

Hillcrest Futures Fife and Kinross Housing Support Service

6 Houston Court
Cupar
KY15 4ES

Telephone: 01334 652 736

Type of inspection:
Unannounced

Completed on:
26 August 2021

Service provided by:
01/03/2004

Service provider number:
SP2003000083

Service no:
CS2004061957

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 service in Kinross during this follow-up inspection.

What people told us

People told us they had good relationships with staff. People said staff were kind and caring and they felt safe and secure.

People enjoyed outings and trips with staff and wanted to have more social and leisure opportunities.

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?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

We were satisfied that the provider had made the required improvements. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Please see the "Outstanding Requirements" section of the report for further details of the inspection.

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

3 - Adequate

We were satisfied that the provider had made the required improvements. This had a positive impact on outcomes and experiences for people. As a result we have adjusted the grades awarded at the previous inspection.

Please see the "Outstanding Requirements" section of the report for further details of the inspection.

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

Requirements

Requirement 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.

This requirement was made on 4 June 2021.

Action taken on previous requirement

The kitchen door was open when we arrived unannounced at the service. Staff told us the kitchen door was open most of the day. People living in the house said they enjoyed being able to help themselves to drinks and snacks when they wanted to. People felt more in control of their own home and this increased their dignity and self esteem.

The provider told us that the kitchen door was locked overnight. Staff were nervous about the kitchen door being unlocked. We were confident that this was due to staff's concern and care for people. Staff perceived that people could be at risk of harm if they accessed the kitchen when staff on shift were asleep. There was no evidence that people got up through the night to access the kitchen. However, the provider is negotiating with the Local Authority to put a waking night shift in place. The provider should continue to support the development of a risk enablement culture in the service. This will ensure people's choices and opportunities are respected and continue to increase.

We asked the provider to develop a restraint log for each person to document the types of restraint and restrictive practices that were being used. Restraint logs should be reviewed on a regular basis to ensure any restraint or restrictive practices are used only as a last resort and removed as soon as possible. This should also be used to develop staff's knowledge, understanding and confidence and further improve outcomes for people.

Met - within timescales

Requirement 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.

This requirement was made on 4 June 2021.

Action taken on previous requirement

The service was developing risk assessments for people. We saw that most risks were identified and appropriately addressed. We were assured of people's health and safety. However, the risk assessments focused on removing risks as opposed to offering opportunities for people to develop new skills or enjoy new experiences. Staff we spoke with were concerned about the potential for people to be harmed. This meant people were using plastic knives to cut up food and nail varnish was locked in drawers. However, staff had not considered the harm that could be caused to people if they are not enabled to be as independent as possible and experience a life of their choosing.

Staff were kind and caring and we were assured that staff had the best interests of people at heart. Staff should be supported to develop their thinking and practice in enabling people to take positive, life enhancing risks. The provider should ensure the development of an enabling culture through positive and creative leadership. This will increase staff's confidence and understanding and ensure people experience the best possible outcomes for them.

Met - within timescales

Requirement 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.

This requirement was made on 4 June 2021.

Action taken on previous requirement

Care plans we sampled showed improvement. Care plans were values led and focused on what people could do independently. This meant people were supported to do all they could for themselves and maintain their skills and abilities. This helped increase people's self-image and self esteem. However, opportunities to enable people to develop additional independence skills were missed. Care plans should be developed to support people to identify, plan and achieve their goals. Care plan reviews should include information about people's progress towards their goals.

Communication care plans were person-centred and demonstrated that staff had good knowledge and understanding of people's needs and how best to support them to communicate their needs, wishes and choices. Staff's positive regard for people was evident and supported the maintenance of people's dignity, identity and unique qualities.

People were living with epilepsy and autism but care plans were not in place to ensure they received safe, effective and consistent support. This put people's health, safety and welfare at risk. We discussed with the provider that care plans should be developed to support the full range of people's needs. Protocols to support people's health care needs should be easily accessed by staff. This is particularly relevant where agency or bank staff are being used.

Referrals to relevant health professionals were made as appropriate and followed up to ensure people's changing health care needs continued to be met. Pertinent Adults with Incapacity documentation was now in place and this meant decisions about people's health, welfare and finances were made appropriately.

The provider must ensure that the information on people's medication administration records mirrors the pharmacy label to reduce the risk of medication errors. We signposted the provider to good practice guidance from the Care Inspectorate and the Scottish Social Services Council.

Met - within timescales

Requirement 4

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.

This requirement was made on 4 June 2021.

Action taken on previous requirement

We were satisfied that infection prevention and control practices supported a safe environment for people.

The environment was clean, fresh and inviting. An enhanced cleaning schedule had been introduced. This was monitored by members of the management team to ensure cleaning was being carried out effectively. This ensured people could enjoy living in a safe and pleasant home.

Waste was disposed of appropriately. This included clinical waste. Clutter was removed and storage of items was well organised to prevent and control infection. This demonstrated a clear understanding of Health Protection Scotland and Scottish Government guidance.

Staff had access to a good supply of PPE which they used appropriately. We also observed staff carrying out effective hand hygiene on a regular basis. Staff we spoke with were knowledgeable about infection prevention and control practices and where to access further information. Members of the management team carried out observations of staff's practice to ensure safe and effective compliance.

The provider was upgrading areas of the house. This included replacing flooring in the dining room. The work would take a few days to complete and plans were being made for people to go away for a few days to reduce the impact of the noise and mess created by the work. This will also provide people with an opportunity to relax and enjoy a break.

Infection prevention and control practices had improved and the provider had achieved the right balance to ensure the environment remained homely and not clinical. This ensured people could be safe and comfortable in their home.

Met - within timescales

Requirement 5

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 Scotland (Requirements for Care Services) Regulations 2011/210.

This requirement was made on 4 June 2021.

Action taken on previous requirement

The service provided updated staff training records and we were satisfied that appropriate training had been delivered or was planned. Some staff had not undertaken epilepsy training despite the fact that most people were living with epilepsy. We appreciated that providing staff training had been challenging during the pandemic. However, ensuring staff have the appropriate skills, knowledge and competencies to meet people's healthcare needs is of paramount importance. The service took immediate action to organise training for staff and arranged rotas to ensure trained staff were always on shift. We were satisfied that people's health and safety was safeguarded.

The manager had been proactive in providing learning opportunities for staff. Team meetings were used to provide learning about adult protection and restraint. This allowed staff to discuss issues and enhanced their learning. Reference materials and documents were sent to staff by email and hard copies were also provided. The management team should ensure that staff have read and understood the information.

The deputy manager had begun to check staff's learning, understanding and ability to transfer learning into practice during supervision and by carrying out observations of staff practice. This included observations of medication administration and the moving of people.

The provider should ensure staff have the appropriate skills, knowledge and competencies to meet people's health care needs at all times. Systems to support staff to put their learning into practice should continue to develop and improve. This will ensure people can have the best outcomes and experiences.

Met - within timescales

Requirement 6

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.

This requirement was made on 4 June 2021.

Action taken on previous requirement

We were satisfied that quality assurance systems and processes had improved.

Regular house meetings were held to enable people to make decisions about day to day issues including meals, activities and outings. People were also key in making decisions about refurbishment works in their home and the redevelopment of the garden. This ensured people could exercise their tenancy rights and responsibilities. This also increased people's self esteem and sense of identity.

The deputy manager was based in the supported living service in Kinross. This provided staff with the support and guidance they required to improve their skills and practice. The provider is negotiating with the local authority to continue this level of management support for the service.

Systems were developed and implemented to monitor effective cleaning and maintenance of the environment. Staff confirmed that they were clear about their roles and responsibilities in relation to this.

Audits were being carried out including medication administration and recording audits and finance audits. We asked the provider to ensure that where areas for improvement are identified by an audit, these are effectively addressed. This ensured the health, safety and wellbeing of people.

The deputy manager had recently begun carrying out observations of staff practice. This evaluated staff's knowledge, understanding and competencies in practice. Staff told us the deputy manager provided feedback about their practice and discussed areas for improvement they had identified.

The deputy manager planned to carry out practice observations prior to staff supervisions to provide space and time to discuss the findings of the observations. We asked the provider to ensure that staff are provided with the appropriate support and guidance to achieve the improvements and look forward to evaluating the impact of this approach on staff's competencies and outcomes for people.

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

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).

This area for improvement was made on 4 June 2021.

Action taken since then

People were supported to participate in activities and pastimes they enjoyed. During the inspection, people were supported to go out for lunch, visit the pub and enjoy a walk on the local golf course. People told us they were pleased because they were going out more often.

People were supported to maintain relationships with their families and visits to people's home were welcomed.

A folder containing information and pictures of social and leisure activities had been compiled to prompt people to choose activities that they were interested in. This included indoor and outdoor activities.

Referrals had been made to relevant health professionals to ensure people's communication needs were met. The provider was also committed to providing appropriate training for staff so people could communicate their choices, decisions and wishes.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
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?	3 - Adequate
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	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.