

Community Integrated Care - Highland Services South Housing Support Service

Community Integrated Care
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Unannounced

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Service provided by:
Community Integrated Care

Service provider number:
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Service no:
CS2017362975

About the service

The service is operated by Community Integrated Care, a national social care charity which provides care and support to people across England and Scotland. The service was registered with the Care Inspectorate on 29 June 2018.

Highland Services South is registered to provide combined housing support and care at home services to adults and older people with learning disabilities, mental health issues and physical disabilities living in their own homes.

The support services are currently provided throughout Inverness, Lochaber Ross-shire and Moray. Support packages are tailored to suit people's needs and can range from a few hours per week to much larger packages up to 24 hours a day, seven days a week.

At the heart of the service's provision is its commitment to 'put individuals first' by promoting their dignity, independence and the rights of choice for every person who experiences care and support.

The service aimed to: provide high quality care with the best outcomes, taking into account the needs and experiences of people they support, where they and their carers, relatives and staff are active partners in decision-making.

What people told us

As part of our inspection process, we spoke directly with 12 people who were supported by the service and six parents of supported people. We also asked the manager to email links to our short feedback surveys to all relatives and the staff group. We received a good level of response from the surveys and the feedback this provided has been taken into account here..

People we spoke with told us they were very pleased with the support they received from CIC. They said they were very much in control of their own care and support and the review process. Where they wished it, people were also involved in the recruitment of new staff. Overall supported people felt they were listened to, that they were central to their own care and in control of how their care and support was delivered; and that they had confidence in the staff who supported them.

Feedback from relatives was mostly positive. The majority of relatives said there was good communication from management and the staff teams caring for their loved one and several remarked on the positive difference the service had made to the quality of life their relative experienced and the warm and trusting relationships developed with the staff team. However, some relatives told us that their experience was not as positive, particularly with regard to their communication with management and staff retention.

Self assessment

From this inspection we graded this service as:

Quality of care and support

4 - Good

Quality of staffing

not assessed

Quality of management and leadership

4 - Good

Quality of care and support

Findings from the inspection

Overall, we found the service was performing to a good standard. The good evaluation applies to performance that demonstrates important strengths in supporting positive experiences and outcomes for people.

It was clear that people were treated as individuals with distinct needs and qualities. There were trusting and caring relationships between staff and the people they supported. Staff had an enabling approach and focused on supporting people to achieve good outcomes. Staff listened to people's aspirations and worked with them to help them achieve their goals and to experience life in the way that mattered to them.

During the Covid-19 pandemic staff had supported people to keep in touch with their friends and families in ways that worked for them including the use of technology. This helped people to stay connected. Their interests and activities were maintained through alternative means such as online educational courses. Staff were now focusing on supporting people to pick up on their lives and activities. This included planning holidays, linking back with community activities, education and exploring new experiences. One person had started to take driving lessons and was hoping to buy a car when he passed his test.

Staff needed to be mindful of the language used in their written and verbal communication. For example in the care plans we sampled we saw some references to people's personal money as 'pocket money' signs of stress as 'silly or destructive behaviours' This is unprofessional and infantilises supported people. **(See Area for improvement 1)**

People's health was monitored and promoted through a number of effective health care assessments. Strong professional relationships had been developed with community services including local health teams such as learning disability and mental health services. This meant that people's health and wellbeing needs were regularly assessed and any changes in their health needs or wellbeing attended to quickly.

Staff were sensitive to the needs of people in shared living situations. They worked hard to accommodate differing needs and competing priorities. However this was not always successful and at times people's expectations in relation to their support could not be met in a timely manner which resulted in frustration.

In some instances, communication with key people was not always clear, consistent or accurate and this had contributed to breakdowns in relationships and trust in the organisation.

Most of the personal plans we sampled contained very detailed information and good direction for staff however, we did see some care plans where not all sections had been completed. Risk assessments for example were not completed for community involvement and there was minimal information in the section on my wishes in the event of my death. This should be further developed to include information on how people wished to be cared for if they became seriously ill.

For people who were not able to verbally articulate their needs, there was detailed information of the expressions and gestures made and what this meant. However, this should link to a pain assessment tool

and detail the interventions required for pain relief and the measures to take if pain relief is not effective. **(See Area for improvement 2.)**

One personal plan we sampled. support with continence needs was detailed but this was not linked to a continence assessment and the detail on the type and size of aids used were not recorded. This could potentially increase risks of skin breakdown and infection. **(See Area for improvement 3.)**

There were good systems and resources in place to support the safe management of infection prevention and control. Staff adhered to current Covid-19 information and guidance. We observed staff using personal protective equipment appropriately and practicing good infection prevention and control. They were aware of the procedures in place to reduce the risk of spread of infection between different areas within and between people's homes, including shared accommodation.

Staff had been trained and were knowledgeable about Covid-19 and infection prevention and control. Staff practice in this area was regularly monitored so that issues were picked up on and resolved quickly.

We found the management team had a sound understanding of the potential challenges presented by outbreaks of infectious disease and have developed a comprehensive contingency plan to manage any disruption to the service from an outbreak.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Supported people should be treated in a dignified and respectful way. The manager should ensure demeaning and infantilising language is removed from written records and reintroduce values as a regular talking point at staff meetings and staff supervision and support meetings.

This is to comply with the health and social care standards which state that 'I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.' (HSCS 1.1)

2. Supported people should receive the right level of support in the right way and at the right time to meet their needs. The manager should ensure that people who are non verbal have their needs for pain relief assessed using a recognised pain assessment tool such as the Abby Pain Scale. This assessment should inform the development of a detailed plan to manage stress and distressed reactions.

This is to comply with the health and social care standards which state that 'My care and support meets my needs and is right for me.' (HSCS 1.19)

3. The manager should ensure that people who require support with continence should have their needs assessed by an appropriate health care professional with expertise in continence.

This is to comply with the health and social care standards which state that 'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

Grade: 4 - good

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

We found that the service was performing to a good standard. This applies to performance where there are several important strengths in key areas which have a significant positive impact on people's experiences and outcomes.

The provider had robust systems in place to identify risks, plan appropriate actions to address these and drive improvement forward. There was a varied and relevant range of training available to staff. There were systems in place to ensure staff completed up to date training and were competent and confident when supporting people.

Across all areas of the service we found that staff had a good understanding of the people they supported and were sensitive to their needs and wishes. Most areas were up to date with all relevant documentation, reviews and assessments, however there were some notable gaps. We found that some of the written records were out of date and some care plans for people with highly complex needs had not been reviewed or updated for some considerable time. Staff support in terms of supervision, training and staff meetings had not been happening. It was clear there that in some areas, oversight and leadership had been lacking.

The newly appointed manager had given a significant commitment to supporting improvements in these areas. and during the inspection process we saw significant progress including reviewing and updating care plans, improvements in recording practices, updating core staff training, and the resumption of the mechanisms for supporting staff.

The managers presence and visibility on site was key to the progression seen in this service. However, it would be unrealistic to expect this this level of support to continue and it was unclear if the current level of performance would be sustained without this level of support and oversight. **(See Area for improvement 1.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To ensure the registered manager has sufficient time and resources to maintain a well led and high quality service, the provider should review the current geographical area the registered manager is expected to cover.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I use a service and organisation that are well led and managed.' (HSCS 5.17)

Grade: 4 - good

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

Previous requirements

Requirement 1

By 4 April 2022, the provider must ensure they keep people safe and healthy by ensuring they reduce the risk of medication errors. To do this, the provider must, at a minimum: a. review the medication training delivered to staff to identify how it can be improved to reduce errors. b. ensure all medication errors are analysed to ensure learning and improvement can take place, to prevent future medication errors. c. ensure

that people's families/carers are fully informed of any medication errors promptly, in line with their choices and wishes.

This requirement was made on 13 January 2022.

Action taken on previous requirement

The service had reviewed their medication protocols and updated the medication competency process for staff. Managers to complete analysis for any errors in administration and develop a lessons learned approach to enable improvements to systems.

Met - within timescales

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

Previous recommendations

Recommendation 1

To support people's health and wellbeing and improve information sharing and collaborative working, the manager should ensure all staff understand their role and responsibility in supporting people to attend, arrange and rearrange when required, appointments with health and medical professionals. Where people's families have legal powers to support decision making, and when families wish to be involved, they should be kept up to date and fully involved.

This recommendation was made on 13 January 2022.

Action taken on previous recommendation

Support plans have been updated to highlight the roles of guardians and emphasise the importance of consulting and informing them in relation to all issues concerning the care of people they support including appointments with health and medical professionals

Recommendation 2

To support people's health and wellbeing and ensure people are involved and consulted, the manager should make sure people have the information they need to access electronic care plans. Where people have legal powers for decision making, or choose to be involved in care planning, this should be progressed quickly.

This recommendation was made on 13 January 2022.

Action taken on previous recommendation

Relatives or representatives that have appropriate legal authority can request access to the electronic care plan. Where this is required guardians and people with power of attorney have read only access to their relatives care plan.

Recommendation 3

To promote respect for people's homes and their right to privacy, the manager should ensure that people's homes are not used to store files and records that are not relevant to their day-to-day care and support.

This recommendation was made on 13 January 2022.

Action taken on previous recommendation

All files and records that are not relevant to supported people have been removed from their homes.

Recommendation 4

To support transparency and to help people to easily understand how their money is being handled, record keeping and the sharing of records should be improved. The manager should consider electronic record keeping to reduce issues around illegible handwriting.

This recommendation was made on 13 January 2022.

Action taken on previous recommendation

Regular audits ensure there are clear financial records for all transactions. Guardians and those with power of attorney can meet with service managers to go through the details of spending on behalf of supported people.

Recommendation 5

To promote confidence and improve relationships with families/carers, communication should be improved.

This recommendation was made on 13 January 2022.

Action taken on previous recommendation

There are regular meetings with guardians and those with power of attorney to discuss any issues that arise. Reviews are held at least six monthly where all aspects of care and support can be more fully discussed.

Recommendation 6

The service should improve care plan documentation to ensure that a clear, complete, accurate and up-to-date record is kept of any injuries or skin integrity concerns, and that these are adequately assessed and monitored.

This recommendation was made on 19 April 2022.

Action taken on previous recommendation

All care plans have been reviewed and updated.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gratings	
9 Mar 2020	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good

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