

Centred Housing Support Service Housing Support Service

Centred, Inverness Support Service
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Telephone: 01463 241 009

Type of inspection:
Unannounced

Completed on:
6 June 2024

Service provided by:
Centred(Scotland) Ltd

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Service no:
CS2004073101

About the service

Centred Housing Support Service is registered with the Care Inspectorate to provide a combined housing support and care at home service to people with mental health needs, who live in their own homes and out in the community. The service was first registered on 22 February 2005. The provider is Centred Scotland Ltd.

The service operates across a large geographical area. There are four local offices, Inverness, Fort William, Invergordon and Wick. The registered manager of the service is based in the main office base in Inverness. A health and social care manager and a team of health and social care practitioners provide support to people within the geographical area they are based.

The stated aims and objectives of Centred included:

- to provide good quality support to enable people to live in their own homes;
- to enable people to maintain their tenancies whilst aiding recovery from illness or crisis;
- to support people to lead independent lives of their choosing;
- to enable people to be included in all aspects of their community.

About the inspection

This was an unannounced inspection which took place between 23 May and 6 June 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 eight people using the service and four of their family and friends;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Staff were good at developing meaningful relationships with people.
- The service offered opportunities to socialise, and enjoy individual activities.
- Staff were kind, respectful, compassionate and non-judgemental.
- Further work was needed in relation to developing robust quality assurance processes.
- Staff teams worked well together and supported each other to deliver good 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?	5 - Very Good
How good is our leadership?	3 - Adequate
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 evaluated this key question as very good. We found major strengths in supporting positive outcomes for people

We saw there were supportive relationships between Centred staff and the people they supported and heard positive examples about the care and support people received, for example one person said of their staff team 'They are always respectful and I never once felt awkward or embarrassed receiving personal care', another person told us 'I feel like they talk to me as if I was a real person. They are honest with me and tell me like it is. I appreciate that', and a third person said, 'They ask intelligent questions which means that I am not always trying to explain and justify why his support has to be the way it is set out'. This demonstrated that people were valued and staff consistently treated people with dignity and respect and have a positive impact on people's wellbeing.

Staff recognised and supported people with a number of health related issues including helping people to attend appointments with their GPs, hospital and dentists. This helped people to maintain general health and physical wellbeing. One person told us that the support from Centred staff reduced their anxiety which enabled them to attend regular health appointments.

We found staff were skilled at picking up issues around people's mood and presentation. Care plans detailed signs and symptoms when people's mental health was starting to decline. There was detailed information about reporting concerns about people. This meant that additional supports including from health professionals could be put in place when needed. This supported people's physical, emotional and mental health needs helping build resilience and prevent further deterioration.

We saw from the support plans we sampled that people were fully involved in developing and directing their care and support. One of the people we spoke with said, 'I feel it is **MY** support and I can use it in the way I think helps me. For the first time I feel able to specify what I need and what I want'. This demonstrated that support is tailored to people's individual needs and wishes.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. Although there were some systems in place to monitor quality, these were limited and lacked required analysis to evidence a robust quality assurance system was in place, embedded practice and evidenced improvement through targeted action by the provider.

The service did not have a comprehensive list of quality audits that would provide them with key information about the service performance, for example, supervision records, practice observations, staff training or recruitment. Some audits had been completed regularly such as medication and daily notes, but these were limited and did not provide data on service performance in key areas of delivery. **(See area for improvement 1).**

The service were transferring all their data onto a digital system. Once completed this would have the capacity to run reports so that the management team have an overview of service performance in different areas, such as training, practice competency, medication, service user and stakeholder views and suggestions. However, this was not yet fully implemented.

We did not see that the service improvement plan was dynamic or responsive or even reviewed and updated regularly and the service did not have the data to enable a comprehensive or realistic picture of service performance.

The service development plans did not evidence improvement through targeted action by the provider. Each of the four local offices had developed a service improvement plan, but again lacked sufficient information that would guide improvement actions and target dates for review. The registered manager had oversight of each of the local improvement plans, but the service would benefit from an overarching development/ improvement plan encompassing areas for improvement with targets in all areas of the service. This will enable the manager to focus resources where they were needed. **(See area for improvement 2).**

Leaders had not always made appropriate notifications of certain events to the Care Inspectorate. These notifications allow the Care Inspectorate to check events have been managed safely. **(See area for improvement 3).**

Areas for improvement

1. The manager should ensure there are robust quality assurance systems in place that enables and supports consistently good outcomes for people.

In order to achieve this the management team should;

a) Develop a suite of quality audits to cover all aspects of the service, including but not limited to:

- complaints;
- accidents;
- incidents;
- reviews;
- assessment and care planning;
- staff support;
- staff training and competency;
- service user, staff and other stakeholder participation and satisfaction.

b) Ensure auditing activity is planned and carried out at regular intervals throughout the year.

c) Ensure that the data from quality audits is analysed and informs an action plan to address issues identified from the audits.

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)

2. The organisation should develop a service improvement plan detailing how they will improve each area of service delivery using the information from comprehensive and robust quality audits. The improvement plan should be reviewed with managers and updated regularly throughout the year.

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)

3. In order to comply with the requirements to notify the Care Inspectorate, the manager should ensure the management team follows the Care Inspectorate guidance on notifications.

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)

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. The service demonstrated major strengths in supporting positive outcomes for people.

Staffing arrangements for the service were well planned and based on the needs of people using the service, staff experience and knowledge. People were matched to their support staff or staff team, taking account of compatibility and the availability of staff to support continuity. However, service users can change their support staff if they are not suited and engagement is difficult to achieve.

Staff demonstrated a good understanding of their role and we heard about times when staff were able to work flexibly to support changing needs. For example, one person said their staff team worked in collaboration with him to support changing medical appointments. They said they were confident that one of their staff team would be available to accompany them and this made them much less anxious and able to cooperate with clinicians.

We heard and saw that staff were skilled at developing positive relationships with people they support. We observed very good interactions between staff and the people they support and people told us that they were always treated with dignity and respect, felt confident to raise any issues or concerns with either their staff team or with the branch manager, sure that it would be dealt with effectively.

Staff we spoke with, clearly enjoyed their work and showed strong commitment to achieving good outcomes for people. Staff told us about the support they got from their line managers and how this enabled a safe and supportive work environment. For example, staff said they benefitted from regular supervision, appraisal and practice observations, which contributed to their learning and development and helped them help them explore their leadership potential.

Team meetings were regular, well attended and a detailed minute was available. The agenda was available to staff before meetings. This meant that staff were able to contribute to and learn from team meetings even when they could not attend themselves.

We heard about the communication between staff which enabled them to work together to support each other. For example, picking up prescriptions for people supported by a different staff member or staff team,

or picking up extra hours for staff who were off ill or needed to be off work.

Staff had access to online and in person training and there were systems for recording this. However, it was difficult to establish how many staff had completed which training; and if following training, assessment of staff practice were regularly undertaken to assess the impact of training on staff knowledge, and competence. **(See area for improvement 1).**

Areas for improvement

1. The provider should provide effective and relevant training for staff.

In order to do this they should:

- a) Develop a training needs analysis for all staff that will inform the service's annual training plan;
- b) Assess learning and competency following training to assure themselves that this has been effective in improving knowledge and practice;
- c) Ensure any shortcoming or gaps in knowledge are followed up and people are supported in their learning and development.

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 well is our care and support planned?

4 - Good

We evaluated this key question as good. We found good evidence of service user involvement in developing support plans and where family involvement is present, their views are also sought and fed into the support plan.

Support plans we sampled were person centred and easy to follow. Daily notes documented activities people engaged with and the impact of those on people's wellbeing. They promoted people's independence and choice well. Support plans provided good information about people's mental health issues, the signs to look for if people were becoming unwell, and who to report concerns to.

We saw that copy of guardianship orders and POA were in place, but we did not find a record of any powers delegated to the service. **(See area for improvement 1).**

Personalised risk assessments and contingency plans were in place for people using the service. Some people completed a recovery star which helped them articulate where they thought their needs for support were, but this was not a requirement to receive the service.

The review documentation of the recovery star was very limited and did not capture people's goals and aspirations or how they were going to achieve these. We found that service reviews were not always held within statutory timescales. The records of service reviews contained little information about the issues discussed or the decisions made and it was often difficult to track when changes to people's support occurred or the reason for the changes. Where changes to people's support was agreed, support plans were

not always updated to reflect the changes. This meant that people may not always receive the support they needed.

(See area for improvement 2).

Areas for improvement

1. The managers should ensure that people's rights are protected and they should ensure there is a signed copy of the delegated powers guardians or power of attorneys had agreed the service could exercise on their behalf.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

2. Managers and staff should use personal plans to deliver care and support effectively to promote and protect the health, wellbeing and safety of people they support.

In order to achieve this they should ensure that:

- a) The support planning process is used to improve people's experiences and outcomes;
- b) The quality of people's support plans and support received is audited and evaluated regularly and especially following a change in a person's care needs or risk level;
- c) Action is taken to make any necessary improvements to reduce a person's risk level and update the support plan accordingly;
- d) The support plan is formally reviewed at least once in every six month period and people and their relatives/representative/s are fully involved in this review;
- e) The review records document the discussions held and the decisions made as a result of the discussion; and changes agreed update the support plans and risk assessments following the review.

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 support 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).

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

All staff should have clear guidance about recognising, recording and reporting adult support and protection concerns to the relevant parties taken account of local guidance and relevant legislation.

This area for improvement was made on 24 February 2020.

Action taken since then

Safeguarding Vulnerable Adults training was part of the induction training all staff must complete and refreshed every two years. This included key principles of safeguarding, types of abuse, risk assessment and taking action

Staff we spoke with were able to describe how they would deal with a concern about someone at risk and demonstrated that they were conversant with the process of reporting concerns to their line manager to take forward.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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