

# Nansen Highland Housing Support Service Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
7 November 2022

**Service provided by:**  
Nansen Highland

**Service provider number:**  
SP2003001725

**Service no:**  
CS2011299270

## About the service

Nansen Highland Housing Support is a service registered to provide both housing support and care at home services to adults with learning disabilities and autism.

The provider is Nansen Highland, a registered charity based in Easter Ross. Nansen Highland operates other support services to people with a disability, including day care and residential care.

The service supports people with their own tenancy to live independently and safely in their community. The support offered is flexible and tailored to meet the needs of individual service users. Support packages can range from a few hours a week to 24/7 arrangements.

The service was registered with the Care Inspectorate on 1 May 2012.

## About the inspection

This was a short notice inspection which took place on 1 November 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with three people using the service.
- spoke with two staff and management.
- observed practice and daily life.
- reviewed documents.

## Key messages

- People were supported to develop good independent living skills.
- Staff had developed trusting, meaningful relationships with the young people and their families.
- People enjoyed a range of different activities that supported their personal growth and development.
- The service engages well with other agencies.
- Quality assurance processes needed to improve.

## 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
How good is our leadership?	4 - 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 evaluated this key question as very good. This applies to service performance where there are major strengths that support positive outcomes for the people using the service.

At this inspection we focused on three quality indicators for this key question. These were:

1.3 - People's health and wellbeing benefits from their care and support.

1.4 - People are getting the right service for them.

1.5 - People's health and wellbeing benefits from safe infection prevention and control practices and procedures.

There were a number of effective systems in place that monitored and evaluated individual's health needs. This included supporting people with regular check ups with dentistry, opticians, GPs and routine health screening. Referrals to specialist healthcare services were made as appropriate, for example, referral to mental health professionals and learning disability specialist services. This helps to ensure people's health and wellbeing was well supported by the right professional at the right time.

Care and support was delivered in a person centred way. It was clear that staff knew people's needs, aspirations and concerns well. People trusted staff which means that they could be open with them about issues that might concern them and be confident that these would be dealt with and resolved quickly. This is important for people's emotional well-being.

Assessments tools were in place to monitor risks so that independence was balanced with safety and people were enabled to achieve their goals in life. For example, with managing their budgets, developing skills and maintaining their tenancies.

People told us that they were involved in developing their support plan and this was based on their outcomes, choices and was very much centred on their rights. Where appropriate, families were very much part of the assessment of their loved one's needs and were involved in developing support plans and reviews. They confirmed they felt the service welcomed their input and valued their views and that communication with the service was of a high standard.

The service worked closely with NHS-Highland to ensure the success of the package. This means that there was a multi-faceted assessment of people's support needs, aspirations, and abilities which enables good decisions to be made about the support that can and cannot be provided to individuals.

There was good communication with them which means that if the support arrangements start to break down, there is a better chance of putting things right or to introduce alternative arrangements so the person is not without support.

Staff have completed up to date training on infection prevention and control and were observed to be following the expected guidance.

## How good is our leadership?

4 - Good

We evaluated this quality indicator as good. We identified a number of important strengths that have a positive impact on outcomes for young people. However, improvements are needed in order to ensure that people consistently have experiences and outcomes that are as positive as possible.

The service was well led and managed. There were a number of effective systems in place to evaluate people's experiences. This included regular discussions with people using the service, and their families, and other professionals involved with the service. This helped to ensure that people were getting the right care and support at the right time.

People we spoke with told us that the management team were responsive to suggestions and worked with people to make improvements. People were confident when they raised an issue it would be dealt with and resolved. This was confirmed through feedback from staff and relatives

There were systems in place to check staff were competent and confident when they were supporting people. This included a variety of training opportunities, and the promotion and ongoing discussion about value based practice. Staff told us there was an 'open door policy' should they need guidance or clarification in relation to how care and support was provided. This helped staff feel confident that they were providing the right care and support in a person centred manner.

Quality assurance, including improvement plans, ensure standards of good practice are adhered to and drive change and improvement forward. However, whilst there were a number of systems in place to promote good care, there was a lack of evaluation about what was working well and what needed further improvement. For example, the service's own surveys suggested several areas where improvements could be made, including staff training. It would be good to take this feedback forward and seek further information about what training in particular was needed and develop plan to address this.

The service's development plan listed a number of strategic objectives but this needed further breakdown to detail how these would be delivered; what successful implementation looked like and what else could be done if it wasn't successful.

Many of the items on the development plan were standard procedures which were already in place. For example - 'ensure safety of our residents and staff' The development plan needed to be less strategic and more targeted and specific to the service. **(See area for improvement 1)**

Formal systems for staff support including 1:1 supervision and staff meetings had lapsed during the Covid-19 pandemic, but were now starting to be re-established. Information in annual performance appraisals was minimal and needed to improve. This is to ensure clarity about the discussions held and decisions taken, and detail any action points so these can be followed up and signed off as completed or record any further actions that may be needed.

It may be helpful to consider implementing a formal system for practice observations which would feed into supervision meetings and performance appraisals and will support quality assurance of staff competency.

## Areas for improvement

1. To support improvement the provider should undertake a process of self-evaluation. This should result in the development and ongoing reviewing of improvement plans that have measurable outcomes relating to person centred care and support.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and;

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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