

Hillcrest Futures Fife and Kinross Housing Support Service

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Unannounced

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Service provided by:
Hillcrest Futures Limited

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About the service

Hillcrest Futures Limited is a national organisation providing a range of registered care services across Scotland. This service is known as the Fife and Kinross Service. It comprises of a combined Housing Support and Care at Home service for adults with learning disabilities and/or mental health problems living in their own homes. Four people live in shared tenancies in both Fife and Kinross. Staff office bases are in Cupar and Dunfermline.

Support workers operate in small teams working with local groups of service users, with some flexibility in workers moving between teams.

We visited the services in Dunfermline and Kinross during this inspection.

What people told us

We spoke with people using the services in Dunfermline, Cupar and Kinross. People told us they were happy with the services they received. People told us they were supported by regular staff and this had helped them build good relationships.

People said staff were kind and caring and that nothing was too much trouble. People said they felt well supported.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We observed caring and compassionate interactions between people using the service and staff. People told us they enjoyed good relationships with staff. People appeared comfortable and at ease with staff. This helped people feel safe and secure. Staff spent time talking with people in their bedrooms where this was beneficial for them. Mealtimes were good humoured and people told us they enjoyed the food, which they chose at weekly meetings.

People's bedrooms were warm and cosy and reflected their personalities. This helped people maintain their sense of identity.

As part of the inspection we visited a supported living service where four people with learning disabilities shared a house. The kitchen was locked and staff told us this was to prevent one person eating raw food. This meant that other people living in the house could not access drinks or snacks independently. Water was available from a water cooler and staff offered people drinks on a regular basis. However, this was a form of restraint and there were no records of multi disciplinary agreements or consents to the restraint. This put people's dignity and freedom of movement at risk (see requirement 1).

Staff's knowledge and understanding of adults with incapacity legislation was poor. Where people had guardians who had been appointed to safeguard their welfare and/or finances, copies of the orders were not retained by the service. This meant staff did not know when guardians should be consulted to give consent for support and interventions. People were supported to sign to withdraw cash from the bank when they had been assessed as not having the capacity to do so. This put people at risk of financial harm.

The service was operating an office in the house. This was outwith the conditions of the service's registration and compounded the institutional practices in the service. Staff used bunches of keys to unlock doors and there was a risk that people saw staff as being "in charge". People used the service telephone to contact family and friends rather than having a telephone and a telephone line in their names. This reduced people's sense of ownership of their home and self-esteem. People's right to privacy was not respected when they had to ask staff to access the telephone.

People were not supported to maintain their abilities and increase their independence. People could not make hot drinks for themselves in case they burned themselves and lunch was prepared by staff rather than with people. People were not enabled to take positive risks to enhance their quality of life. This had a detrimental impact on people's self-esteem and self-image (see requirement 2).

People were supported to make their own choices and decisions about daily life including food and drinks and clothing. People required support to communicate their wishes and needs but we did not see any alternative methods of communication other than verbal being used. Referrals to appropriate professionals were not made timeously. Some staff knew people well and could anticipate their needs but information was not available to enable new members of staff to communicate effectively. This could impact on people's ability to build and maintain relationships.

Care plans were being updated but required additional detail to ensure unfamiliar staff could support people in areas including communication, personal care and support with eating and drinking, in a person-centred way. Care plans were not in place to ensure all of people's needs were met. This included autism care plans which meant staff did not understand how autism impacted upon people and how to support them. This meant people were at risk of emotional and psychological harm. Guardians and relatives were involved in developing and reviewing care plans but care plans were not provided in accessible formats to enable people themselves to be involved (see requirement 3).

Day services were closed due to Covid-19. This meant people were at home and relied upon staff to provide opportunities for meaningful and purposeful engagement. People were supported to go out socially, where possible and enjoyed shopping trips and meals out. However, people were not meaningfully engaged when in their home and one person told us they were bored. The inspection took place on a warm, sunny day but the people did not use the garden, which was uninviting and presented trip hazards. Similarly, people enjoyed the jacuzzi bath but the bathroom was used to store equipment and the décor was cold and stark. People were not offered suitable sensory stimulation and this should be addressed to improve outcomes for people (see area for improvement 1).

People were supported to maintain relationships with family and friends during the pandemic. This took place, in the main, by telephone. Some relatives carried out window visits which were important in supporting people's wellbeing. However, people could not contact family using digital devices as they had not been supported to install Wi-Fi in their home. This meant people with significant communication needs were not appropriately supported to maintain important relationships. This put people's emotional and psychological health at risk.

Health protocols and guidelines had not been reviewed for considerable periods of time and the protocols were not being followed. Staff told us that a colleague purchased specialist cutlery to support a person using the service to feed themselves. We recognised the commitment to enabling people but this intervention should have followed an assessment by an occupational therapist. We were not assured that people's current needs were recognised or met. We had previously discussed our concerns with the provider and subsequently, referrals were made to appropriate professionals to assess and address people's changing health care needs.

People who were at risk of choking did not have risk assessments in place. We observed a cupboard used to store cleaning materials and other chemicals was unlocked during the inspection. Staff told us the cupboard lock was broken and did not recognise the risks this posed to people. Where risks have been identified, appropriate guidance must be in place for staff, to ensure people's health safety and wellbeing.

People had been assessed as being unable to make decisions about their medical treatment. Relevant adults with incapacity documentation had not been sought to ensure appropriate consents and safeguards were in place.

We were aware that a service improvement plan had been developed and work had commenced to address some of the issues identified during the inspection. We will evaluate the improvements and their impact upon outcomes for people using the service during a follow-up inspection.

Requirements

1. In order to ensure people's rights are upheld, the service must, by 31 July 2021, ensure any restraint or restrictive practices comply with relevant legislation, do not impact upon the rights of others, and are regularly reviewed.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3); and
In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011/210.

2. The service must, by 31 July 2021, develop and implement safe and effective supporting positive risk enablement plans to ensure residents' choices and experiences are not restricted and they can experience full lives.

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

'I make informed decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24); and
In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011/210.

3.
The provider must, by 31 July 2021, demonstrate that the service has systems in place to ensure that people's needs are regularly assessed, monitored and adequately met. In order to do this, they must:

- ensure that planned support is fully implemented when people have specific health needs including communication, meaningful activity, behaviour of concern, moving and handling;
- demonstrate that staff will seek advice from relevant professionals promptly when people's needs change;
- ensure that staff have the necessary skills and experience to assess when people require further assessment, investigations or treatment;
- ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external professionals; and
- ensure that managers monitor and audit health needs robustly.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and
In order to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011/210.

Areas for improvement

1. In order to improve outcomes and quality of life, people should be supported to participate in activities that are meaningful and purposeful to them.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Infection control practices in the service were weak and this meant the health, safety and wellbeing of people was at risk. The standard of cleanliness in people's houses was poor. The environment was cluttered and unkempt and décor was tired. This showed a lack of understanding for the rights of people to live in clean, safe and pleasant surroundings.

Staff had not completed infection prevention and control training specific to Covid-19 and this meant staff did not have the required knowledge and understanding to support a safe environment. This was borne out during the inspection.

The service had a good supply of PPE available for staff but there was a lack of guidance to inform staff's practice. This included how often masks should be changed. We observed a used mask that had been discarded on a desk.

Cleaning schedules were not enhanced to prevent or control infection. Staff were not aware of the appropriate cleaning materials that should be used and cleaning records had significant gaps. Areas in the house were cluttered including kitchen worktops, laundry shelves and the staff sleepover room. Items were stored on the floor in the laundry and kitchen. Care equipment was dusty, scraped and chipped and this made it difficult to clean these areas effectively.

We were concerned about the disposal of clinical and domestic waste. Clinical waste was not disposed of safely and bins were overfilled and did not have lids. Staff did not follow hand hygiene guidance. We observed staff opening bins with their hands without subsequently washing their hands. This put the health, safety and wellbeing of people at risk.

Paper towels were stored on top of the toilet instead of dispensers, leaving the paper towels open to contamination. There was no signage or information displayed to inform or remind staff about safe practice.

Observations of staff practice carrying out hand hygiene and putting on and removing PPE were not carried out. This meant areas for improvement were not identified or addressed (see requirement 1).

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

The service had been short staffed recently but agency staff provided regular, short term support. This ensured people received consistent care and support to maintain their wellbeing.

There was a lack of management oversight of the supported living service. Quality assurance processes, including care plan audits, were not carried out on a regular basis. This meant areas for improvement were not identified or addressed and people's needs were not assessed regularly. We were not assured that people's current needs were met (see requirement 2).

Staff training records gave us concern that staff did not have the knowledge, skills or understanding required to provide safe and effective care and support for people. Records showed staff training was out of date or not completed in key areas such as adult support and protection, moving and handling, autism and epilepsy. There were no systems in place to assess staff's ability to put learning into practice. This put the health, safety, and wellbeing of people at risk.

There was no evidence that a training needs analysis was carried out or that a training plan had been developed based upon both mandatory training and people's care and support needs (see requirement 3).

We graded leadership of the service as weak. This meant strengths were identified but were compromised by significant weaknesses. The weaknesses substantially affected people's experiences and outcomes. We were aware that a service improvement plan had been developed and work had commenced to address some of the issues identified during the inspection. We will evaluate the improvements and their impact upon outcomes for people using the service during a follow-up inspection.

Requirements

1. The provider must, by 31 July 2021, ensure infection prevention and control practices support a safe environment for people experiencing care and staff.

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

'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); and
In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210.

2. The provider must, by 31 July 2021, provide training for staff to ensure they have the skills, knowledge and values required to effectively perform their role. The provider must develop systems to monitor staff's understanding and ability to put learning into practice.

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

'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); and
In order to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210.

3. The provider must, by 31 July 2021, develop and implement effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively;
- identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified. This must include complaints, incidents and accidents, audits and staff competencies including supervision and appraisals;
- review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept. This must include checks on the general environment and the standards of care and support provided; and
- ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.

This is in order to ensure 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); and
In order to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection prevention and control practices are safe for people experiencing care and staff	2 - Weak
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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