

Key - Ayrshire and South Lanarkshire Housing Support Service

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Type of inspection:
Unannounced

Completed on:
30 May 2024

Service provided by:
Key Housing Association Ltd

Service provider number:
SP2003000173

Service no:
CS2004073243

About the service

Key - Ayrshire and South Lanarkshire is registered to provide support services to adults, with disabilities both in their own home and in the community.

The registered manager and team managers organise and oversee support staff delivering care to approximately 190 people across Ayr, Ardrossan, Saltcoats, Lesmahagow, Lanark and Rutherglen. The branch provide a variety of supports including 24 hour support and the office base is in Glasgow.

About the inspection

This was an unannounced inspection which took place from 22 May to 30 May 2024 between 09:15 and 18:10. 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 throughout the inspection year.

To inform our evaluation we:

- spoke with 29 people using the service and 16 of their family
- spoke with 34 staff and management
- observed practice and daily life
- reviewed documents
- spoke to and received feedback from 23 visiting professionals
- reviewed 117 completed questionnaires

Key messages

- Staff knew people well and were able to use this knowledge to provide very good person centred support.
- People benefited from being supported by committed, skilled staff teams who worked well together.
- People had access to a wide range of activities tailored to their interests.
- The service management had very good oversight of the service and the needs of people supported.
- People told us they felt listened to and respected.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We saw evidence of warm and caring relationships between staff and people as well as lots of laughter and smiles. People were supported by small groups of staff who know them well and had received the appropriate training to care for their needs. People told us "They're brilliant 20 out of 10, staff make me feel like a princess." This meant people felt valued and safe.

People had access to a wide range of professional support. Feedback from visiting professionals reported responsive staff who referred appropriately and acted on advice given. They told us "I have always been impressed with Key's service, having worked with them for several years now covering multiple cases that I have assessed over that time."

We observed health promotion activities such as attendance at healthy eating courses. There was a robust procedure in place for medication administration which was appropriately documented. Clear guidance was provided within the support plans of the impact of any medical conditions and actions required to support the person to manage this. This helped people to remain in good health.

People reported attending multiple activities which were tailored to their likes and dislikes but staff also encouraged people to try new things. Holidays away were a regular event for those who wished and we saw evidence that people were involved in the whole process of planning. This helped people feel included and also learn new skills.

Staff responded quickly to requests for help through the on call responder system which allowed people a greater degree of independence while maintaining their safety. New technology was observed to enable people to live as independently as possible while maintaining safety. This helped people to develop new skills.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The service had systems in place to monitor the quality of the service. There was a range of audits completed regularly by all grades of staff and the actions from these informed the service improvement plan. There was a system in place to monitor completion of these actions which ensured positive outcomes for people were supported. All documents were stored on a shared drive ensuring the registered manager had oversight of all information.

There was an effective system in place to access information on staff training. This ensured that when adjustments to staffing were required that suitably qualified staff were able to be identified. This ensured that people were supported by appropriately skilled staff.

Information obtained at reviews was used to inform changes in the support offered. People reported that they are asked for their opinions which are respected and acted upon. People told us " Staff are magic and

ask my opinion."

We saw evidence of an inclusive culture where a variety of aids such as smiley and sad faces through to complex electronic devices are used to enable people to communicate their needs and opinions. Key works in partnership The Advisory Group (TAG) to enable people with learning disabilities to have a voice in the services they use.

The staff and management have a positive attitude towards continual improvement and all levels of staff spoke of their commitment to make things better for the people they support by learning from things that are not working or not going well. Regular meetings are held at which all key information is reviewed.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff reported that they worked well together and we saw warm and positive relationships and humour between staff members. There were effective communication systems in place to ensure that staff were kept up to date with any change in people's health or wellbeing. This ensured people were supported by staff who were informed about their care needs and could provide responsive support.

The induction process was structured but also tailored to the needs of the people the staff member would be supporting. Staff were given multiple opportunities to shadow experienced support workers and had regular check-ins throughout their induction and probationary period. Staff told us " I feel that my induction gave me the skills I needed."

Staff also received regular training and refreshers. The inhouse training team and dedicated trainer for the branch allowed a tailored and fast response to identified training needs .Training was also completed proactively to provide staff with the necessary skills to support different people when required. This ensured people were supported by appropriately skilled staff.

Staff told us that they felt supported by the management team. We saw that regular supervisions and appraisals took place. This offered staff opportunities to discuss their learning and development needs and reflect on their practice which promoted positive outcomes for people supported. Staff told us "My supervisions are very worthwhile and I could go to any of the management team for advice." This meant that staff felt valued as individuals.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a regular review and audit of the support plans. The plans sampled demonstrated a good knowledge of the person and a sense of who they are. There was key information on planned and recurring events, appointments and what must and must not happen. They would allow a staff member to effectively offer support to someone. This enabled staff to offer support according to people's wishes.

The plans encouraged independence by informing what people could do for themselves as well as what assistance was required. People were supported to maintain relationships with those who were important to

them and with the local community. We saw and were told of numerous examples where people had gained new skills and become more independent . However, this was not fully reflected in the support plans. This had been recognised by the service and new paperwork was being trialled to address this. This will ensure that people are encouraged to reach their full potential.

Each person had a personalised record book which allowed for the effective recording of all support and was audited monthly .This ensured effective evaluation of support offered.

Family members reported that they were involved and kept up to date. A family member told us "Any changes that are required are discussed and agreed by all."

Regular reviews took place and involved family members and other professionals. An involved professional told us "I have attended many reviews and outcomes are person centred and focused on improving individuals health and social care needs." This ensures that the support offered remains appropriate and relevant to people's needs.

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 make sure that people receive care and support that is right for them, services should ensure that:

- All people supported have access to a support plan.
- Support plans set clear outcomes for people.
- Peoples support plans are reviewed and updated regularly and people are involved in this process.
- There is a consistent process for for support plans across the branch.

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)
and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.'
(HSCS 2.17)

This area for improvement was made on 24 January 2023.

Action taken since then

All service users have a support plan which is regularly audited. Review of support plans across different areas demonstrated a consistent approach and showed that the plans set clear outcomes for people and involved both people and their families where appropriate. People told us they felt listened to and heard and regularly attended reviews.

This area for improvement is met.

Previous area for improvement 2

Area for improvement 2:

In order to demonstrate that quality assurance and improvement is well led to ensure that people experience consistently good outcomes the provider should ensure that:

- the registered manager has complete oversight of the branch and ongoing key activities.
- quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.
- when audits are carried out, action plans should be fully developed to address the issues identified.
- actions that are taken are reviewed to ensure that they effectively improve outcomes for people.

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 area for improvement was made on 24 January 2023.

Action taken since then

The service had introduced a system of workbooks for each area which were stored on a shared drive enabling the registered manager to have oversight of all key areas. There was a comprehensive system of audits and action plans which were regularly reviewed by the registered manager. There was evidence of improvement to peoples outcomes as a result of identified issues.

This area for improvement is met.

Previous area for improvement 3

To ensure that people are supported by trained, competent and skilled staff the branch should ensure that:

- all staff have undertaken mandatory training to ensure they have the skills to practice and support people safely.
- all staff have the specific specialised training they might need to meet peoples individual need.
- managers have clear oversight of the training that has been undertaken by the staff team in order to quickly identify any gaps.

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 area for improvement was made on 24 January 2023.

Action taken since then

A new electronic system had been introduced which provided the ability to identify any training gaps. The system allowed for training to be allocated to staff tailored to the needs of people they supported. Staff reported that they had been provided with all of the necessary training to support people and this was confirmed in the training report.

This area for improvement is met

Previous area for improvement 4

To support the personal and professional development of staff and ensuring that staff are reflective practitioners, services should make sure that:

- supervision and appraisals are undertaken as per the organisations policy.
- team meetings are facilitated.

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 area for improvement was made on 24 January 2023.

Action taken since then

There were trackers in place to ensure that supervisions and appraisals took place as per the organisational policy. The registered manager had oversight of all services to assist in compliance. Staff reported that they received regular supervisions and that these were worth while. We saw evidence of team meetings discussing key themes and issues.

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

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
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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