

St. James Court Housing Support Service

St James's Court
St James's Place
Inverurie
AB51 3TE

Telephone: 01467 530 545

Type of inspection:
Unannounced

Completed on:
8 November 2023

Service provided by:
Inspire (Partnership Through Life) Ltd

Service provider number:
SP2003000031

Service no:
CS2014334032

About the service

St. James Court is a housing support and care at home service which supports people with learning disabilities, some of whom have additional complex needs. The service is situated in a residential area on the outskirts of Inverurie and has access to local transport links, shops, and community services. The service provides care and support for up to 24 people.

The service is provided to people in their own tenancies which are situated within a building complex consisting of individual flats. People have access to a variety of community lounges and a large enclosed multi-functional garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 30 and 31 October 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
- spoke with four of their family
- spoke with five staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People were being supported respectfully.
- People were very happy with the service provided.
- People were living full lives, accessing lots of activities, and having fun.
- Staff should improve upon record keeping.
- Leaders need to ensure staff receive appropriate levels of supervision and support.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How well is our care and support planned? | 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 as good, with aspects of its performance being of a very good standard. There were a number of important strengths which, taken together, outweigh areas for improvement.

People were being supported by a staff team that knew them well and how they preferred to be supported and cared for. There were lots of warm and friendly interactions. We heard people laughing and joking together. As a result, there was a positive and upbeat atmosphere in the building.

The way in which the care and support was commissioned and organised contributed positively to people receiving flexible person-centred care which focussed on supporting them to achieve the goals that were important to them. When we spoke with people, they were proud of their achievements and told us about their busy work and social lives. One person said, "I am living my best life".

People told us that sometimes agency staff were used when the service was short staffed. This support was not always provided in a respectful manner, nor met the individuals' assessed needs. We discussed this situation with the provider during the inspection and saw evidence that they took action to resolve this with employing agencies.

Staff employed by the service demonstrated very in-depth knowledge and understanding of people's support needs. Some people had very complex needs, requiring specific routines to be followed to minimise distress. Staff provided this support sensitively, ensuring good outcomes for people when they could.

The provider had established good links with healthcare specialists who supported with advice and guidance when changes in people's behaviours resulted in a deterioration in their life experiences. While we saw that the provider worked hard to follow the guidance given, sometimes documentation requested by specialists had not been effectively completed. This meant that behaviours could not be fully analysed or appropriate interventions delivered (see area for improvement 1).

People were able to choose how to spend their time. They were encouraged to develop individual interests and set goals to achieve things that were important to them. The service had an activities coordinator who organised an extensive programme of activities for people to become involved in, if they wished. There were a mixture of individual and group activities taking place, both in-house and in the community. People were being supported to attend work and voluntary placements and they were having lots of fun. Together, this contributed positively to keeping people mentally and physically healthy and enriching their lives.

Where possible, people were involved in making decisions about their physical and mental wellbeing and staff were creative in their approaches to promote and support people's choices. Some people had access to technology that enabled them to live in a more independent way. This made people feel empowered.

People were being supported to maintain a healthy lifestyle. They were supported to shop for and prepare healthy meals. Sometimes people enjoyed taking part in shared meals as part of social events. People told us how much they enjoyed and valued these experiences.

Areas for improvement

1. To support people's wellbeing, the provider should ensure staff complete and submit documentation as directed by healthcare providers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly, where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

How good is our leadership?

4 - Good

We have made an evaluation of good for this key question, as several important strengths, when 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.

The service provider was in the process of merging with another provider and lots of changes were taking place. It was positive to note that while people were aware of the changes, they told us that there had been no negative impact on their care and support.

The provider had a suite of quality assurance tools to monitor and review service delivery. Any issues that were identified from this process were fed into both service specific and organisational improvement plans. However, sometimes where issues were identified by external auditors leaders were slow to make the improvements needed. This meant that in some areas, poor practice continued.

While the provider employs a quality improvement team, it would be beneficial to the service for all staff to have a greater understanding of, and be involved in, quality assurance processes within the service.

People's experiences were being evaluated through care reviews. These included the attendance of relevant professionals and other people who were important to the tenant. Tenants meetings were not taking place as these did not suit this service type or some of those receiving support. It is important, however, that everyone has an opportunity to convey their experience of the services provided (see area for improvement 1).

Quality assurance and observations of staff performance were not taking place consistently and, where they had, record keeping was poor with little or no follow up action taking place. For example, some staff told us that leaders had carried out observations on hand hygiene practice. However, we could not find documentation to support this and we saw several breaches in compliance of good hand hygiene. It is important that leaders continually quality assure different areas of staff performance so that people receive high quality care and support (see area for improvement 2).

Leaders demonstrated a clear understanding of what was working well in the service and were passionate about ensuring that tenants' rights were respected. This contributed positively to people's overall experience.

Areas for improvement

1. To support people with complex communication needs to provide feedback that reflects their experiences, the provider should improve upon ways and tools used to gather information.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can be meaningfully involved in how organisations that support and care for me work and develop' (HSCS 4.6); and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

2. To support people's safety and wellbeing, the provider should ensure that improvement is made to the quality of observations in respect of staff performance, competency, and compliance. This should include, but is not limited to, the frequency of checks, the detail of records kept, and the types of practice observed.

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).

How good is our staff team?

4 - Good

We have made an evaluation of good for this key question, as several important strengths, when 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.

The provider had a training plan in place and offered a variety of training opportunities for staff. There was a high compliance rate for staff completing mandatory training. This contributed positively to ensuring that people received care and support that met with best practice.

New staff completed a comprehensive induction programme and told us of how well they were supported in their new roles. Staff told us that induction was set at a pace that was mutually acceptable and that it was tailored to meet the needs of individual tenants. New staff shadowed more experienced staff until they were assessed as competent to practice. As a result, people were more likely to receive person-centred care and support.

Staff should have an opportunity to discuss learning needs and reflect upon their practice. However, when we looked at records we found that professional supervision and support did not always happen in line with professional codes (see area for improvement 1).

People were satisfied that they received a good service from staff employed by the provider. However, several people raised concerns regarding the quality of care provided when agency staff were employed. We spoke with the provider about these concerns during the inspection. The provider was aware of incidents and had reported concerns to the agencies promptly.

Areas for improvement

1. To promote best practice, good conduct, and support staff to continuously improve their performance, the provider should ensure that systems are in place which allow supervisors and supervisees time to prepare for and take part in regular planned and meaningful supervision sessions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?**4 - Good**

We evaluated this key question as good. This means that there were a number of important strengths, when taken together, outweigh areas for improvement. The strengths will have significant positive impact on people's experiences.

Personal plans contained lots of detailed information about people. They described what was important to people and the routines that made them feel safe. The plans maximised people's capacity and ability to make choices. This contributed positively to people being able to live as independently as they could.

Plans were very large and it was sometimes difficult to find and cross-reference important information. Some people's notes were muddled, making it difficult to track care and support provided. There were plans in place to transfer documentation to an electronic care planning system which would contribute positively to ensuring that information could be found easily.

Some daily recordings were written in a person-centred way, giving a good account of people's experiences, while others needed to develop further.

Plans were regularly reviewed, evaluated, and updated involving relevant professionals. Where people were not able to contribute or express their wishes and preferences, the service included those who had legal authority to make decisions on the person's behalf.

It is important in order to protect and uphold people's rights, that supporting legal documentation is in place. This was not consistently available which may increase risks to both the supported individual and staff. The provider was aware of which documents were missing and was making efforts to include them in personal plans.

Risk assessment and management plans were in place to support people to live as full and independent a life as possible. Regular reviews of risk management plans took place alongside personal plan reviews. During our inspection we noted that a risk for one person had been identified but there was some confusion around whether this was a current risk. The provider realised the importance of this and sought to clarify this with the individual's care manager.

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

Requirements

Requirement 1

Due to the concerns identified with infection prevention and control you, the provider, must take the following action to be completed by 16 July 2021.

You must ensure that people experience care in an environment that is safe, well maintained, and minimizes the risk of infection. In particular you must:

- a) Ensure that the premises, furnishings, and equipment are clean, tidy, and well maintained.
- b) Ensure that processes, such as enhanced cleaning schedules and regular quality assurance checks, are in place and effective to ensure that the environment is consistently safe and well maintained.
- c) Ensure that clinical waste is stored safely and disposed of in a manner which takes account of the most up-to-date guidance from Health Protection Scotland.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 June 2021.

Action taken on previous requirement

This requirement was reviewed and reported on following an inspection of the service in June 2021.

Met - within timescales

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 and manager need to ensure there is appropriate and robust checks and audits in place to ensure the improvements in the cleanliness of the environment are maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This area for improvement was made on 28 July 2021.

Action taken since then

Systems were in place to ensure that the cleanliness of the environment was maintained. We saw that both communal areas and people's flats appeared clean and some areas had recently benefitted from redecoration. Quality assurance documentation was in place and staff regularly completed this. Any omissions appeared to correlate with days of reduced staffing or agency staff support.

This area for improvement has been met.

Previous area for improvement 2

The service should ensure that support is provided in accordance with support plans and guidance. This should include:

- Ensuring staff have appropriate training, information, and support to carry out their roles effectively.
- Ensuring the support provided is regularly reviewed and audited.

This is in order to comply with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 5 February 2020.

Action taken since then

This area for improvement was reviewed and reported on following an inspection in June 2021.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure people have individual, person-centred risk assessments regarding their access to the community and the support they need, which take account of their individual situation and abilities, as well as their rights and the relevant guidance. The provider should ensure this is discussed with the relevant authorities as appropriate, with a view to enabling people to participate in their preferred activities wherever it is possible and beneficial for them to do so.

This is in order to comply with Health and Social Care Standard 1.3: If my independence, control, and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum, and carried out sensitively.

This area for improvement was made on 25 September 2020.

Action taken since then

This area for improvement was reviewed and reported on following an inspection in June 2021.

This area for improvement has been 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

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| 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 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |

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

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| How good is our staff team? | 4 - Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 4 - Good |

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| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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