

Key – Highland (Caithness and Sutherland) Support Service

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Type of inspection:
Unannounced

Completed on:
19 December 2022

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Service no:
CS2004079342

About the service

Key Community Supports - Highland (Caithness and Sutherland), is operated by Key Housing Association Ltd, a registered social landlord that provides accessible housing and support in 15 local authority areas across Scotland.

The care at home service provided personal care, support and advice to people with disabilities and complex care needs. The service is provided in a number of localities throughout the North Highland area including; Thurso, Wick, and Golspie.

The service was committed to ensuring the provision of responsive supports that helped people achieve positive outcomes, celebrate their success and help address the challenges in people's lives.

This service was registered with the Care Inspectorate on 1 April 2011.

About the inspection

This was an unannounced inspection which took place between 8 and 10 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 10 people using the service;
- spoke with eight staff and management;
- observed interactions between staff and the people they supported;
- reviewed documents.

Key messages

- People were involved and included in developing the care and support they needed.
- People's choices and wishes were listened to and respected.
- There was a strong staff team that worked well together.
- Staff are compassionate and keen to provide the best quality of life for the people they support.
- Communication with some external health professionals needed to improve.
- Quality assurance processes should be re-established and rigorously implemented.

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?	4 - 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?

4 - Good

We evaluated this key question overall as good. This applies to performance where there are a number of important strengths that clearly outweigh areas for improvement. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

It was clear that people using the service were treated with compassion, dignity and respect. We observed warm and engaging interactions between staff and supported people. Staff demonstrated a good understanding of people's needs and wishes. People felt safe as there were strong, trusting relationships between staff and the people they supported. Aspirations were recognised and staff advocated strongly for people so their rights and choices could be upheld. Supported people were confident in negotiating their support arrangements with staff to suit their changing needs and choices. This means that people were seen as partners in their own support and arrangements could be flexible as far as possible to meet people's preferences. People we spoke with told us they were supported well with the things that were important to them, such as their relationships, keeping up with their bills and budgeting, planning outings and holidays and having fun. They said they trusted their staff and would speak to them or to management if they had any concerns or if they wanted changes.

People's health and wellbeing benefited from the support of a competent and confident staff team. Staff were knowledgeable and responsive to people's health needs. There were strong professional working relationships with Learning disability nursing service and community mental health teams, but communication with GP practices could be improved.

(See area for improvement 1).

People were supported with a range of activities which contributes positively to promoting good physical and mental health. People spoke about their experiences and we saw examples of good news stories, including trips, activities and holidays which were person centred and specific to individuals. This enhanced and enriched people's quality of life.

People were enabled to make informed health and lifestyle choices, including choices about their diet and exercise routines. Support with meal preparation and cooking was part of the service and reflected a balanced approach to meeting people's dietary needs and preferences. However, this was not consistently reflected in people's care plans.

Although staff were knowledgeable about people's support needs, the support plans did not always reflect this. For example, we saw well documented plans to support some people with stressed reactions but minimal information about this for others experiencing stress and distress. We saw that some important documents had expired and needed to be renewed to ensure people continued to be supported appropriately. Support plans needed to be reviewed to ensure they were accurate, relevant and up to date. **(See area for improvement 2).**

People with complex health needs were supported well. They were encouraged to express what support they required as their health situation directed, for example, where their ability to act independently was compromised by the limitations of their physical ability. However, we did not see anticipatory care plans in place. The service need to consider developing anticipatory care planning, particularly for people with significant and life limiting conditions. This will help ensure that people's known wishes and choices are

supported when their capacity to make decisions is reduced.

People were safe and protected as there were systems and resources in place to support the safe management of infection prevention and control. Staff adhered to current infection, prevention and control information and guidance. Staff had been trained and were knowledgeable about how to reduce the risk of spread of infection. There were systems in place to ensure staff had easy access to Personal Protective Equipment (PPE). We advised the service to continue to keep up to date with current guidance and practice.

Areas for improvement

1. To ensure that people continue to benefit from good access to local healthcare agencies, the service should ensure there is regular communication with the local GP service.

In order to achieve this the service should:

- a) identify a link person(s) who would be responsible for communication directly with GP practices;
- b) agree a protocol for regular communication to discuss health issues affecting supported people that do not have capacity;
- c) ensure that the results from visits to healthcare professionals including those involving tests for health issues are followed up in a timely manner.

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

'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28).

2. To provide staff with clear information and good guidance about supporting people, their support plans should:

- a) be reviewed, and updated to ensure information is accurate, up to date and relevant to their current needs, preferences and wishes;
- b) develop anticipatory care plans with individuals, particularly those with life limiting or degenerative conditions to ensure support continues to reflect their known wishes and choices.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11).

How good is our leadership?

4 - Good

We evaluated this quality indicator as good, this applies to performance where there are a number of important strengths that clearly outweigh areas for improvement. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Senior staff were visible within the service, providing support and guidance to staff on the ground. Staff informed us:

'Management are supportive and are there for us',

'There is an open-door policy,'

' They are not stuck in the office the whole time so they know what we do'.

This means that leadership at different levels in the service was approachable and responsive.

The service had an improvement plan in place. This was based around key areas for development. Regular audits of care plans risk assessment and review were being carried out by senior staff, identifying areas for improvement. However, it was not always clear if the actions for improvement identified had been taken. It may be helpful to clearly define when and how actions identified would be implemented and reviewed to enable tracking of the improvement journey.

The incident and accident records detailed a number of incidents and accidents and near misses. However, there did not appear to be effective processes to review or update risk assessments in relation to these or to detail any action identified as necessary to minimise recurrence. Not all incidents which should have generated a notification to the Care Inspectorate had been so notified, although families, guardians and the local authority had been notified of incidents as required. This showed that improvements were needed to ensure a robust system to learn from adverse situations and to drive improvement.

(See area for improvement 1).

Challenges including difficulties with recruitment and Covid-19 have had an impact on the service. Prioritising support to people meant that that some staff supports including staff meetings, training and supervisions have had to take a back seat with the result that these important aspects of quality assurance had lapsed. The service needed to re-establish these supports so that staff are offered regular and consistent opportunities to give and receive feedback about what is working well, what needs to improve and how this will be achieved.

(See area for improvement 2).

Satisfaction surveys were in progress. The staff survey had been completed and was in process of being analysed and evaluated. Other stakeholder surveys have just opened. This will provide important feedback for the service to direct their improvement plan.

Feedback received by the Care Inspectorate from people using the service, relatives, staff and visiting professionals was positive. 91.6% of relatives surveyed and 80% of professionals involved with the service said they were happy overall with the care and support provided by Key - Highland (Caithness and Sutherland). Comments included:

- 'The service is fantastic. Enabling my relative to stay at home to be cared for'
- 'As family we really appreciate what is being done to allow my relative to stay in their own home'
- 'The support our relative gets is fantastic'
- 'Needs are being met but there are staffing issues'
- 'It is clear that staff are patient, supportive and understanding'
- 'Supported people do not all receive their allocated time'
- 'Staff committed to providing as high quality of service as possible. Staff are professional, very considerate of their service users and are organised with the focus of meeting the needs of the individual'
- 'Staff team very happy to engage with me in my work and assist where required'
- 'Key provide fantastic support to the clients I work with, and it's clear they care about each individual, and have a great knowledge of their needs'.

Areas for improvement

1. To keep people safe and promote their wellbeing, the provider should improve prevention, recording and monitoring of accidents and incidents in the service. The service should ensure a complete record of the incident and what changes occurred as a result of the accident or incident. This should include but is not limited to:
 - a) the details of the debrief following the incident/accident;
 - b) complete or update the risk assessment;
 - c) show consideration of actions that could or will be introduced or changes made that would reduce risk of recurrence.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

2. To support people experience high quality care and support, the provider should ensure robust quality assurance processes are rigorously implemented and monitored and actions for improvement are clearly identified with timescales for completion and review. This should include, but is not limited to:
 - a) regular and ongoing staff support through 1:1 supervision meetings; team meetings and competence assessments;
 - b) reporting on the outcomes from stakeholders surveys;
 - c) review of documentation.

This is in order to ensure that 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)

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

The provider should provide monthly updates to both the Care Inspectorate and NHS Highland for its - Wick, Thurso, Golspie, Alness and Invergordon services. These monthly updates should provide analysis of medication errors and also evidence of month by month improvements.

This is in order to ensure that 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)

This area for improvement was made on 19 November 2019.

Action taken since then

Service continues to provide monthly updates to the LA on medication errors, but no longer provides this to Care Inspectorate. Following discussions with the Care Inspectorate it was agreed that sufficient evidence had been provided to show significant reduction in medication errors. This was mainly due to improved practice and monitoring of medicine management.

This area for improvement is **MET**.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

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

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