

# Key Community Supports - North Lanarkshire Support Service

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**Type of inspection:**

Unannounced

**Completed on:**

13 May 2019

**Service provided by:**

Key Housing Association Ltd

**Service provider number:**

SP2003000173

**Service no:**

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 service to adults, children and older people living in their own homes in the local area and in one location in West Lothian. Support varies from a small number of hours to 24 hours support.

At the time of this inspection, the service was being provided to around 150 people.

## What people told us

As part of this inspection, we visited nine service users in their own homes. Most people were able to tell us their views. For those people who could not tell us their views, we concluded from observing their interactions with support staff, that they were overall happy with their staff and with the care and support they were receiving at that time. We observed very caring and compassionate interactions, and concluded that people were treated with a good degree of dignity and respect. We saw that people with the highest levels of care needs were cared for with the utmost respect by staff, who were clearly extremely fond of them. This meant that people's homes were places with a loving and nurturing atmosphere.

People who were able to tell us their views said:

"I like the staff, they are good, they listen to me".

"Staff will always knock my door and wait for me to answer. The staff help me to get out and about to lots of activities that I like doing. They help me to look after my house, so does my mum".

"The staff helped me to book my holiday, I'm going to Blackpool, I'm looking forward to it".

"I like to save money for the animal charities, this is important to me because I hate animal cruelty. I get help to put my money away and then donate it to charity".

We received 23 completed care standards questionnaires from people who used the service. Overall, people were happy with the care and support they received. We followed up on one negative comment from a relative, through discussion with the management team. We also received 13 care standards questionnaires from staff working in the service. Again, these were positive overall.

## Self assessment

The Care Inspectorate did not ask the service to submit a self-assessment this year.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	4 - Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	4 - Good

## Quality of care and support

### Findings from the inspection

People have the right to experience high quality care that affords them dignity, respect and compassion. From our observations and discussions with people who used the service we concluded that people were treated in a way that afforded them these things to a good degree.

We saw that health and wellbeing outcomes for people were enhanced through the vigilance and skill of staff who knew people really well, and through having good access to health professionals and specialists. We heard from staff how they valued the specialist input and training they received from health specialists around specific conditions that some people had. We could see that this really benefitted the staff teams and ultimately meant that the care and support people received was of a better standard.

People who used the service were supported to be involved in a wide range of activities that they enjoyed, for example, sporting activities, enjoying their local communities and doing things that were important and meaningful to them such as charity fundraising. This demonstrated how people were supported to live fulfilled and rewarding lives.

We found that personal plans mostly reflected how to best care for and support people. There was some evidence of people's involvement and agreement in their plans, including in agreeing to harm reduction strategies, to ensure their wellbeing. Where covert medication was used staff were aware of the importance of protocols in place, to support the safe use of this.

However, we saw that some care plans were not always as up to date as they should be. We found that reviews of care and support were overdue for many people using the service. We were concerned that some team managers did not seem to appreciate the importance and legal obligation, to ensure reviews were held six monthly. There had been a recommendation around this at the last inspection and this had not been met. This recommendation is repeated. See recommendation 1.

The service was using new personal plan paperwork that meant it should be clear to see, where there were legal powers in place in respect of people using the service, such as guardianship, and who held these powers. However, we did not see that this information was being updated effectively into the personal plans, and from speaking to staff they were not clear or confident about what these powers meant and the implications around them. We sent some relevant information, to the manager of the service to help inform staff knowledge and practice, and have made a recommendation around this. See recommendation 2.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 2

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 information pertaining to legal powers held by others, such as guardianship, power of attorney, or appointee for example, should be clearly documented within people's personal plans. Staff involved in providing care and support to people should have a good working knowledge of these legal powers and what they mean.

National Care Standards 2: I am fully involved in all decisions about my care and support, 2.5, 2.6, 2.11, 2.12

**Grade:** 4 - good

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

There were a range of meetings where managers came together, to discuss the service and the organisation's objectives. We could see that these should be effective in helping to build a strong and cohesive management team. We heard from managers and staff that they felt supported by their line managers and that they could always reach someone for advice, in the event of something out of the ordinary happening, or if they needed guidance.

We saw that there had been some improvement in the systems used, to ensure that staff received regular supervision. However, there was still some room for improvement in achieving the provider's own targets for this for all staff.

There were some quality assurance tools in place across the service that had the aim of ensuring quality and consistency and were used to identify areas where improvement was needed. This included the service's own locality development plan.

However, we found that these quality assurance measures were not robust enough in order to be fully effective. We saw how the service had been attempting, for several months, to address the recommendation that was made at the last inspection, about reviews of personal plans. When we reviewed minutes of meetings and the service development plan we felt there was a lack of clarity as to what was being asked for, timescales for this, who was responsible, and a lack of overview or progress. This meant that this crucial piece of work remained incomplete and contributed to the recommendation being repeated. We gave some ideas around how the quality assurance measures could be strengthened, for example, by improving the minute templates to include a section for follow up on actions from the previous meeting, identifying responsible people and ensuring people are accountable, and also through employing SMART principles when setting objectives. This would mean that the service would have a much more effective, live overview of how it was performing.

There was good evidence that performance management took place in order to support staff to carry out their duties to the best of their ability and in line with expected practice. We were pleased to see that where staff disciplinary meetings had taken place there was reference made to the SSSC Codes of Practice in the minutes of those meetings, so that staff involved could further understand how the codes worked in day to day practice.

The service would benefit from taking this further and sharing lessons learned from adverse events with all staff, so that staff have a much more developed understanding of best practice, guidance and legislation. We did not see examples of ways that this happened outwith disciplinary meetings or where there were performance issues. In order for the service to work in a more proactive way, the management team need to create opportunities for learning and reflective practice for all staff. We had a discussion around how this could be done, and were encouraged to hear that there were plans, to ensure all staff had a work email which could be used to facilitate this. There was a recommendation related to this at the last inspection which we have amended to reflect the current performance and repeated here. See recommendation 1.

We sampled some financial audits which formed part of the service's quality assurance measures. We were disappointed to see that there were errors, missing receipts and incorrectly numbered vouchers within these audits that did not appear to have been picked up on. This was a recommendation at the last inspection and is repeated. See recommendation 2.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. Managers should ensure that all staff are able to reflect on practice and follow their organisational and professional codes.

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

2. 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.

**Grade:** 4 - good

**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

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

**This recommendation was made on 23 April 2018.**

#### Action taken on previous recommendation

We found evidence that some personal plans were overdue for review, some by a considerable period of time. Additionally, we saw examples where personal plans would appear to have been updated before a review of the personal care and support needs had taken place, which meant the personal plan was not up to date or reflective of changes that had taken place at, or following, reviews.

Whilst we could see that there had been efforts taken to bring reviews and care plans up to date, there was not enough progress in order for us to conclude that the recommendation had been met.

This recommendation was not met and has been repeated.

#### Recommendation 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.

**This recommendation was made on 23 April 2018.**

#### Action taken on previous recommendation

We observed respectful and dignified practice by staff who were supporting people. Staff demonstrated a good level of compassion and positive regard for people using the service. We saw that SSSC Codes of Practice were referred to in relation to disciplinary and performance improvement paperwork, which helped staff have an awareness of the wider framework of social care. We concluded that part of this recommendation was met.

However, we did not see evidence of staff being made aware of and having the opportunity to discuss and reflect on these and other important documents as part of their normal practice. We asked staff about some relevant best practice and guidance documents and staff were unable to articulate their knowledge of these.

We concluded that there were some learning gaps for staff around best practice and professional codes.

We have repeated this part of the recommendation in respect of this.

### Recommendation 3

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

**This recommendation was made on 23 April 2018.**

#### Action taken on previous recommendation

We saw that systems had improved in order to support regular supervision, regular team meetings and appraisals. We looked at various sources of evidence that demonstrated there was some planning of these meetings, and reflected reasons why these meetings had not been able to go ahead if this was the case. We spoke to staff who told us about the frequency of their own supervisions, and their access to management support in the event of something out of the ordinary.

The organisation had recently developed a bespoke IT system which was designed to help oversee and manage these, and other, aspects of service provision. We could see that this system should add to the efficiency of the service in this area. We will assess the impact of this at the next inspection as the system will be more in use then.

This recommendation had been met.

### Recommendation 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.

**This recommendation was made on 23 April 2018.**

#### Action taken on previous recommendation

There were examples of completed financial audits that we looked at and found that there were issues that did not appear to have been raised such as, missing receipts and poor recording in terms of numbering of vouchers. We concluded that there was still work needed to improve the auditing of financial records staff completed.

This recommendation was not met and has been repeated.

## 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
23 Apr 2018	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
12 Jun 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
16 Jun 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
18 Aug 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
16 Sep 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good



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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