

Hilltree Court Housing Support Service

Fenwick Road
Giffnock
Glasgow
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Telephone: 01416 330 026

Type of inspection:
Announced (short notice)

Completed on:
18 June 2021

Service provided by:
YourLife Management Services
Limited

Service provider number:
SP2012011831

Service no:
CS2012308205

About the service

This inspection was carried out by two inspectors from the Care Inspectorate.

This was a focused inspection to evaluate how well people were being supported during the Covid-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

Hilltree Court is an assisted living complex in the Giffnock area of Glasgow managed by Your Life Management Services. The complex is close to transport links and shops.

Home owners buy a one or two bedroom apartment in the complex where they live independently but can have the benefit of domestic help and housekeeping support such as shopping if they wish. The provider also offers a care service for home owners who need more support to remain in their flat.

The complex has a large lounge where home owners can meet up and socialise. There is a silver service restaurant as part of the complex and home owners can decide to eat there if they wish.

The service have a mission statement that states: "Your Life Management Services aim to provide first class management service and flexible care operations, supporting an enjoyable and independent lifestyle, enabling people to continue living in their own homes."

At the time of the inspection the service was supporting 44 people.

What people told us

During the inspection we spoke to five people who were using the service. People told us the care and support from the staff team at Hilltree Court was very good. Comments included:

"The staff are unfailingly helpful, caring and capable. Claire is a top class manager, very supportive and thoughtful."

"Meals are excellent."

"If I had a concern I feel it would be taken seriously. No hesitation in raising this with Claire, she would solve it immediately. Very approachable."

"If I wasn't happy with something it would be re-organised, I have been quite happy with my support plan."

"If I had a concern I feel the staff would take it seriously. The staff here are very helpful and very caring."

One person told us it had been a challenge for them to move to Hilltree Court. However, they now found the move invaluable to both themselves and their loved one.

Another told us that all the staff were very helpful and approachable. They loved living in Hilltree Court."

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?	5 - Very Good
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How good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

Throughout our inspection we observed staff treat people with dignity and respect. All staff acknowledged people in a warm and respectful manner. This created a space for people to speak openly about any issues or concerns they had. This meant people were supported by a staff team that valued and respected them.

The manager had implemented various ways for people to feedback on the service since the last inspection. This included, but was not limited to, a comments and suggestions box and a questionnaire. This information was then published in a monthly newsletter in the form of a "you said, we did" format. People told us this was encouraging to see. We gave the provider information and advice on how this could be further improved. For example, collating all relevant information and including this within the service development plan. People using the service benefited from the culture of continuous improvement.

People were encouraged and supported to arrange their own postal votes for the 2021 national election. This meant people actively exercised their right to vote.

During the Covid-19 Pandemic the manager and staff team worked to create a community in the service during the periods of isolation. This was achieved by suitable activities being arranged within the confines of the Scottish Government guidance. Examples of the activities were monthly afternoon teas, regular keep fit in the garden, a bag piper and monthly puzzle deliveries. People told us this was exceptional and made them feel valued and supported during a time of anxiety. This meant people were supported to remain involved in their community during an unprecedented time.

We found support plans and risk assessments that we sampled to be of a very good standard. They were clear, factual and outcome focused. They contained all pertinent information to the supported person, including wider health care needs, such as district nurses or podiatrists. We noted that the risk assessments were completed in a risk enabling format. By promoting people's emotional and physical wellbeing they were able to get the most out of life.

The management team had written and implemented training for outcome focused care planning. We found this to be of a very good standard. Staff stated they benefited from this training and used it to further their knowledge in outcome focused care planning and assessment.

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

4 - Good

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

This service has communal areas that people who use the service can access. During the Covid-19 Pandemic these areas were closed as per the relevant guidance. The service had recently opened these

areas. We found them to be clean, tidy, and well maintained and there was clear signage displayed throughout. People using the service informed us that they were happy that these areas were now open again. This provided them an area to meet with fellow homeowners and start to rebuild their relationships.

The provider had implemented a robust policy and procedure for the use of the laundry during the Covid-19 pandemic. This included what measures should be taken during an active outbreak of Covid-19 in the service. Staff we spoke to were confident in the processes and discussed how they effectively managed the laundry under the current guidance. We found the laundry to be clean and well maintained. These measures reduced the risk of cross contamination and infection within the service and kept people safe.

We saw staff wear and dispose of PPE appropriately throughout the inspection. The provider had their own clear policies and procedures in place for staff to adhere to. However, we noted that the guidance was written in line with English best practice. We highlighted the differences to the management team in relation to this subject. We also gave advice and guidance on how these policies and procedures could be improved. A service that utilises all relevant best practice and guidance in their policies and procedures promotes the safety of all staff and people using the service.

The provider had daily cleaning routines in place. This included schedules so management could monitor and evaluate the cleaning performed by staff. However, these could be further improved by adding including all relevant and best practice guidance for Scotland. People benefit from a clean and hygienic environment. (see area for improvement 1)

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

There was a consistent and experienced staff team at the service. This offered people a sense of familiarity and reassurance, which has been particularly important during the pandemic. Staffing levels were consistent to meet the needs of the people using the service. People told us that the full staff team had went above and beyond for them during the Covid-19 pandemic.

Infection prevention and control measures meant that staff had to wear masks. The manager noted that this caused people to be unable to tell who they were talking to. Using a solution focused approach, the manager took pictures of all staff and made these into badges. People could see who they were talking with promoting clear and thoughtful communication.

All staff told us they felt supported by the manager during the Covid-19 pandemic. Support included, but was not limited to, supervisions, team meetings and appraisals. The manager had also introduced observed practice to monitor staff understanding and allow them to reflect on their practice in a structured format. We discussed ways in which this could be further improved with the management team. For example, creating an action plan from the observed practice and following this through to a staff members supervision. Supported staff that reflect on their practice provide very good care and support.

The service used an online training suite with training such as infection prevention and control and medication. However, this system was based around English law and legislation and did not include Covid-19 training. The manager of the service promoted safer Covid-19 work practices by utilising the Scottish Government guidance associated with the service type. We advised the provider to source Covid-19 training and supplement the current online training to keep them in line with Scottish law and legislation. People benefit from a high-quality care based on relevant evidence, guidance, and best practice. (see area for improvement 2)

Areas for improvement

1. The provider should promote the health, welfare and safety of people using the service. This includes having an enhanced cleaning schedule that evidences frequent touch point cleaning. This should be used within the current quality assurance system to ensure sustained good practice.

This ensures that care and support is consistent with the Health and Social Care Standards which state: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

2. The provider should ensure that both day and night staff are adequately trained, competent and skilled to meet the needs of the people they care for. This includes but is not limited to training in Covid-19 and the Adult Support and Protection (Scotland) Act 2007.

This ensures that 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)

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

Requirements

Requirement 1

The provider must ensure that personal plans set out how the health, welfare and safety needs of the individual are to be met, in order to do this the service must ensure that:

- (a) personal plans accurately reflect the current health and care needs of the service user,
- (b) recordings are person-centred and clearly outline needs, abilities and preferences,
- (c) demonstrate consultation with the individual and/or relative/representative,
- (d) include the use of appropriate risk assessment with evidence of how the outcomes of these are used to inform support/care planning.
- (e) ensure that support plans and risk assessments are reviewed, at least 6 monthly, with the involvement of the person and their relative/representative. A clear action plan must be part of the review document also.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me" and 2.11 which states "My views will always be sought, and my choices respected, including when I have reduced capacity".

It is also necessary to comply with Regulations 3, 5 (1) and 5 (2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Timescale: 30 November 2019

This requirement was made on 8 May 2019.

Action taken on previous requirement

This requirement was the subject of an inspection report issued on 8 May 2019. At the end of the timescale of 30 November 2019 the provider had met the requirement.

We sampled care plans and found they were outcome focused and written in a respectful and warm manner. They contained a very good level of content which clearly detailed the person's needs, abilities and preferences. Reviews took place regularly and the information gathered was used to inform the persons care and support. Risk assessments were clear and informed risk enablement planning for the person supported.

This requirement has been met.

Met - within timescales**Requirement 2**

Management must ensure that all accidents and incidents which occur for individual home owners are correctly reported and recorded with immediate, short and longer term actions being considered and put into place. Any follow up action should be monitored and support plans and risk assessments should be updated as and when required.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.14 which states "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event".

It is also necessary to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Timescale: 31 August 2019

This requirement was made on 8 May 2019.

Action taken on previous requirement

This requirement was the subject of an inspection report issued on 8 May 2019. At the end of the timescale of 31 August 2019 the provider had met the requirement.

The manager implemented a system to monitor and evaluate all accidents and incidents within the service. We sampled this and gave the manager advice and information on how this could be improved further.

This requirement has been met.

Met - within timescales**Requirement 3**

To ensure the workforce, including supervisors and managers, are equipped with the required skills and knowledge to undertake their varying roles the provider must;

(a) provide all staff with supervision and appraisal and agree with each a personal development plan in line with the organisations policy and procedure and the nature of the role they are undertaking,

- (b) ensure a robust induction process is being undertaken with all newly recruited staff members,
- (c) audit the current learning and development needs of the whole team and devise a robust and achievable development plan focussed on the skills and knowledge required to be effective in each role and as a team.
- (d) identify where service user/condition specific learning is required to ensure each person is being supported and cared for by staff from the team who are equipped with the required knowledge and skills to do so.

This is to ensure that the skills, abilities and competence of all employed in the service is consistent with the Health and Social Care Standard 3.14 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".

It is also necessary to comply with Regulation 4 (1) (a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210).

Timescale: 30 November 2019

This requirement was made on 8 May 2019.

Action taken on previous requirement

This requirement was the subject of an inspection report issued on 8 May 2019. At the end of the timescale of 30 November 2019 the provider had met the requirement.

Staff received supervision and appraisals as per their organisational policy. The manager was working with the staff team to enhance their knowledge and understanding of supervision and its purpose.

No staff had been employed since the previous inspection. However, the manager of the service had devised an induction program for any new staff employed going forward.

Training and development of staff was taking place using an online system. We discussed with the management team ways in which this could be improved.

This requirement has been met.

Met - within timescales

Requirement 4

The provider needs to improve the quality assurance and audit processes being completed. In addition analysis of these must be evident. Where deficits are identified there must be a clear action plan, with evidence available, to demonstrate progress made and the outcomes achieved.

This is to ensure the management and leadership is consistent with the Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland

(Requirements for Care Services) 2011 (SSI 2011/210).

Timescale 30 November 2019

This requirement was made on 8 May 2019.

Action taken on previous requirement

This requirement was the subject of an inspection report issued on 8 May 2019. At the end of the timescale of 30 November 2019 the provider had met the requirement.

The manager had implemented quality assurance for the service since the last inspection. This was of a good standard. We gave the manager advice and information on how this could be improved further.

The requirement has been met.

Met - within timescales

Requirement 5

The provider must ensure that there are appropriate supports in place for the manager to be able to achieve the developments identified during this inspection. To do this they must:

- (a) ensure that an induction plan is in place for the manager including training opportunities and peer support where identified as required and beneficial.
- (b) ensure that the manager has regular supervision and support from the senior management team.
- (c) ensure that the manager has the support from the senior management team to devise an action plan to drive forward the improvements identified within this report.

This is to ensure the leadership and management of the service is consistent with the Health and Social Care Standards 4.23 which states "I use a service which is well led and managed" and 4.27 "I experience high quality care and support because people have the necessary information and resources".

It is also necessary to comply with Regulations 4 (1) (a) and 15 (b) (i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210)

Timescale: 31 July 2019.

This requirement was made on 8 May 2019.

Action taken on previous requirement

This requirement was the subject of an inspection report issued on 8 May 2019. At the end of the timescale of 31 July 2019 the provider had met the requirement.

The manager received an organisational induction by 31 July 2019. The senior management team support the manager through supervision and appraisal.

This requirement has been met.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Management should ensure that all home owners have the opportunity to be consulted with, involved in and to be part of developing the service. This should include, but not be limited to considering how to develop the feeling of a community within the development and increasing the level of activities available for home owners to participate in.

This is to ensure the level of consultation and involvement of each home owner is consistent with the Health and Social Care Standards which state "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (4.7)

This area for improvement was made on 8 May 2019.

Action taken since then

This area for improvement was the subject of an inspection report issued on 8 May 2019. This area for improvement was met.

Unfortunately, due to the Covid-19 Pandemic the service had to pause their activity schedule. However, people told us that activities had been introduced and that they were enjoyable. The manager also introduced several ways for people using the service to give feedback. This included a comments and suggestions box which is used to inform the development plan.

Previous area for improvement 2

An improvement plan should be developed.

This is to reflect Health and Social Care Standard 4.19 "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

This area for improvement was made on 8 May 2019.

Action taken since then

This area for improvement was the subject of an inspection report issued on 8 May 2019. This area for improvement was met.

The manager of the service developed and implemented a service improvement plan.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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