

Hillcrest Futures - North Grimsby/Dundee Outreach Service Housing Support Service

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ARBROATH
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Telephone: 01241 873742

Type of inspection:
Unannounced

Completed on:
13 May 2024

Service provided by:
Hillcrest Futures Limited

Service provider number:
SP2003000083

Service no:
CS2011281109

About the service

Hillcrest Futures - North Grimsby / Dundee Outreach service provides a combined housing support and care at home service to adults aged 16 and over. People who use this service may have drug and/or alcohol problems or may have mental health problems or a learning disability living in the temporary supported homeless accommodation, their own tenancies or the wider community.

Support is provided by two teams across Dundee and Angus.

This service has been registered since 01 February 2011.

About the inspection

This was a full inspection which took place over three days from 07 to 09 May 2024. 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;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People were enjoying supportive relationships with support staff.
- Support was provided in a relaxed and supportive manner.
- Staff training and supervision was not being carried out frequently enough.
- Management oversight and quality assurance processes needed to improve.

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

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|--|--------------|
| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 4 - 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?

4 - Good

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

People across both parts of the service told us that they were very happy with the service that they received, and that staff treated them with respect. We observed patient, kind and professional interactions between staff and service users, with appropriate use of banter and fun, which supported warm and friendly interactions. People told us, 'The staff are all fantastic, they are always there to talk to you and help us with support' and 'they make you feel like somebody really cares about you, we laugh a lot, they are all great, they make sure I am ok'.

Support visits were carried out in a relaxed manner, with enough time for staff to complete the required support tasks during their visits. This meant that people did not feel rushed or hurried and supported people to feel safe and supported in their own homes. People told us, 'I feel safe in my flat'.

Medication was not routinely administered by staff in this service, however, when it was, it was managed from a venal link system provided by local pharmacies. Staff were observed to support people to take their medication safely and used medication administration records to record when this had been carried out. Staff also monitored when people were not safe to take medications, for example, when affected by drugs or alcohol, and recorded these appropriately.

Where people required assistance to manage their finances; these were managed safely using the service recording systems and lock boxes to keep cash and cards safe. People told us, 'I was always losing my card and cash, but now the staff help me when I go to the shops which keeps me and my money safe'.

Staff used personal protective equipment (PPE) appropriately during visits in the local community, and in the temporary homeless accommodation. We also observed that staff ensured hand hygiene was carried out after each visit with the use of hand sanitizers. This ensured that support staff and people were protected from cross contamination before and after carrying out care and support.

Office bases were clean and tidy. We discussed the need to have cleaning schedules specific to these areas, especially where people accessed shared kitchen and laundry areas. Although cleaning of the office spaces was ticked as completed in the daily support visit schedules; this was not specific enough, and was not signed off at the end of each day by the responsible person. Managers agreed to put cleaning schedules in place for these areas, which we will monitor at our next inspection.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Managers were knowledgeable about their service areas, enthusiastic, and worked well with external partners and stakeholders. We spoke to Local Authority partners who were able to tell us about the work that the service had carried out to keep people safe over the pandemic, and reflected some of the difficulties facing this service and the wider care sector regarding staff recruitment.

Quality assurance processes needed to improve. Key processes such as support plan audits; risk assessments and other care processes such as reviews were not happening as effectively or as frequently as was required. We found differences in detail between the two services and also the format of care documentation such as care plans and risk assessments. Some risk assessments were not as clear or well defined enough to keep people safe, or had not been updated. The online format of accessing and storing these documents was slow and meant it was difficult to navigate to relevant details in people's support plans. **(See requirement 1).**

Managers had responsibilities for other services, which presented difficulties in maintaining adequate levels of oversight for quality assurance processes and the development of this service. Providers were looking at introducing another layer of management, to support managers in their roles, however, this was not in place at the time of this inspection. In addition, due to the challenges of staff recruitment and retention that many services were experiencing; managers were also providing some cover for shifts where this was necessary. This meant that managers had difficulties in managing time with staff to ensure that they had adequate levels of support.

Staff were not receiving regular supervision. Staff told us that managers were supportive; were available to them for advice or guidance, and that informal supervision was taking place. However, this was not in line with the service's own policies and procedures. Some core and essential staff training was not as up to date as it needed to be. It is the responsibility of managers and staff to ensure that staff have the knowledge and understanding to carry out their roles, in order to maintain their responsibilities with their registration with professional bodies, and to keep people safe. **(See requirement 2).**

Some observations of staff practice were being carried out to monitor new staff and on completion of medication administration training, however, these were not always formally recorded or carried out often enough. We discussed with managers, the importance of recording these observations to supplement and inform supervision discussions with staff. We will monitor this at our next inspection.

Due to demands on managers, staff meetings and other stakeholder engagement was not carried out regularly, which meant there were few opportunities for them to obtain feedback about the service and include this within the service development plans. We discussed the importance of ensuring that people had opportunities to provide feedback about the service in order to ensure that people's views were considered. **(See requirement 1).**

Some incidents had not been reported to the Care Inspectorate as is required of all services. We discussed these concerns with managers and clarified these roles and responsibilities. **(See area for improvement 1).**

Requirements

1. In order ensure service improvements are made, by 31 May 2024, the provider must submit a plan to the Care Inspectorate to make proper provision for the health and welfare of service users. Providers must ensure that robust quality assurance systems are put in place which are regularly monitored by managers of the service.

This must include but is not restricted to:

- a) Update and improve consistency of information within service user support plans and risk assessments across the service.
- b) Ensure support plans accurately reflect support outcomes agreed with service users at commencement of service provision.
- c) Ensuring six monthly reviews are carried out and support plans are updated accordingly.
- d) Stakeholder engagement is carried out, to inform improvements to the service and are included within service development plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4 and 5(b)(ii)(iii)

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

'People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

(HSCS 4.19)

2. In order to ensure that staff are supported, and have the knowledge and skills required to carry out their roles, by 30 November 2024, providers must ensure that staff receive:

- a) Supervision at intervals set within service own policies and procedures.
- c) Observations of staff practice are carried out and recorded at regular intervals.
- d) Staff meetings/consultations are carried out to ensure that staff have information and updates about the service, have opportunities to provide feedback, and are involved in service developments.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 20011/210 Regulation 15 (a)(b)(i)(ii)

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)

Areas for improvement

1. Managers should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate'. (HSCS 4.18).

How good is our staff team?

4 - Good

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

Staff worked well together in this service, with warm and friendly approaches with people using the service. Staff told us, 'We work well as a team', and 'we almost always work in pairs, I really enjoy coming to work in the morning'. This supported people to feel supported and cared for.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken. This ensured that appropriate checks on new staff had been carried out to keep people safe.

Staff told us that they had benefitted from a comprehensive induction programme that supported them in their new roles. The service ensured that staff worked in pairs during induction, and that staff rarely worked alone, even once induction was completed. Occasionally, due to service demand, staff were required to work alone, however, these situations were risk assessed on a case by case basis in order to ensure the safety of staff at work. Staff told us, 'we work well as a team', and 'I feel safe working in the service'. This meant staff had been given time to develop and gain confidence in their roles, as well as having the necessary information to undertake their new responsibilities when starting with this service.

Staff updates of core and essential training needed to improve. Staff had access to a suite of training relevant to their posts, however, we found that most staff were not up to date with many of their core training requirements, which could increase risks for people. We discussed the importance of oversight of this with managers and have addressed this in section two of this report. **(See requirement 2 in section two of this report).**

The Health and Care (Staffing) (Scotland) Act 2019 was effective as of 1 April 2024. The manager informed that staff recruitment was on-going and was a continuing challenge in the service, especially as the staffing ratio was higher within community settings for this type of service. Senior managers were in the process of incorporating this legislation into development plans, and with discussions with commissioners of the service. We will continue to monitor safe staffing levels in the service at our next inspection.

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.

Support plans (electronic) were difficult to access with the current system in use. Information was held within two systems, which meant that it was difficult to access information quickly or efficiently. The quality of support plans and risk assessments was not consistent and varied from person to person, and between the two areas of service. The manager explained that a review of the current system was underway and the provider was looking at options to improve this. We have dealt with some concerns regarding reviews and consistency of documentation in section two of this report. **(See requirement 1 in section two of this report).**

We will monitor this at our next inspection.

There was good evidence of links to other professionals within support plans. Clear information regarding other peripatetic professionals involved in people's wider support was available and the service actively supported people to attend their medical and outpatient appointments when needed. We spoke to other professionals involved with the service who told us, 'the service offers a good service to people, and they work cooperatively with all stakeholders'.

Six monthly reviews were not always carried out consistently within the sample of support plans we looked at. It was difficult to see how people had been consulted within these documents as their views were not recorded. It was clear that regular contact had been made between other involved professionals, and people had received consistent support, however, this was not consistently formalised in review activity at six monthly intervals as is required of all care services. We discussed the importance of ensuring that people had regular opportunities to review their care and support, in order to ensure it was meeting agreed outcomes and changes made when needed. **(See area for improvement 1).**

Detailed daily records evidenced that people were supported to direct their own care and support, and that staff respected individual choice and autonomy. People we spoke to were very happy with the service and were able to describe how the service increased their safety and wellbeing.

Areas for improvement

1. In order to ensure support is meeting agreed outcomes and changes made when required, managers should ensure that six monthly reviews are held and include the views of people and /or their representatives.

This is to ensure that care and support is consistent with 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)

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

Requirements

Requirement 1

In order to ensure ongoing service improvements, the provider must make proper provision for the health and welfare of service users by ensuring that they have robust quality assurance systems in place that are effective at identifying areas for improvement and the action required to address these areas. The manager should ensure that these systems are used regularly to ensure progress is ongoing. This must be implemented by 31 May 2019.

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

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

'People should expect to 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 25 April 2019.

Action taken on previous requirement

There had been little progress in respect of this requirement. The service had experienced difficulties, as many services have over the pandemic in respect of staff recruitment and retention, which had an impact on manager time available due to having to cover shifts and ensuring that services to people were adequately covered.

In addition, managers were also responsible for other services, which meant they did not have sufficient oversight of this service, or of carrying out quality assurance processes and support of staff.

We have re- stated this requirement in section 2 of this report.

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

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|--|--------------|
| How well do we support people's wellbeing? | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| 3.1 Staff have been recruited well | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 4 - 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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