

Key Community Supports - Highland (Caithness, Sutherland and Easter Ross) Support Service

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Type of inspection:

Announced (short notice)

Completed on:

19 November 2019

Service provided by:

Key Housing Association Ltd

Service provider number:

SP2003000173

Service no:

CS2004079342

About the service

The service, Key Community Supports - Highland (Caithness, Sutherland and Easter Ross), is operated by Key Housing Association Ltd, a registered social landlord that provides accessible housing and support in 15 local authority areas across Scotland.

The care at home service provided personal care, support and advice to people with disabilities and complex care needs.

The service is provided in a number of localities throughout the North Highland area including; Thurso, Wick, Golspie, Invergordon and Alness.

The service was committed to ensuring the provision of responsive supports that helped people achieve positive outcomes, celebrate their success and also helped address the challenges in people's lives.

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

What people told us

As part of the inspection process we issued 40 Care Standards Questionnaires (CSQs) to people who used the service and received 30 responses.

The following comments were provided:

"Happy with the support I get from Key. Staff are very supportive".

"The staff are a great help to me and are always very nice".

"[My relative] feels most of the staff treat her with respect but does not like people barging into her flat telling her what to do. Some days she is happy with her support and other days she is not. There is always a big changeover of staff and my relative finds it difficult to get to know people".

"The service gives me all the help I need".

"I don't like all the workers - don't get on with some. Not keen on them. I get on well with other workers".

Not all of the respondents provided their names so it was not always possible to provide local managers with details that they would be able to follow-up on. The Care Inspectorate also has a duty to protect the confidentiality of its respondents. Where concerns were raised with us and we had permission we flagged up specific issues with the service provider.

93% of respondents to our CSQ survey indicated that staff treated them with respect.

93% indicated that they felt staff had enough time to carry out their supports.

86% of respondents indicated that they did not know about the service's complaints procedure; whilst 83% did not know that they could make a complaint about the service to the Care Inspectorate.

Nineteen of the 30 respondents 'strongly agreed' and 11 'agreed' that overall they were happy with the quality of care and support they received.

We carried out a series of home visits in Wick, Alness and Invergordon. This afforded an opportunity to meet directly with people who experience care. It was clear to us that the staff knew the people who experienced support very well and had developed, in the main, positive and constructive relationships with them.

We carried out a telephone survey across the locality by contacting the relatives of people supported at Key Community Supports. We endeavoured to contact 18 relatives and spoke with 12 of them. The following feedback was provided:

"Excellent care and support given by the hands-on carers".

"It's a very good service, in fact a gold star to all".

"One thing that upsets my relatives is the number of different faces they see over a day. I know they have seen up to 10 different faces/carers in a week. It would be helpful if the carer that is visiting my relative could give them a name of who is coming to see them next".

"We have a great rapport with all the carers but find the more mature are more experienced so pick up on small things that another less experienced carer might not. Things newer members of the team seem to miss. All are friendly people to us all".

"Now that they have a manager who is consistent, this has made a big difference to the service. We have no concerns".

"It's a good set up, well managed".

"I do worry about my relative's nutritional needs. I would like consistent carers visiting my relative, if possible".

"There is one wee niggle: the lack of staff has a knock-on effect to my relative. They don't go to their activities. Maybe looking at more staff would be great all round".

"I like how the staff will support my relative to any appointments. I love them all as they are so good for my relative. No qualms from me".

"I would like to see them recruit more staff. If there are any staff shortages then my relative's activities suffer".

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We asked the service for their own improvement plan and quality assurance paperwork. This would indicate the service's priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good

Quality of care and support

Findings from the inspection

We evaluated the quality of care and support as good.

The good evaluation applies to performance where there are a number of important strengths which, taken together, outweigh areas for improvement. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

We found the quality of support planning to be both person-centred and of a good standard. Their associated records evidenced some good outcomes for people. We were provided with very good evidence of a wide range of outcomes being achieved for people across the service's various localities.

Examples included support with people's individual social preferences. We noted staff had assisted people to attend music concerts throughout the country, have short breaks and receive support during a family holiday. In addition to this we saw a very good example of support with a medical condition and supports to assist improved fitness and increased mobility. All of which provided assurances that people were receiving support that was right for them and met with personal needs.

The service recognised people as experts in their own experiences, needs and wishes. People, wherever possible, were fully involved in contributing to assessments of their needs.

The service was also active in supporting people to participate fully as citizens in their local communities, in ways that they wanted. We saw a good example of the latter whilst attending a TAG (The Advisory Group) in Thurso in which a local community development worker was facilitating ways that people could contribute, according to their individual interests and ambitions.

We had concerns about the number of medication errors and their potential to cause harm. The provider, Key Community Supports, is working closely with the Care Inspectorate and NHS Highland to deliver an improvement plan to reduce the number of medication errors and to ensure safer care practices. We will report on this more fully in the Quality of Management and Leadership section of this report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We evaluated the quality of staffing as good.

The good evaluation applies to performance where there are a number of important strengths which, taken together, outweigh areas for improvement. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider, Key Community Supports, recognised the importance of having a skilled and competent workforce and had supported a number of staff to gain relevant qualifications to help them with their jobs. It also recognised the links between ensuring staff had the necessary knowledge and skills to deliver person-centred support. Plans were in place to ensure members of staff undertook training appropriate their roles.

We received 14 Care Standards Questionnaires (CSQs) from members of staff. One respondent 'disagreed' with the questionnaire statement that they were given opportunities to meet with other staff to talk about their day-to-day work or that the service asked them for their opinions about how things could improve. Another respondent 'disagreed' that staff treated people who used the service with respect. In the main they rated, overall, that the service was providing good care and support.

From our discussion with members of staff we learnt that they were mainly positive about their work. One described the staff group as "so friendly" adding they were "like a family".

We have noted how staff have supported people who experience care to achieve some of their personal goals and aspirations which included support with holidays and social activities and trips. This demonstrated that staff listened to people and built appropriate relationships with them to enable their goals to be achieved.

Those members of staff who contributed to the inspection process were courteous and committed to upholding people's rights and personal aspirations. From the perspective of people and their families staff were, in the main, held in good regard.

We have encouraged the provider to develop more staff champions across the workforce to take a lead in specific aspects of care practice based on evidence-based practice (EBP) research which they can share with colleagues.

We have continued to express concerns about specific aspects of staff support practices in relation to medication errors and the potential to cause harm. We will report on this more fully in the Quality of Management and Leadership section of this report.

We advised that staff should undertake further training in safe medication administration. This can be variously accessed through, for example, the SSSC 'open badge' digital learning scheme.

We advised that managers and enhanced practitioners should undertake the SVQ Professional Development Award (PDA) in medication administration. All of which is intended to contribute to the service's overall improvement agenda to improve medication administration and reduce the likelihood of harm.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We evaluated the quality of the service's management and leadership as adequate.

We recognise that the service's strengths, in the main, have a positive impact but the overall outcome for people who experience care was reduced significantly because a key area of performance, in relation to medication administration, needed to improve.

Without improvement we considered that the welfare or safety of people, specifically in relation to their medication supports, may be compromised as their healthcare needs were not always being fully met.

Staff have reported that they found their management "approachable" and supportive. Those staff who contributed to the inspection process indicated they were happy at work. We found them to be focused and motivated.

The service had developed good locality profiles with associated development plans which outlined the organisation's commitment to, amongst other things, staff development, quality assurance, and community engagement. These plans were subject to ongoing review and were routinely updated by the management team to ensure they reflected the current needs of the service.

In addition to this, routine quality audits and spot checks were undertaken to ensure compliance with organisational and regulatory standards. When necessary follow up actions were highlighted. All of which evidenced that managers took their responsibilities seriously and were committed to delivering continuous improvement.

As highlighted in the care and support section of the report we had significant concerns about the number of medication errors that had been made and the potential risk these were to people's well-being. We discussed with the provider how they could have more robust systems in place to ensure safe medication practices. The provider assured us they were taking our concerns seriously and were working on a improvement plan. It had devised a target to reduce medication errors by 30% that it hoped to achieve over the coming months.

We also noted some delays in reporting medication incidents and suggested the provider devolve responsibility for these notifications to locality managers (the role is currently one carried out by area managers). This would reduce reporting delays and could be part of the solution to manage incidents across the registered branch.

In the spirit of partnership working we have proposed to Key Community Supports that it provides monthly updates to both the Care Inspectorate and NHS Highland for its - Wick, Thurso, Golspie , Alness and Invergordon - services. These monthly updates should provide analysis of medication errors and also evidence of month by month improvements. (see Recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should provide monthly updates to both the Care Inspectorate and NHS Highland for its - Wick, Thurso, Golspie , Alness and Invergordon - services. These monthly updates should provide analysis of medication errors and also evidence of month by month improvements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

Grade: 3 - adequate

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

Previous requirements

Requirement 1

By 1 April 2019 the provider must ensure that people receive the support they need, the provider must have sufficient staff available to meet assessed support hours.

This is in order to comply with Health and Social Care Standard 3.15: 'My needs are met by the right number of people'.

Regulation 15 (a) of the Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011 (SSI 2011/210)

Please note this requirement was made four times during the investigation in response to separate complaint concerns. These were investigated collectively.

This requirement was made on 25 January 2019.

Action taken on previous requirement

The Care Inspectorate received four complaints about management and staffing issues in the Easter Ross locality. These were investigated collectively and reported on in January 2019.

The nub of the investigation centred on 'the need to ensure that people receive the support they need' and 'that the provider must have sufficient staff to meet assessed support hours'. All four complaints, in this respect, were upheld.

The provider subsequently submitted appropriate actions in relation to staff recruitment and the monitoring of supporting commissioned and assessed hours of support.

During the current inspection we sampled documentation which provided assurance that people's assessed hours of support were being matched by sufficient staff rostering arrangements. The requirements have been met.

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 service should continue to use and fully embed its quality auditing arrangements to evidence how the practices of the service contribute to improved outcomes for people who experience care and support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that; "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This recommendation was made on 30 October 2018.

Action taken on previous recommendation

We saw a number of quality audits and spot check documentation relating staff competency assessments, finance audits (for the tenants who receive support with their personal monies) and medication audits. We have made reference in this report and a recommendation about the need to improve the service's medication administration practices through its ongoing quality assurance measures.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
30 Oct 2018	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
30 Mar 2018	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
20 Dec 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
8 Feb 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
6 Feb 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 6 - Excellent
14 Jan 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 6 - Excellent
14 Dec 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
15 Oct 2010	Announced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
9 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 4 - Good 5 - Very good

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