

Hillcrest Futures, Dundee, Student Support Service Support Service

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Type of inspection:
Unannounced

Completed on:
5 May 2023

Service provided by:
Hillcrest Futures Limited

Service provider number:
SP2003000083

Service no:
CS2008183587

About the service

This service was previously provided as Gowrie Care Ltd – Dundee College Support Service and was registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Hillcrest Futures, Dundee, Student Support Service provides a service to students in further and higher education establishments with physical disabilities, learning disabilities, mental health issues and autism. The service supports individuals to travel to and from campus, delivery of personal care, enabling them to fully participate in their chosen course.

About the inspection

This was an unannounced inspection which took place between 2 May and 5 May 2023. The inspection was carried out by two inspectors 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 eight people using the service and six relatives of supported people. We also spoke with eight staff and two members of the management team. We observed practice and daily life within the associated educational environment and sat in on two care plan reviews. We spoke with three visiting professionals associated with the service.

In the course of our inspection we reviewed many documents including, but not limited to:

- 10 Personal Care Plans (incl. Review Records and Risk Assessments);
- File Audits;
- 6 Staff files (incl. Supervision Records);
- Training Records;
- 3 Management Meetings (Weekly);
- Compliments;
- Complaints;
- Flip-chart records from most recent Staff Meeting (Did Well/Need to Improve);
- Training Records;
- 2 Service Improvement Plans (2022-23 and 2023-24);
- 33 returned questionnaires from those receiving support.

Key messages

Staff felt well supported by the management team.

The staff team had a good relationship with those they supported.

The staff team had a good understanding of the communication needs of those they supported

The digital method of recording and storage of information needed to be developed.

Processes around staff supervisions and performance reviews had been maintained.

Care plan reviews were scheduled within the academic year which worked well.

The provider needed to design and implement a method of recording personal outcomes and progress towards them.

The provider needed to review its audit processes to ensure that records and documents were completed to a consistently high standard.

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?	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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

We observed several warm, encouraging, and positive interactions between staff and people supported by the service, and this relationship helps people to achieve their individual outcomes. They appeared well connected within the college community and were enabled to maintain and develop relationships with the people around them, which gave them a sense of belonging in a vibrant, exciting environment.

People felt respected and listened to because their wishes and preferences were used to shape how they were supported, including if they wished to decline an aspect of their support. We heard that the six weekly review, which the service held in accordance with legislation, gave the student opportunities to express both likes and dislikes and look for solutions to any dissatisfaction.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, including 'receiving the right information, at the right time and in a way that can be understood'. This service put a lot of effort into this standard and consulted with colleagues to ensure that communication and access to information was as effective as possible. Several staff told us that they had recently been trained in MAKATON communication tools, some to an advanced level, and this not only showed this service's commitment to training but also to ensuring effective communication.

Although training in low-level interventions such as distraction and de-escalation had been effectively delivered to staff, we felt that perhaps a discussion around 'restraint' would be useful. This would give clearer guidance on types of restraint, when it is unacceptable e.g. abuse and when it is essential e.g. health and safety. The provider has a comprehensive Positive Behaviour Management policy but having a professional, reflective discussion on the limits of restraint may make things clearer for staff.

We found, in files that we sampled, that it was not always clear if legal guardianship was in place and who this was. This meant that it could be unclear who had decision-making powers with, for example, risk assessments and other required consents. This would be easily rectified by having a clear section within 'essential information', to record capacity and legal representation.

People were supported, during breaks and lunchtimes, to build upon their aspirations and confidence to have a strong sense of their own identity and wellbeing. One parent summed this up with 'He is more confident than he used to be and they are supporting him with steps towards more independence'.

The Service Improvement Plan 2022-23 had good detail in respect of Service Development Objectives. These objectives largely reflected what we had found as areas for improvement. There was a need to improve the consistency of care planning and risk assessments. We found some to be extremely detailed, and some to be minimal in content. Crucial documents, such as care plans, risk assessments and significant information, often requires to be up-dated and shared instantly. This ensures that subsequent staff coming on shift have the most up-to-date information and can provide consistent care in accordance with need, choice and wishes. The service should consider how it taps into digital technology to ensure up-to-date information is easily shared. We also found that digital connections within the service's office was extremely slow and this

should also be considered in an overall technological upgrade.

Individual risk assessments were in place, but these documents were often limited in information, including its source. They were often not 'signed' or dated so it was not always possible to know if the student had been involved or consulted, or if the risk assessment was current. In the process of reviewing paperwork and/or digital systems it may also be timely to review the formal audit so that the above issues can be addressed. Although we are confident that the service will address issues around records and paperwork, we are making this an area for improvement so we can monitor progress. **(See area for improvement 1).**

The service had moved away from its previous method of goal planning and recording outcomes. It was unclear what was intended to replace this but it gave an excellent opportunity for the service to consult with stakeholders on a way of aligning many different assessment, planning and recording tools. As this is such an important part of supporting people, we have made this an area for improvement. **(See area for improvement 2).**

There was a distinct 'buzz' about the college when we attended and it was clear that people were having fun. However, we heard from several sources, including students themselves, that a wider range of activities over breaks would be appreciated.

The service works closely with education and social work professionals, spending time in these separate environments, getting to know the person and supporting them through transition into adult services. This helps with what can, otherwise, be a very stressful time for child and parent.

As regards to the recent pandemic, we could see that staff had received good training in respect of personal protective equipment and infection prevention and control. We also saw that accessible public information on keeping safe was well publicised throughout the office with the use of graphic posters.

Areas for improvement

1. The provider should review and improve how they audit file contents and the quality of records, to confirm that documents and records are current and fit-for-purpose.

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

'My care and support is consistent and stable because people work together well.' (HSCS 3.19) and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

2. The provider should develop a new method of recording personal outcomes and how these are progressing.

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

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

'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).

How good is our leadership?

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 continually evaluated people's experiences to ensure that, as far as possible, people who were using the service were provided with the right care and support, in the right place, to meet their outcomes. This was done in a very natural way with discreet observation to minimise intrusion. If there was any behaviour of significance, or concern, this would be relayed back to the relevant people as appropriate.

We saw several examples of when leaders had empowered others to become involved in comprehensive quality assurance systems and activities, including team exercises in 'what we did well' and 'where do we need to improve'. We also saw that staff had been consulted on the Service Improvement Plan for 2022-23. Equally we read responses from students which were, on the whole, very positive with minimal suggestions for improvement within the service's control. This should lead to the development of an ongoing improvement plan which details the future direction of the service. Although there were good efforts to compile this plan, it appeared incomplete within a historic timescale and would perhaps benefit from having a more systematic approach to consultation and improvement planning. However, what these exercises showed us was that leaders had a clear understanding about what needed to improve and what should remain in place. We sign-posted the service to some useful improvement planning tools.

It must be stressed that the quality of leadership, communication, consultation and over-sight was of a very high standard. There were many spreadsheets and audits which ensured that quality assurances and improvements were well led. There may be some capacity to reduce the volume of work by consolidating the various quality assurance and improvement processes.

We saw that greeting cards of thanks and compliments were sitting at the bottom of a book case and we suggest that these are displayed somewhere prominent to celebrate outcomes and successes. These should be date stamped so it is clear when they were received.

It was very evident that people were confident giving feedback and raising concerns because they knew leaders would act quickly and use the information to help improve the service. We saw that the manager was pro-active in seeking feedback from stakeholders, both through questionnaires and the review process. The minimal complaints that had been received were fully investigated and responded to in accordance with policy. For this reason we were confident that where things go wrong with a person's care or support or their human rights are not respected, leaders would offer a meaningful apology and learn from mistakes and improve the quality of care and support.

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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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