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
23 Dec 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good

Date	Type	Gradings								
7 Feb 2013	Announced (short notice)	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	5 - Very good									
15 Dec 2011	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>5 - Very good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	5 - Very good	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	5 - Very good									
Management and leadership	Not assessed									
19 Oct 2010	Announced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	Not assessed	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	Not assessed									
15 Dec 2009	Announced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	Not assessed
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	Not assessed									

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