

Hillcrest Futures Dundee - Canning Place/ Millview/Milton Street Housing Support Service

1 Laing Place
Dundee
DD3 7BY

Telephone: 01382 884 290

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Unannounced

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Hillcrest Futures Limited

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About the service

Hillcrest Futures Dundee - Canning Place/Milton Street/Millview was previously called Gowrie Care Limited - Dundee North until it changed its name in July 2019. This service is a combined housing support/care at home service and provides care and support to people with learning disabilities and/or mental health support needs living in their own homes.

What people told us

We spoke to five people who were supported by the service. They told us about the support they received and how the staff worked with them. They told us that they were listened to and they could choose what they wanted to do each day. They told us that they liked living here. We also spoke to a parent who was very happy with the quality of service that his son received. He was delighted that staff 'thought out of the box', in terms of how they met his son's specific outcomes, while at the same time giving him fun and laughter.

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 good is our leadership?	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	5 - Very Good

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff were very knowledgeable about the people in the service and how to support them through specific health conditions such as epilepsy, dementia and the effects of strokes.

Specific training had been provided for staff and the University of Stirling, Training for Excellence in Dementia Care, had been attended. We also saw how this had been put into practice across the accommodation we visited such as in signage and cupboard doors.

Menus were often a topic for discussion within monthly residents' meetings and residents' choices were respected and provided. This area of health and well-being was expanded upon to include seeking the views of legal representatives on dietary choices and also how the independence of residents could be further promoted within daily living tasks. Co-working with allied health professionals, such as Speech and

Language and Dietetic colleagues, supported this complex area of support. Independence was further supported by ensuring that residents were also involved with the regular shopping that was required.

Parents/Guardians told us that they felt respected and listened to on matters of health and well-being but also that staff would make suggestions to improve this area of care and support. This illustrated that staff were not complacent and continually seek ways to improve how they support people's wellbeing. Also, this confirmed that staff were knowledgeable and understood the supported person in relation to their health and well-being.

Some people supported by the service can have episodes of stress/distress and we heard how this is managed through observing behaviour and intervening at an early stage. Staff spoke knowledgeably about de-escalation and distraction techniques.

The over-riding assessment of this area is that staff and management were extremely knowledgeable about the care and health needs of those they care for and how to support them. This illustrated a knowledge of care plans and best practice guidance. This ultimately means that very good outcomes are achieved.

Activities in which people participated included those arranged by the service or community activities which were open to the general public. It was clear, from the conversations we had with supported people, that these activities were appreciated and very important to each individual, not only for the activity itself but also in maintaining and developing relationships and friendships.

Whenever possible, people could choose how they occupied their day and this may be with the company and support of staff, or independently, if this is assessed as safe. This included arrangements being in place to enable people to go out and return when they choose. This service is risk-enabled and does not shy away from challenges if chosen, or a benefit is clear. A barrier does not prevent an activity taking place, the service works hard at overcoming it.

Parents we spoke to felt that maintaining contact with people had been effective throughout the pandemic but were glad to see this restrictive practice now relaxing. There was no need to 'book a visit' or have named visitors and the service was currently complying with guidance. The service works alongside families to ensure that personal contact with them and friends can be maintained.

We saw examples of when birthdays were celebrated, and plans were in place for the forthcoming Queen's jubilee. Residents' meetings were clearly a good forum for planning such events. A newsletter was also distributed to a wider audience to ensure they were kept up to date with planned activities and photos of how things had gone.

Interactions between staff and those they support were warm and compassionate. It was clear that people found the staff to be approachable, helpful and friendly and this shone through in these interactions.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. There were major strengths supporting positive outcomes for people.

People can have confidence in the quality assurance at this service. Management were keen to ensure that people were receiving a high standard of support and that their outcomes and their wishes for their lives

were being met. People expressed their views and were listened to.

There were various quality assurance and monitoring checks undertaken by management and staff at this service. This information enabled the management to keep track of service provision and quality. Some quality assurance activities checked matters such as people's care review meetings were up to date and others were more focused on other matters such as what people were enjoying, finding rewarding or proud of achieving. People's quality of life, wellbeing and happiness were central to the quality assurance taking place.

The manager and assistant managers had a very active presence in the service. They were in touch with what was going on for people and responsive to any concerns that needed their attention. This was a strength of the service. People can trust that management know what's going on for them and that the service is well led.

Communication between staff and management was very good. Staff expressed confident, caring values and showed insight into the needs and wishes of people. We saw examples of staff taking forward positive ideas. Team meetings and other opportunities to share thoughts and ideas promoted people's best interests.

The service had an improvement plan and this had meaningful, practical and achievable goals based on people's wishes. Careful planning and organising like this helps to make sure that service improvements are achieved and people benefit from them.

One area the service can improve is the quality assurance around medication. We found inconsistent recording on some people's medication administration records (MARs). We discussed some of the detail of this with management. We were concerned that the management's quality assurance activity and checking of MARs documentation did not identify the inconsistent recording practice we found. As a result actions to address this matter were not taken. Improvements need to be taken in this area. **(See Area for Improvement 1).**

It was also clear that while the service moves to computer based records, the need to maintain accessible, up-to-date paper copies for those they support and their parents/guardians becomes an additional, but essential, task. We found that some documents, within paper-based files, lacked evidence of being reviewed, some did not contain guardianship signatures and some were incomplete such as missing dates. To ensure that the information within these files matches that held within the computer based records we suggested that a robust file audit procedure be established. This will ensure that those accessing the paper based files can be confident that the information is current and based upon individual outcomes, wishes, choices and best practice for the person concerned. **(See Area for Improvement 2).**

Areas for improvement

1. The service must ensure that a robust medication audit is in place which identifies recording errors at an early stage and therefore minimise administration errors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"I use a service and organisation that are well led and managed". (HSCS 4.23)

2. The service should review its file audit process to ensure that paper-based records reflect the accuracy of those stored on computers. This will ensure that paper copies, available to staff, those supported by the service or their legal representative, are accurate and up to date. This will result in consistent care while also respecting the person's wishes and choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

"I use a service and organisation that are well led and managed". (HSCS 4.23) and

"I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

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

5 - Very Good

People were assisted to keep safe as there were suitable arrangements and processes to minimise the risk of infection within the service and people's homes. The service had established regular monitoring checks for infection prevention and control (IPC) practices.

There were good supplies of personal protective equipment (PPE) and hand sanitiser. These were located in key places within people's homes and in the service's offices. All staff were observed to be wearing PPE properly as required. Staff had suitable knowledge, guidance and had undertaken training on IPC. Management had systems in place to check that staff practice was safe. People can have confidence in their staff practice.

Weekly Covid-19 testing arrangements were in place for staff and safe visiting guidance was followed at the service. People and staff were provided with appropriate information about Covid-19 and any updates to guidance when necessary.

People were supported to keep their homes maintained to a good standard, furnished well and clean. Most of the office bases were tidy, too, and easy to keep clean so as to minimise infection risk. However, we did discuss with management that we found one of the offices could be tidier. This would make it easier to keep it clean and minimise infection risk.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People are getting the right service for them	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our care and support during the COVID-19 pandemic?	5 - Very Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	5 - Very Good

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Care Inspectorate
Compass House
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