

Key Community Supports - Dumfries & Galloway Support Service

1-3 Church Crescent
Dumfries
DG1 1DF

Telephone: 01387 247 466

Type of inspection:
Unannounced

Completed on:
26 February 2020

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Service no:
CS2004079348

About the service

Key Community Supports - Dumfries & Galloway [the service] is registered to provide a support service to children, young people and adults with a disability living in their own homes throughout the community. The service registered with the Care Inspectorate on 1 April 2011.

The service provider is Key Housing Association Ltd

Support is provided to service users throughout Dumfries and Galloway, both in town and rural communities. At the time of the inspection over 240 individuals were using the service throughout the locality. Support for service users ranged from a few hours per week, to 24 hours per day, depending on needs assessment.

The service's stated aims are:

"Delivering personalised care packages to meet individuals outcomes. Providing reliable, flexible and inclusive support. Helping break down barriers. Respecting people's rights and choices. Changing and challenging attitudes in society. Realising individuals aspirations and dreams. To develop, provide and promote innovative services, in a personalised and inclusive manner. To help maximise positive community experiences for individuals by promoting the choices they make in their everyday lives."

What people told us

We gained feedback from those who use the service, and their advocates through returned Care Standards Questionnaires, and discussions.

The feedback we gained was as follows:

- "I'm happy with the service, I like all the staff on my team"
- "I cannot praise the care and support shown enough"
- "My hours are flexible and my team accommodate my wishes"
- "I have every confidence in the service"
- "Management are always available to address any concerns"
- "Staff are excellent and communicate extremely well"
- "The staff are wonderful"
- "Anything we need, is accepted and taken care of"
- "Sometimes I don't give them [the service] a lot of notice, but they have always managed to get some support"
- "I have had input to care plan, and we meet 6 monthly to discuss if this is still meeting needs"
- "Same staff who come each time, and [service user] feels comfortable with them"
- "Same 3 staff, we know them all. If there is a new staff member they are shadowed, so we can get to know them"
- "The thing that's outstanding are the management, they always respond immediately, and completely understand my perspective"
- "They [the service] make me feel important"
- "I can have really open conversations with the service, and all my opinions are welcomed"
- "They [the service] have developed lots of tactics to support in meaningful ways"
- "I help them do the training for new staff, I'm well supported to do this. It means they get to know what it's like for people using the service".

Self assessment

We have not requested services complete a self assessment this year. We take into account the services own development plan throughout the inspection.

From this inspection we graded this service as:

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

What the service does well

For this inspection we focused on the quality themes of 'Care and Support' and 'Staffing'. Overall, we found the service to be operating at a very good level for both.

People who use care services should feel confident that their care and support will be provided with compassion, dignity and respect. To understand how well the service was performing, we spent a period of time talking with people who use the service and their family/advocates. Overall people were extremely satisfied with the service they received. We were told: "I really like the support I get, and the staff are lovely"; "The staff have a sympathetic ear"; and "I cannot praise the care and support shown enough".

Those who use the service benefitted from regular staff providing their care and support. This helps build trusting relationships between service users and staff and allows staff to act quickly in response to any changing care needs.

We would expect that services provide users opportunities to feedback on their experience; enabling those who use the service to maintain control through genuine partnership working. It was extremely positive to hear from those who use Key Community Supports about 'The Advisory Group' (TAG), which meets regularly to discuss Keys national strategy. We advised the service about using feedback from this within their local quality assurance processes to help explore the impact of service delivery on outcomes. It was also very positive to hear how the service was supporting individuals to deliver training through staff induction; giving insight to the experience of support provided "I help them do the training for new staff, I'm well supported to do this. It means they get to know what it's like for people using the service".

People who use care services should feel confident in the staff providing their care and support. Those who use the service spoke very highly of the staff. We were told: "I like all the staff on my team"; "I don't know what I would have done without them"; and "Staff are excellent and communicate extremely well".

People felt staff had the right skills and knowledge to meet their needs, with the service working hard from the time of the last inspection to provide bespoke training linked to needs. It was good to see the service had in place a forward plan of training for staff, demonstrating a good capacity for improvement through anticipation and responsive working.

Throughout this inspection we saw and heard about care staff demonstrating the principles of the Health and Social Care Standards in their everyday practice, resulting in care that was delivered with compassion and

respect. There was good communication throughout the team, with all staff maintaining a solution-focused approach to help enhance service users experience and outcomes.

What the service could do better

During this inspection, although we found the standards of 'Care and Support', and 'Staffing' to be very good, we did highlight some areas where development would enhance practice further.

People who use care services should feel confident their care and support will be safe and effective. We saw that the service was using pre-printed medication administration records, which detailed the medication name, and frequency of administration. However, we found that some information was missing from medication records aligned to current best practice, such as service users date of birth, dose of medication to be administered, known allergies, and GP practice details. Where changes in medication dose had occurred during the medication cycle, it was not always clear from the records what this change was, or the date it occurred. Although we have made a recommendation in this regard (see Recommendation 1), we were impressed with the services approach during the inspection to remedy issues identified.

Of the support plan information we reviewed during this inspection, we found these to be of a good quality overall. It was clear that staff were spending time getting to know people and used this information to develop outcome focused plans of care. However, we found some did not contain specific detail on interventions/ support required linked to needs. In the absence of specific information, there is a greater risk that care and support will be provided in an inconsistent way.

It is well recognised that outcome-focused care can be enhanced from staff-centred support. Where staff feel supported, and have clear objectives set, better outcomes for people who experience care can be achieved. We saw the service was completing appraisals with staff in-line with the providers policy (2-yearly) and saw these provided a good account of staffs current practice linked to service user's needs. However, objectives were not always clearly defined within appraisals, and we saw limited evidence of measurement towards achieving these within supervision records (see Recommendation 2).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To ensure service users receive medications in a safe and effective way, the service provider should enhance the content and quality of medication records aligned to current best practice. Medication administration records should clearly state the service users name, date of birth, address, GP practice details, and known allergies. For each medication the drug name, dose to be administered, and frequency of administration should be clearly documented, and where any changes occur, this should be clear and unambiguous.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To ensure that service users have confidence in the people who support and care for them, the service provider should enhance the content and quality of appraisal and supervision records. This should include, but is not limited to, specific individual objectives being set for each staff member, which should be monitored and measured throughout the supervision process.

This is to ensure 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).

Complaints

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

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

The service provider should review the recording and reporting of information within the service and to external services, including notifying the Care Inspectorate of all significant events as per Care Inspectorate Notification Guidance.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: 'I use a service and organisation that are well led and managed' (HSCS 4.23); and 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This recommendation was made on 21 January 2019.

Action taken on previous recommendation

We reviewed Accidents/Incidents/ASPs submitted by the service alongside records held. From the last inspection, the service has been submitting appropriate notifications, of which the content and quality is of a very good standard. It was positive to note that the service regularly submitted updates regarding further investigations/inputs, which demonstrated protection and enhancement of Service User outcomes.

This Recommendation is - Met.

Recommendation 2

The service provider should ensure that staff members receive training updates based on the needs of people supported.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: '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).

This recommendation was made on 21 January 2019.

Action taken on previous recommendation

We reviewed training records, and spent a period of time talking with people who use and work in the service. We saw that the service had in place a developed plan to ensure all staff received training linked to the needs of individuals being supported, and heard from those using the service about how they felt staff had the correct skills and knowledge. Those who work for the service were able to tell us of the training they had attended, providing examples of how this was helping to meet the need of those who receive care and support.

This Recommendation is - Met.

Recommendation 3

The provider should ensure that protocols are in place to guide staff on actions to be taken when a service user refuses to attend hospital appointments.

This is to ensure 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).

This recommendation was made on 30 September 2019.

Action taken on previous recommendation

We saw that the service had work hard to put in place and implement a 'Medical Appointments' procedure which clearly set out the required actions to be completed by staff in the event of service users requiring to attend appointments. The process developed included recording all appointments within care diaries, and informing the central office, allowing for a coordinated approach. It was positive to hear from people who use the service, and staff, that this process was being followed. A signature sheet is required for all staff to complete, illustrating they have read and understand their accountabilities in this regard.

This Recommendation is - Met.

Inspection and grading history

| Date | Type | Gradings |
|-------------|--------------------------|---|
| 21 Jan 2019 | Unannounced | Care and support Environment Staffing Management and leadership 4 - Good Not assessed Not assessed 4 - Good |
| 5 Feb 2018 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good Not assessed |
| 17 Jan 2017 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed 5 - Very good |
| 22 Dec 2015 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 4 - Good |
| 28 Nov 2014 | Unannounced | Care and support Environment Staffing Management and leadership 4 - Good Not assessed 4 - Good 4 - Good |
| 2 Dec 2013 | Announced (short notice) | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good |
| 23 Nov 2012 | Unannounced | Care and support Environment Staffing Management and leadership 6 - Excellent Not assessed 5 - Very good 6 - Excellent |
| 28 Oct 2010 | Announced | Care and support Environment Staffing 5 - Very good Not assessed Not assessed |

| Date | Type | Gradings | |
|-------------|-----------|---------------------------|---------------|
| | | Management and leadership | Not assessed |
| 14 Sep 2009 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 5 - Very good |

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