

Moray Services (Housing Support) Housing Support Service

Cornerstone
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Elgin
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Type of inspection:
Unannounced

Completed on:
13 October 2023

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2004073008

About the service

Moray Services (Housing Support) provides a care at home and housing support service to adults with learning disabilities living in their own homes. The service provider is Cornerstone Community Care.

People supported by the service live either in shared accommodation or individual flats/bungalows.

At the time of this inspection, 27 people were being supported by the service across Buckie and Elgin.

About the inspection

This was an unannounced inspection which took place between 6 and 12 October 2023. The inspection was carried out by three 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 five people using the service
- spoke with five of their family members
- spoke with 12 staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Some people experienced warm and kind interactions from staff but more training is required for staff.
- People's support didn't always meet their agreed needs and wishes and personal plans require some improvement.
- The service generally worked well with the wider multi-disciplinary team.
- The service must ensure staff have regular support and supervision.
- The leadership team require to have more oversight of the service, including quality assurance.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. While there were some strengths identified, they were compromised by significant weaknesses. As part of the inspection we also followed up requirements for improvement that had been made at a previous inspection.

There were some warm and kind interactions between staff and people experiencing support. In some cases staff clearly knew the person they were supporting well and were able to recognise and respond appropriately to their support needs. However, at times the support people received did not offer respect and dignity as adults. This included choices around food preferences. (Please see requirement two from the section 'What the service has done to meet any requirements made at or since the last inspection'.)

Some people had busy lives and were being supported to get the most out of life. A person who had recently experienced a caravan holiday was happy to talk about their time away, looking at photographs and was planning a further holiday. However, the allocation of staff didn't always enable people to have the opportunity to experience support that maintained and developed their skills, interests, and strengths. The service should ensure that people are supported in line with their assessed needs and aspirations to ensure meaningful engagement and participation in daily living skills and areas of interest. (Please see requirement three from the section 'What the service has done to meet any requirements made at or since the last inspection'.)

The service was responsive when there was a change in people's day-to-day health needs and ensured people received support from an appropriate health professional, such as GP, dentist, or podiatrist. However, when people required support with more complex health and wellbeing needs, staff did not always appear to understand the impact of the person's condition and how to support them well and in line with professional guidance. This meant people's health and wellbeing was at a potential risk of harm.

The service requires to improve its management of medication. Records and associated support plans were inconsistent. This meant there was a potential risk of harm as we could not be assured that people always received the right medication at the right time. (Please see requirement one from the section 'What the service has done to meet any requirements made at or since out last inspection'.)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As part of the inspection we also followed up requirements for improvement that had been made at a previous inspection.

Evaluation of people's experiences was inconsistent across the service. Although some formal review meetings had been held, the service did not always recognise and respond to the impact the support provided had on people's wellbeing and, therefore, missed opportunities to ensure it was meeting their outcomes and aspirations. A number of people and/or their relatives/representatives told us that they felt the support needed to improve. We were concerned that when a concern or complaint had been raised, the service had not always acted upon this and may have missed opportunities to learn from mistakes. (Please see requirement five from the section 'What the service has done to meet any requirements made at or since the last inspection'.)

The service had devised detailed service improvement plans. Whilst some progress had been made to complete identified actions, it wasn't always clear to see how these were having a positive impact on people's outcomes. Although there was some use of audit tools, the implementation of these was inconsistent across the service and did not always identify areas which the service required to improve. These did not provide the leadership team with oversight of all the key functions of service delivery to be assured of the quality of the care and support people experience. (Please see requirement five from the section 'What the service has done to meet any requirements made at or since the last inspection'.)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve. As part of the inspection we also followed up requirements for improvement that had been made at a previous inspection.

Some staff told us they felt supported in their role while others felt that they weren't always able to seek support when needed. Whilst staff support sessions are happening, these are often not as regular as desired and the quality of the sessions could be improved. This means opportunities to support personal and professional development may be delayed or missed. The service must make improvements to ensure staff feel supported and have the necessary skills and knowledge to deliver quality care and support. (Please see requirement six from the section 'What the service has done to meet any requirements we made at or since the last inspection'.)

People accessed both online and face-to-face training. This consisted of mandatory courses, such as first aid, moving and assisting, and epilepsy, as well as more service specific training. Some staff did not have up-to-date training and, although observations of staff competency had been carried out, these focused on the administration of medication and did not encompass wider staff competence. This meant there were limited opportunities for staff to reflect on their practice and to ensure that knowledge gained in training sessions was embedded into practice. (Please see requirement six from the section 'What the service has done to meet any requirements we made at or since the last inspection'.)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of the service require to improve. As part of the inspection we also followed up requirements for improvement that had been made at a previous inspection.

People had personal plans which contained detail around the person's needs. Some plans contained specific professional guidance to support a person's health and wellbeing needs. However, these were not always used to inform staff practice. This may prevent staff from providing the best support to maximise people's wellbeing.

Most plans had recently been reviewed with involvement from the wider multi-disciplinary team and family/representatives. More consideration could be given to ensuring that a range of methods are used to support the person to have greater input into the review process. This would ensure that people were able to direct their support in line with their needs and wishes.

While some improvement had been made to some personal plans, we were still concerned that people's choices and wishes were not always considered. (Please see requirement one from the section 'What the service has done to meet any requirements made at or since the last inspection'.)

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

Requirements

Requirement 1

By 1 April 2023, the provider must ensure people receive their necessary support through their preferred method.

To do this the provider must, at a minimum:

- a) Review all support plans and ensure accuracy throughout.
- b) Ensure a clear link in planning, implementation, and reviewing for all health and social needs, which can be tracked to audit compliance.
- c) Ensure people's goals and aspirations are identified and support plans evidence the positive steps each day and record the action taken if positive steps have not been made.
- d) Make all care records equally accessible to all staff.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 7 February 2023.

Action taken on previous requirement

Support plans had been reviewed and updated with more detail around people's needs. The service has had significant input from the wider multi-disciplinary team to support with this. There were occasions where people's support was not planned and delivered in line with their assessed needs and wishes. Some people had been supported to identify aspirations and goals. However, this was not consistent across the service. The service had changed its support planning system to ensure that all staff have access to support plans and daily recordings.

Although the service had made some improvements, to ensure the service meets all the elements of the requirement and embeds improvements, we have extended the timescale to 8 December 2023.

Not met

Requirement 2

By 1 May 2023, the provider must ensure people are treated with compassion and dignity and are protected from harm.

To do this the provider must, at a minimum:

- a) Ensure all staff are trained in the protection of vulnerable adults, with some element of face-to-face discussion and assessment of understanding.
- b) Ensure all staff understand and are implementing practices that promote person-led practice, compassionate support, and respect for all people.

This is to comply with Regulation 4(1)(b) (Welfare of users) and Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29); and 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1).

This requirement was made on 7 February 2023.

Action taken on previous requirement

Staff had accessed both online and face-to-face training around adult support and protection (ASP). The service had been more proactive in its response to any potential ASP issues, including reporting of these to relevant agencies. However, it is important that the service ensures this is always done in a timeous way. The service had, at times, not implemented person-led, compassionate, and respectful support. For further information please see the section 'How well to we support people's wellbeing?'.

Although the service had made some improvements, to ensure the service meets all the elements of the requirement and embeds improvements, we have extended the timescale to 8 December 2023.

Not met

Requirement 3

By 1 May 2023, the provider must ensure people are enabled to develop interests and activities that matter to them.

To do this the provider must, at a minimum:

- a) Ensure people are supported to identify areas of interests and activities that matter to them.
- b) Ensure these identified areas of interests and activities are integral in the planning and delivery of support.
- c) Ensure these areas are reviewed at regular interviews and amendments made where required.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This requirement was made on 7 February 2023.

Action taken on previous requirement

Support plans and daily recording indicate that people have routines and most people access specialist day service activities. It wasn't always evident that the service had identified areas of interest and activities that matter to people. Some people spent a lot of time with other people supported and their staff member. It is important that the service ensures that this practice is appropriate and meets the needs and wishes of people. For further information please see the section 'How well to we support people's wellbeing?'.

Although the service had made some improvements, to ensure the service meets all the elements of the requirement and embeds improvements, we have extended the timescale to 8 December 2023.

Not met

Requirement 4

By 28 February 2023, the provider must ensure people are supported in a service which operates in an effective and safe structure.

To do this the provider must:

- a) Ensure the service operates within conditions of its registration.
- b) Ensure leadership roles and responsibilities are clear and transparent.

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

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 4.23).

This requirement was made on 7 February 2023.

Action taken on previous requirement

At the time of inspection the service was operating within its conditions. However, the service had not progressed this area in line with anticipated timescales. We were not assured that the registered manager is supported to have adequate oversight of the service.

Although the service had made some improvements, to support the service to meet all the elements of the requirement and embed improvements, we have extended the timescale to 8 December 2023.

Not met

Requirement 5

By 31 May 2023, the provider must ensure people's outcomes are supported by consistent and effective systems for delivery of their care.

To do this the provider must ensure all aspects of the delivery and systems are audited and improvements made timeously, when necessary.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 requirement was made on 7 February 2023.

Action taken on previous requirement

Whilst the service had implemented a quality assurance system with the use of a number of tools, these did not always identify areas for improvement within the service. The service had implemented a detailed service improvement plan but, at the time of inspection, it was not possible to evaluate the impact this had on people's outcomes.

Although the service had made some improvements, to support the service to meet all the elements of the requirement and embed improvements, we have extended the timescale to 8 December 2023.

Not met

Requirement 6

By 31 May 2023, the provider must ensure people are supported by staff who are well trained, competent and skilled, and who are enabled to reflect on their practice in order to develop.

To do this the provider must, at a minimum:

- a) Ensure new members of staff undertake a consistent induction programme.
- b) Ensure supervision and reflection is regular, tracked, and recorded.
- c) Ensure basic training is up-to-date for everyone and 'extra' training is up-to-date for everyone who is supporting people with specific conditions.

This is to comply with Regulation 15 (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 7 February 2023.

Action taken on previous requirement

The service had better oversight of the training database and had implemented a more robust induction programme. Although staff were accessing supervision sessions, the frequency and quality of these were not consistent across the service. Some staff did not have up-to-date training and competency assessments focused solely on medication administration.

Although the service had made some improvements, to support the service to meet all the elements of the requirement and embed improvements, we have extended the timescale to 8 December 2023.

Not 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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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