

Kingdom Housing Support - 2 Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
20 January 2023

Service provided by:
Kingdom Support and Care CIC

Service provider number:
SP2016012806

Service no:
CS2016351147

About the service

Kingdom Care and Support 2 is registered as a combined care at home and housing support service. The service is provided by Kingdom Support and Care CIC.

The service is available to people with a range of support needs including; older people, people with learning disabilities, mental health problems, physical disabilities, sensory impairments, drug and alcohol misuse problems and people who have experienced homelessness. A service is also provided for older Chinese people.

The service supports people in different settings including:

- shared or single occupancy houses, with 24 hour support; and
- visiting support varying from visiting once a week, to several times a day, or for most of the day, to people who have their own tenancies, or live with their families.

The service is provided by a manager, coordinators, senior support workers and support workers in seven teams across Fife.

About the inspection

This was a full inspection which took place between 11 and 19 January 2023. 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 six people using the service and six of their relatives;
- spoke with ten staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People received kind and compassionate care and support
- People were supported to spend their time in ways that were meaningful and purposeful for them
- Risks to people were not identified or addressed appropriately
- Medication practices were unsafe
- Quality assurance needed to improve to ensure better outcomes for people

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

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. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made several requirements for improvement.

Staff were committed to supporting people to get the most out of life. We observed warm and positive interactions between people using the service and staff. It was apparent that trusting relationships were established. Staff demonstrated kindness and compassion when supporting people. This helped people feel valued and accepted.

Staff demonstrated a good knowledge of people's interests, preferences and choices. People were supported to enjoy spending time in ways that were meaningful and purposeful for them. People were stimulated by sensory equipment in their homes and enjoyed spending time with friends at discos and clubs. Staff supported people to enjoy holidays and people were supported to maintain relationships with people who were important to them.

People were supported to do as much as they could for themselves. This included making choices about menu planning, shopping and taking care of their homes. This enabled people to maintain and increase their skills and abilities.

People were supported to maintain their homes in ways of their choosing. Where people lived in shared accommodation, their bedrooms reflected their personalities. This meant people's sense of identity and self-esteem was maintained and increased.

We identified some areas for improvement in order that people experienced better outcomes.

We were concerned that the boundaries were blurred between people's home and staff's workplace. The service was registered with the Care Inspectorate to support people living in their own homes. However, where people lived in shared accommodation, staff sleepover rooms were also used as offices. This is not in accordance with the conditions of the service's registration. Staff information was posted on a notice board in people's kitchen. This could effect people's sense of ownership of their own home and undermine their sense of identity.

One house contained a pleasant and cosy small sitting room. The room was well equipped with sensory equipment, books and games. Staff told us two people particularly enjoyed spending time in this room. However, the room was not accessible as it was being used to store equipment. We acknowledged some of this was due to the refurbishment of a person's bedroom. Nevertheless, the lack of access to the sitting room led to people experiencing reduced outcomes.

We identified some strengths in the support people received with their health care needs. However, we identified several concerns regarding the health care support people received.

We found the quality of people's personal plans varied across the service. We saw detailed health care plans in people's personal plans. However, practice we observed did not reflect the care plans. Some people using the service experienced complex and significant health care needs. Care plans must provide appropriate information and guidance to enable staff to meet people's needs.

Personal plans were often large and unwieldy. Some personal plans fell apart when we tried to access information. Personal plans should contain only relevant and current information. This would ensure bank and agency staff could access appropriate information quickly and easily and reduce risks to people's health, safety and wellbeing.

Staff knew people well and recognised any changes in people's health and needs. Staff responded proactively and promptly when concerns were identified. People were supported by relevant professionals with referrals being made as required. We saw outcomes for autistic people were improved by staff implementing visual support guidance from the speech and language therapist. Staff understood the importance of providing structure and routine for people. As a result, people required less psychoactive medication. This improved people's outcomes.

The support people received with medication was not safe and required improvement as a matter of urgency. One person received medication they were allergic to. This was despite an alert being clearly visible in their medication file. We were further concerned about the lack of response or appropriate action to ensure the person's health, safety and wellbeing. Where appropriate, people's relatives or representatives should be fully consulted and informed about changes to people's health. This is particularly important if medical intervention or treatment is required. We noted in this case, welfare guardians, with the legal powers to consent to medical treatment on their relative's behalf, were not consulted or informed. Furthermore, Adults with Incapacity health care documentation required by the provider had expired (see requirement 1).

Medication administration records did not provide the information or guidance required to ensure people received their medication safely and consistently. This was with particular reference to topical medication prescribed on an "as required" basis. This meant we were not confident that records of the administration of topical medication were accurate or that people received the support they required.

Protocols were in place to inform the care and support people received. This included guidance regarding bowel management and fluid intake. Protocols were not signed or dated by a medical practitioner. Staff did not know who had prescribed the intervention or when. Furthermore, protocols included handwritten amendments and information scored out and difficult to read. This meant protocols were confusing and unsafe. We were concerned that risks to people's health, safety and wellbeing were not identified or addressed. The provider must address these issues as a priority (see requirement 2).

We noted practice was developing in an area of the service to support people to take positive, life enhancing risks. This work should be further enhanced and shared throughout the service.

People were subject to restraint and restrictive practice without the appropriate legal authority or consents. This included the use of door alarms, surveillance alarms and people's access to their finances being restricted. The provider was committed to reducing restraint and restrictive practice. However, there was a lack of understanding, throughout the staff team, of Adults with Incapacity legislation in practice. This meant there was a risk that people's rights to privacy, dignity and choice were compromised. The provider should ensure staff practice complies with the Mental Welfare Commission guidance Rights, Risks and Limits to Freedom. This should include developing individual restraint reduction plans and regular multi-disciplinary reviews of any restraint or restrictive practices people are subject to (see area for improvement 1). People should have access to independent advocacy to ensure their rights are upheld and their voices are heard.

People's health and wellbeing were at risk from unsafe infection prevention and control practice and procedures.

We evaluated the provider's infection prevention control practice and procedures. Information from Health Protection Scotland and the provider's health and safety team was provided to inform staff's practice. We identified good practice in some services. However, we were very concerned about the risks to people's health, safety and wellbeing in a service we visited. People should expect to live in an environment that is clean, comfortable and well maintained. We found the environment was generally unclean. Bath and shower rooms were poorly maintained. Hand rails were rusty and insecure and paint was flaking on the ceiling. Staff told us these issues had been reported but we could not find this evidence. Toilets and flooring were badly soiled and stained. We noted painted surfaces including skirting boards and doors were chipped and scuffed. This made appropriate cleaning difficult. People were sharing toilet and showering equipment without evidence of cleaning between uses.

Enhanced cleaning schedules were in place and cleaning records we sampled indicated that cleaning was carried out on a regular basis. However, based upon our observations, we were not assured that the records were reliable.

We observed that equipment used to provide people with nutrition and medication via percutaneous endoscopic gastrostomy (PEG) was not cleaned or stored safely. There was no protocol in place to inform staff's practice in cleaning, storing and changing PEG equipment. This put people's health and safety at risk (see requirement 3).

We discussed our concerns with the provider. We agreed to give the provider 48 hours to make the necessary improvements.

On our return to the service, we found significant improvements had been made. The house had undergone deep cleaning and rusty equipment was removed. The provider had arranged for deep cleaning to be carried out by a contractor three times per year.

A landlord inspection identified an extensive list of necessary repairs, maintenance and replacements. An annual landlord inspection will also now take place.

The small sitting room had been cleared and cleaned. The room could now be accessed by people living in the house. This would improve people's outcomes.

A PEG equipment protocol was developed to ensure safe practice. We were satisfied that appropriate action was taken to reduce risks to people's health, safety and wellbeing. People could enjoy living in a pleasant and safe home.

Requirements

1. By 27 February 2023, the provider must protect people's health, safety and wellbeing. In order to achieve this, the provider must ensure people receive safe, consistent and person-centred support with medication.

This must include but is not limited to:

a) develop and regularly review person-centred care plans which enable people, where appropriate, to be involved in managing their medication;

- b) ensure protocols are in place to inform the administration of medication prescribed on an “as required” basis. Health interventions must be sanctioned by an appropriate medical practitioner;
- c) ensure staff have the required knowledge and skills to support people and evaluate their competency on a regular basis;
- d) ensure medication errors are identified and managed effectively to reduce the risks to people; and
- e) ensure effective monitoring and oversight of the medication support provided for people.

This is in order to comply with Regulation 3, 4(1)(a), 4(1)(c), 5(1), 5(2)(a), 5(2)(b), 15(a), 15(b)(i) 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).

2. By 24 March 2023, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all personal plans have up to date supporting positive risk assessments and care plans which:

- a) evidence that people and/or their representatives were involved in developing, agreeing and reviewing the plans;
- b) ensure people's needs are assessed on a regular basis with action taken to ensure changes to people's needs are appropriately addressed;
- c) accurately reflect people's assessed current health and care needs with priority given to epilepsy, communication, restraint and restrictive practice; and
- e) identify, assess and mitigate risks to people ensuring they are supported to take positive, life-enhancing risks.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (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:

'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).

3. By 24 March 2023, in order to ensure that people experience a safe, clean and well maintained environment, the provider, must at a minimum:

- a) ensure that people's furnishings, fixtures, fittings and care equipment are clean, tidy and well maintained. Where equipment is shared, it must be cleaned between each use and records kept;
- b) ensure effective arrangements are in place to prevent and control the spread of infection;
- c) ensure that all staff are trained and assessed as competent in core areas of infection prevention and control;.
- d) ensure that regular quality assurance processes identify and address areas for improvement related to staff practice and the environment; and
- e) ensure any repairs and maintenance required are addressed timeously.

This is to comply with Regulation 4 (1)(a) and 4(d) of The Social Care and Social Work 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).

Areas for improvement

1. In order that people's human rights are upheld, the provider should ensure staff's practice is consistent with the Mental Welfare Commission guidance "Rights, Risks and Limits to Freedom". People should be supported to understand and claim their human rights.

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

'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.' (HSCS 1.3).

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 these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

We acknowledged the provider's commitment to improving the services people received. The provider was working with colleges and other partners to maximise the recruitment and retention of staff. These developments demonstrated forward thinking, innovative practice.

Staff were clearly valued by the providers and their local and senior managers. Staff surveys sought staff's feedback about their experiences and ideas for improvement and development. Staff told us their ideas were taken on board and put into practice where appropriate.

Staff praised the organisation's positive culture. Managers tried to ensure staff had a good work/ life balance by being flexible with rotas and family commitments. Staff said they felt valued.

People using the service and their relatives told us the managers of their services were approachable, responsive and flexible to try to respond to changes in their needs.

Quality assurance audits were being carried out at local level. Action plans were developed to address areas for improvement that were identified. However, there was no evidence that the necessary improvements had taken place.

Key performance indicators were used to measure some aspects of quality assurance. We acknowledged that this information may provide useful information. The provider must ensure that the views of people and their relatives are gathered on a regular basis. This information should drive improvements in the service people receive and the direction of the organisation.

We identified significant gaps in the oversight and governance of the service by senior managers. This had a detrimental impact on people's outcomes and experiences.

Quality assurance audits had not been carried out by the registered manager of the service since 2021. The manager could not tell us if areas for improvement were addressed. We were not confident that the manager had sufficient knowledge or understanding of the current risks and issues in the service. Quality assurance processes should drive continuous improvement. However, the lack of regular audits meant the manager could not have comprehensive knowledge and understanding of current service delivery. We were not assured that people received safe, consistent or effective care and support.

We had concerns about capacity of local management teams. Members of local management teams were based in services on a daily or weekly basis. Nevertheless, areas for improvement were not identified or addressed. This included weak infection prevention and control practices which put people at risk of harm. Staff did not always receive appropriate information or guidance when they sought support from managers. As a result, people's health, safety and well being were at risk. The provider must ensure managers have the skills, knowledge, experience and decision-making abilities to provide accurate, best practice support for staff (see requirement 1).

People using the service, their relatives and staff told us they had little opportunity to meet or speak with the registered manager. Whilst we appreciated the manager's workload, they should take steps to increase their accessibility and visibility.

Requirements

1. By 24 March 2023, the provider must ensure service users' health, safety and well-being needs are met. In order to achieve this, the provider must ensure that the service is led well and quality assurance for the service is responsive and carried out effectively.

This must include but is not limited to:

- a) ensure that people's views, suggestions and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences;
- b) appropriate governance and oversight is in place by the provider and at the service. This must include audits for monitoring and checking the quality of service which are accurate, up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without delay; and
- c) effective leadership and management of the service ensures people's needs, rights, and wishes are met and respected.

This is in order to comply with Regulations 3 and 4(1)(a) 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The provider carried out an annual training needs analysis for all grades of staff. This informed the service's learning and development plan. Training was made up of both mandatory and services users' needs led training. This was to ensure staff had the skills and knowledge required to meet people's needs. Bespoke training was also provided by members of the multi-disciplinary team. This provided staff with knowledge, understanding and strategies to support individuals with complex needs. Staff told us this training increased their confidence and improved people's outcomes.

Staff valued the input of the provider's positive behaviour support team. The team worked alongside staff, carried out observations, contributed to care planning and supported learning and reflection after incidents.

The provider was working to provide staff with a career pathway. This would support staff recruitment and retention. Staff were offered opportunities for ongoing development. This included undertaking Scottish Vocational Qualifications and leadership skills development programmes.

Staff had access to regular supervision. This provided opportunities to discuss their learning and practice development. Staff said they could approach their line manager for support and described the provider's "open door" policy.

Staff valued being able to attend regular team meetings. This provided opportunities to discuss practice issues as well as receiving provider, legislation and policy updates. The provider should ensure infection prevention and control is a standing agenda item at supervisions and team meetings. This is to ensure staff remain aware of the importance of IPC and best practice.

We identified areas for improvement that would improve people's outcomes and experiences. There was a lack of oversight of the training matrix. Some staff had not completed the training they required and in other cases, training was out of date. This included training in adult support and protection. This put people at risk of harm.

We spoke with staff and carried out practice observations. We identified gaps in staff's knowledge, understanding and practice in areas including Adults with Incapacity and restraint and restrictive practice. This compromised people's rights to privacy and dignity and to making their own choices and decisions.

Staff undertook a wide range of learning and development opportunities. However, we found little evidence that staff's ability to put their learning into practice was evaluated. This meant areas for improvement in staff's knowledge and practice were not identified or addressed. The provider should further develop their processes and include observations of staff practice (see area for improvement 1).

Areas for improvement

1. In order to ensure that staff have the right knowledge, competence and development to care for and support people, the provider should ensure staff training needs are identified and addressed by staff at all levels in the service within the required timescales. This should include ensuring staff can transfer their learning into practice.

This is to ensure care and support reflects 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).

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

In order to safeguard the health, safety and wellbeing of people, the service should ensure risks to people are identified, assessed and appropriately addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24).

This area for improvement was made on 18 October 2021.

Action taken since then

This area for improvement was not met. This has been incorporated into a requirement. Please see "How well do we support people's wellbeing" section of this report for further details.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak
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

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