

Support Services 1st Choice Ltd Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
4 March 2024

Service provided by:
Support Services 1st Choice Limited

Service provider number:
SP2021000136

Service no:
CS2021000231

About the service

Support Services 1st Choice provides a service to adults with care and housing support needs in their home and in the community. The service provider is Support Services 1st Choice Limited.

The service operates within the Scottish Borders including Hawick, Selkirk and Galashiels, Denholm, Robertson and other rural areas.

At the time of the inspection, the service was providing care and support to 89 people.

About the inspection

This was a short notice, announced follow up inspection which was carried out in two stages. The first visit was on 20 December 2023 and the second part of the inspection took place between 1 and 4 March 2024.

The focus of the inspection was to assess what action had been taken to meet the requirements and areas for improvement made at an inspection completed on 7 November 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 seven people using the service
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documentation

Key messages

- Action had been taken to improve medication processes to promote safe practice and ensure accurate completion of documentation.
- Staff knowledge and skills were enhanced through the provision of additional training opportunities.
- Quality assurance processes had been implemented and gave improved management oversight of the quality of the service.
- The provider should take steps to demonstrate a clear understanding of what is working well and where improvements are needed.
- Personal plans and risk assessments were updated, however continued improvements are needed to ensure more person-centred information is used to promote best outcomes.

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 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?

3 - Adequate

At the inspection in November 2023, we evaluated this key question as weak. At this follow up inspection we re-evaluated the key question as adequate. While strengths can be identified, key areas must continue to improve.

The manager had made the necessary improvements in processes and documentation used to manage and administer people's medication safely. This has been reflected in our evaluation for this key question. The provider should ensure improvements are sustained, to support the best health and wellbeing outcomes for the person.

For further information, please see the following section of this report:

- '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

At the inspection in November 2023, we evaluated this key question as weak. At this follow up inspection we re-evaluated the key question as adequate. While strengths can be identified, key areas must continue to improve.

The manager had made improvements to personal planning and risk assessments. Whilst most areas of people's personal plans had been developed, work was still in progress to complete more personalised information relating to people's history and what is important to them. We have made an area for improvement to ensure care and support planning promotes positive interactions and relationships for people. See area for improvement one.

For further information, please see the following section of this report:

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

Areas for improvement

1. To support the best outcomes for people and promote positive interactions and relationships with staff, the provider should ensure personal plans are further developed. To do this, the provider should, at a minimum include more personalised information in plans to reflect people's history and what is important to them.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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) and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (HSCS 3.4).

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

Requirements

Requirement 1

By 19 December 2023 the provider must ensure medication is managed in a manner which protects the health and well-being of people experiencing care. To do this the provider must, at a minimum, ensure:

- a) robust audit processes are implemented, which effectively identify issues and lead to improved practice.
- b) all medication errors are reported to management staff, with investigations completed, and outcomes and actions documented.
- c) risk assessments are completed for all individuals who need support with medication and/or prescribed supplements. These must be reviewed and updated in line with people's changing needs.
- d) protocols for 'when required' medication are in place, regularly reviewed and updated in line with people's changing needs.

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 care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 7 November 2023.

Action taken on previous requirement

The manager had implemented new processes for checking and auditing people's medication. We saw that audits had been completed in January 2024 and there were no errors in the administration of medication. Risk assessments were in place for people who needed support to take their medicines. Protocols had been developed for situations where people had 'when required' medication. This meant staff had information and guidance to keep people safe and well.

Overall we found improvements in the processes and documentation in place, reducing the risk of error for people using the service. People could be confident medication was managed in a manner which protects their health and wellbeing.

Met - outwith timescales

Requirement 2

By 29 February 2024, the provider must ensure quality assurance systems are in place to improve the continuous management of people's care. To do this, the provider must at a minimum:

- a) Implement a clear plan of regular audits and checks to establish the quality of the service.
- b) Follow up on findings to ensure improved outcomes for people.

This is to comply with Regulations 3 (Principles) and 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 7 November 2023.

Action taken on previous requirement

Since the inspection in November 2023, the manager had established a clear plan for regular audits to gauge the quality of the service. A range of checks was carried out to ensure care and support was carried out safely and in line with people's needs and wishes.

The manager had good oversight of reviews of people's care and support, staff supervision meetings, observations of staff practice and the administration of medication. Issues identified were clearly documented and follow up action was taken to promote better outcomes for people.

People could be assured the manager had improved oversight of the quality of their care and support. The provider should ensure the improvements are sustained over time.

Met - within timescales

Requirement 3

By 29 Feb 2024, the provider must ensure information is reported to the Care Inspectorate timeously. Notifications must be submitted in line with "Records that all registered services (except childminding) must keep and guidance on notification reporting" (February 2012, Care Inspectorate).

This is to comply with Regulation 4(1)(b) (Records, notifications and returns) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI 2011/28).

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

This requirement was made on 7 November 2023.

Action taken on previous requirement

Since the last inspection, the manager had completed notifications to the Care Inspectorate as required.

Met - within timescales

Requirement 4

By 29 February 2024, to support people's outcomes and wishes and ensure safe, effective care, the provider must make significant improvements to personal planning and risk assessment. To do this the provider must, at a minimum, ensure:

- a) Personal plans are up to date and contain relevant details of how people's medication and health conditions impact on their wellbeing.
- b) Up to date risk assessments and safe practice guidelines are in place and are reflective of people's identified care needs; and
- c) Personal plans contain relevant personalised information to reflect the required support and care and to promote positive interactions with staff.

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) Regulation 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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) and 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4).

This requirement was made on 7 November 2023.

Action taken on previous requirement

Since the inspection in November 2023, the manager had taken action to ensure personal plans were up to date and reviewed within the last six months. Information about most people's health was included with relevant details of how any conditions impacted on their wellbeing. Some of this work was still being undertaken, however this was mainly around the history of people's health.

Fact sheets had been created to enhance staff's awareness of various health conditions, relevant to people they were supporting. This included personalised information about how staff can provide the best care and support to help people meet their outcomes. Up to date risk assessments were in place, providing staff with information about how to provide safe care and support.

Some personal plans contained information about people's lives and what is important to them, to promote positive engagement with staff. The completion of this in all plans was still ongoing and we spoke to the manager about the importance of using the information to help people build trust and good relationships with staff.

Whilst the requirement has been met, the provider should continue to make improvements to personal plans and we have made a new area for improvement to reflect this.

For further information, please see the following section of this report:

- 'How well is our care and support planned'

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

To support the best possible outcomes for people and promote a culture of continuous improvement, the provider should work with others to implement a comprehensive improvement plan. To do this, the provider should, at a minimum:

- a) Identify clear targets for service development and improvement.
- b) Create clearly defined and measurable actions when improvements have been identified.
- c) Establish clear lines of responsibility and accountability for identified improvements.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 7 November 2023.

Action taken since then

The manager had started the process of creating an improvement plan by identifying targets for service development. This was compromised, however, by the apparent lack of involvement of other leaders in the improvement planning process. We found the plan was not sufficiently detailed to drive effective change and promote the standards people should expect from their care and support.

We spoke to the provider about the governance of the service and the need for greater direction to establish a comprehensive improvement plan for the service.

The provider should take significant action to demonstrate a clear understanding of what improvements are needed and all leaders' roles in directing and supporting the future development of the service. This would give people confidence in the provider's commitment to promoting a culture of continuous improvement. We have therefore repeated an area for improvement to reflect our findings. See area for improvement one.

This area for improvement is not met and will remain in place for follow up at a future inspection.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure that staff have the necessary knowledge and skills to support people effectively. This should include, but is not limited to, ensuring staff have the necessary training and there is a system in place to assess staff competency on an ongoing basis.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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 3.13).

This area for improvement was made on 7 November 2023.

Action taken since then

The manager had implemented additional training for staff in key areas and topics specific to the needs of people they supported.

An increased number of staff had undertaken training in dementia and palliative care. Online learning was also provided in topics such as continence care, food hygiene, pressure care, Parkinson's and adult support and protection.

People could be assured of staff having access to a range of learning opportunities, giving them the knowledge and skills needed to deliver effective care and support. To support people's health and wellbeing, the provider should ensure improvements are sustained.

This area for improvement is 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? | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support | 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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