

Moray Services (Housing Support) Housing Support Service

Cornerstone
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Elgin
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Telephone: 01343 559 337

Type of inspection:
Unannounced

Completed on:
8 February 2024

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, 28 people were being supported by the service across Buckie and Elgin.

About the inspection

This was an unannounced inspection which took place between 22 and 24 January 2024. 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 15 people using the service
- spoke with four of their family members
- spoke with 17 staff and management
- spoke with visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- The service had developed a comprehensive positive behaviour support strategy, which when fully realised should help to reduce people's distress.
- Staff require further training and support to develop the expertise needed to support some people's distressed behaviours.
- The service had met the outstanding six requirements from the previous inspection.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection, this has now been changed to adequate. This is because overall the service had strengths but these only just outweighed weaknesses.

We inspected the service in February 2023 and identified several areas of concern. As a result, we made six requirements. We followed up on these requirements in October 2023 and found the requirements had not been met. We restated the requirements and followed up on these at this inspection. The service had made significant progress towards meeting all of the requirements (**please see, 'What the service has done to meet any requirements made at or since the last inspection'**).

At this inspection, we visited and had oversight of six of the nine accommodations within this registration. It was clear there were differences in the quality of care between the different accommodations. In some accommodations people had good or very good outcomes. We saw some examples where the standard of care and support provided to people had positively transformed their health and quality of life. These people were very happy and content and got the most out of life. They had good relationships with their staff team and they told us they felt safe and well cared for.

One of the accommodations was still not at the standard we would expect, albeit improvements had been made. At times this negatively impacted people's outcomes. This was because the service didn't have the consistency of staff with the right level of knowledge, skill and expertise to support people with distressed behaviour and communication needs. Staff did not always get the balance between supporting an adult who has the right to make a choice about what they want to do versus the needs of an adult with a learning disability who requires routine and consistency to function and cope with their day.

We discussed our findings with the senior leadership team. Cornerstone told us they had recognised the need for upskilling their staff across the organisation to support people with distressed behaviours. They had a positive behaviour support (PBS) strategy in place to address this, with a corresponding policy and guidelines. We were pleased with the quality and detail of the PBS strategy and we can see that this has the potential to improve the overall quality of care and support people receive. However, it was in the early stages of development and more training was due to be rolled out to staff this year.

Although Cornerstone do currently provide basic training in positive behaviour support, this is insufficient to meet the needs of some of their clients. Although sometimes additional bespoke training was sourced, this was often too late and people's outcomes had already been negatively impacted. This can and has led to placements breaking down, which causes emotional and psychological distress to the client and their family. Furthermore, it impacts on the service's ability to recruit and retain staff, which adds further inconsistency to people's care and causes greater distress to clients who need consistency, routine and familiarity (**please see requirement 1**).

It is important that all positive behaviour support is enhanced with staff having the necessary skills to communicate with people in a way they understand. People with learning disabilities can use a wide range of non-verbal communication strategies, including, signs, symbols, pictures and so on. Therefore, for any positive behaviour support strategy to be successful it is important to address people's communication needs (**please see requirement 1**).

Requirements

1. By 1 July 2024, the provider must ensure staff are trained, competent and skilled to effectively support people with distressed behaviour and communication needs

To do this the provider must, at a minimum:

- a) develop a plan to implement their new positive behaviour support (PBS) training focusing on those services with the highest level of need first
- b) ensure staff's training, competence and skills in supporting people with distressed behaviours is sufficient to meet the needs of the individuals they support
- c) review the current pre-admissions policy and procedure to include analysis of what knowledge, skills and training staff require based on the individual needs of new people moving in, (including people with distressed behaviours), with the aim of upskilling staff prior to the service commencing
- d) develop an organisational strategy on the use of augmentative and alternative communication (AAC) ensuring staff are trained, competent and skilled to communicate with people in a way that is meaningful to them.

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 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 good is our leadership?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection, this has now been changed to adequate. This is because overall the service had strengths but these only just outweighed weaknesses.

At the time of the inspection the service had nine separate accommodations, varying in size from one person living on their own to several people living in shared accommodation. In total the service met the needs of 28 adults with a learning disability. The properties were divided between Buckie and Elgin. Due to the size and geographical layout of the different accommodations, it was particularly challenging for one registered manager to have clear oversight of all accommodations and people's care. Therefore, following the conclusion of this inspection the registration will be divided, with four of the Buckie accommodations going under a new registration with one registered manager and the other five Elgin accommodations staying under this registration with a different registered manager. This should improve the managerial oversight of people's care and in time also the consistency and quality of that care.

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 27 March 2023.

Action taken on previous requirement

Overall there was sufficient progress towards meeting this requirement and therefore, we have deemed it as met. However, there was variation in the quality of the progress made between the nine different accommodations. Most accommodations had made good progress and we could see the improvements to people's outcomes. For example, one person had chosen goals that were very personal to them and we could see how well they were progressing on a daily basis, which boosted their confidence and sense of achievement. Another person had identified goals which supported them to explore new activities and their local environment and this had significantly improved their quality of life.

Care plans and records were easily accessible throughout all of the properties. All support plans had been reviewed and most were accurate and up to date with relevant information that enabled staff to meet

people's needs. It was disappointing that even after being reviewed and quality assured, one care plan remained inaccurate and lacked clear information on how to support that person in times of distress. This was raised with the manager who agreed to update the care plan as a priority.

Met - outwith timescales

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 27 March 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, albeit they were reminded of their duty to report to the Care Inspectorate in a timely manner.

From our observations of practice and from speaking with people, we were able to see that staff implemented person-led, compassionate, and respectful support.

Therefore, we have deemed this requirement as met.

Met - outwith timescales

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 27 March 2023.

Action taken on previous requirement

We saw some good activity plans that enabled people to get the most out of life. We could see where the plans had been reviewed and changed according to what was working well and what could be improved. In most cases this resulted in good outcomes for people. For example, one person was getting anxious attending a certain activity and this was changed to a cookery session, which they thoroughly enjoyed. In another accommodation, they were supporting a person to sample a range of different activities and outings to gauge the person's interest and enjoyment. This worked very well as it opened up opportunities for the individual which otherwise would not have been considered.

In one accommodation the improved activities were too recent to fully evaluate. Some had only started in the last one to two months. We could see that the service had the systems in place to review and staff were writing detailed notes as to people's engagement with the activities, which will feed into the reviews. We will follow up the service's progress at the next inspection.

As significant progress had been made towards meeting this requirement, we have deemed this as met.

Met - outwith timescales

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 27 March 2023.

Action taken on previous requirement

Due to the size and layout of the service, it was challenging for one registered manager to have a clear oversight across the service. Following the conclusion of this inspection the registration will be divided, with four of the Buckie accommodations going under a new registration with one registered manager and the other five in Elgin accommodations staying under this registration with a different registered manager. This should improve the managerial oversight of people's care and ensure the registered manager is able to perform their role.

Leadership roles and responsibilities were clear and transparent and the staff we spoke to understood their roles and responsibilities.

With this in mind we have deemed this requirement as met.

Met - outwith timescales

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 27 March 2023.

Action taken on previous requirement

The service had implemented a quality assurance system with the use of a number of tools. These tools had improved since the last inspection and they demonstrated that they were capable of identifying when things were not right and putting them right before they impacted on the quality and safety of people's care. Each

tool had a corresponding action plan and in most cases the actions had been taken. This helped to keep people safe and well. We did remind the service that it is important that where actions are identified these are followed in a timely manner as part of the weekly management checks.

As the service had made significant progress towards meeting this requirement, we deemed it as met.

Met - outwith timescales

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 27 March 2023.

Action taken on previous requirement

Whilst this inspection found that the service had made sufficient progress towards meeting this requirement, it did identify other gaps in staff training, for which we made a new requirement (**please see 'How well do we support people's wellbeing?' for further information**).

Staff confirmed the induction process had improved and new staff were reporting feeling more confident and competent as a result. Supervision was regular and staff said the level of support provided to them had improved. Basic training was up to date and where additional training had been identified and delivered, staff talked positively and enthusiastically about the improvement this made to their practice. For example, in one accommodation staff had received specialist training in how to support the person with their distressed behaviours and the person was much calmer and more settled than before. Staff described feeling much more confident when supporting the person and this showed with the significant decrease in incidents of distress.

Met - outwith timescales

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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