

West Dunbartonshire Services 1

Housing Support Service

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Type of inspection:
Unannounced

Completed on:
10 June 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2004073011

About the service

This service provided by Cornerstone supports people who live between the Balloch and Clydebank areas within West Dunbartonshire. The service aims to support adults with learning disabilities and/or autism to live a meaningful and independent life. It encourages the individuals to be included in their local community by accessing local shops/establishments, using public transport, attending a range of clubs and activities and attending local places of worship.

The service aims to support tenants to achieve their own personal goals and dreams by:

- promoting independence by goal setting
- providing opportunities to have new experiences
- supporting people to maintain existing interests.

There has been a recent separation of some parts of the previous West Dunbartonshire Services 1 registration into new stand alone services.

At the time of our inspection the service were supporting 24 people.

About the inspection

This was an unannounced inspection which took place on 4 and 5 June 2024. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and five of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- consulted with three visiting professionals.

Key messages

The service were operating at a very good level in terms of supporting people with their health and wellbeing.

Quality assurance was not yet robust and required some additional input from the management team.

Staffing levels appeared sufficient and staff were engaged in their roles and felt well supported.

Care planning was mostly effective and achieved positive outcomes for supported 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?	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?

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.

During the course of our inspection we met people who were very happy with the care and support they received. We observed warm and positive interactions between people and staff who knew them well. People were supported with activities that were meaningful to them and were actively working towards goals that had been identified with them. People's achievements were captured in monthly memory books using photographs to celebrate successes. These were produced in conjunction with people and the format was user friendly and engaging. People told us that they were very happy and we observed that they were relaxed in their surroundings.

People told us:

'wouldn't change anything,'

'happy with it here, all good.'

Others were able to give smiles and thumbs up to let us know they liked the service they received.

Relatives told us they were also very happy with the service and said:

'I can trust them,'

'more than happy,'

'have a can do, not a can't do attitude.'

We consulted with some visiting external professionals who gave us positive feedback about the service and the support they provided in terms of people's health and wellbeing. The people using the service often had complex support needs and the health professionals we consulted with felt that the service were very good at implementing the guidance that they had put in place. Wellbeing information was known by staff and people were supported to attend health appointments.

We saw that outcomes for people's health and wellbeing were positive and person-centred. We saw evidence of many different activities like dancing and horse riding as well as support for daily living tasks. People's health needs were known by staff and appropriate support was given to maintain or improve wellbeing. Some people we met had been supported to arrange holidays that had been planned as wellbeing goals. The settings were homely and personalised in accordance with people's wishes. Thought had been given to promotion of independence by adding hand rails and safety features. We could see that surroundings were clean and well looked after. This meant we were assured that people's health and wellbeing benefitted from their care and support.

How good is our leadership?

3 - Adequate

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

We did take into account that the service had recently split the previous larger service into smaller services and had also been hit by a cyber attack on their IT systems earlier in the year. However, we did find that some quality assurance had been lacking across the remaining service. We had already asked the management team to update us with details of the new manager but this had not yet happened.

The service did have some improvement plans in place but we suggested that these should reflect the service as a whole and not just each individual house. This would ensure continuity and quality across the individual supported accommodations that make up the service. We also found that the service had only compiled limited feedback from supported people, their relatives and external stakeholders. Feedback should then be used to inform the service development plan.

We did see some trackers in place for accidents, incidents and complaints. We were able to see that that some actions had been taken but it wasn't always clear to us what these actions were. We found that there was not an effective overview of when people's planned support was due for review, but the new manager had already made the decision to review all of the people using the service.

It was also clear that there were a lack of effective audits in place. We highlighted some inconsistencies in people's care plans that should have been picked up during quality and assurance checks. We suggested that the service could find it beneficial to introduce trackers for oversight of when staff supervision, competency observations, team meetings and audits were due. We did sample several medication audits which took place regularly and these had found no issues. However, we found that these audits were only checking for running balances and had missed several instances of missed medication. There was also a risk that expiry dates weren't being captured or checking that medication was effectively stored (**see requirement 1**).

We gave some feedback to the service regarding their medication policy, but we discovered that this was already being reviewed by the wider organisation. Overall, we found that the new management team were responsive and were keen to introduce more effective quality assurance to the service.

Requirements

1.
By 9 December 2024 the service must introduce more robust quality assurance systems. This must include, but is not limited to,

- a) meaningful audits and formal feedback from those accessing the service
- b) medication audits must be able to pick up when medication is missed and other key information.

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

This is to comply with Regulation 3 (principles) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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.

We met staff who were happy in their roles and felt well supported by their line managers and the wider organisation. Staff agreed that they had regular supervision and team meetings. The supervision records that we sampled showed that staff and their supervisors used the sessions to reflect on practice.

The service were completing some competency checks on staff but we felt that the forms weren't always used to their full potential. Staff told us that they loved their roles and our observations evidenced that they provided effective support to the people in their care.

We viewed staff training statistics which showed high completion levels for most mandatory topics. We did note that the levels were lower than expected for moving and assisting refresher training and suggested that the service should prioritise this to prevent any poor practice when supporting people with their mobility needs (**see area for improvement 1**). The service provided us with records of staff monitoring within their induction period which had been completed in a timely fashion.

Staff teams seemed relatively stable and the service had some relief staff and some staff who picked up overtime to fill gaps in rotas. We sampled some rotas and felt that numbers were sufficient to provide effective support to people. We did find some stresses within some staff groups but the management team were already aware of this and had been tackling the issue. In one part of the service the lead practitioner had been considering the skill mix of staff and had planned to make some changes based on this. We felt assured that the staff teams were able to prioritise the needs of the people they were supporting. Overall, we felt that staffing arrangements were being considered and staff were providing the right support to people.

Areas for improvement

1. The service should prioritise moving and assisting training, or refresher training, for the staff team.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 3.14).

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.

People's care and support was well planned in the services that we visited and was effective at meeting outcomes for people. There were goals set in conjunction with people and these detailed risks involved, practicalities and were broken down into manageable steps. We did find that the recording of progress was variable as the online recording system was set up in a way that staff could opt not to record this. We suggested that the service should remove the option to opt out of recording in terms of progress towards meeting goals as we found it difficult to track without this.

We could see that people were attending activities of their choice and we heard about holidays that were being planned for. Relatives that we spoke to were positive about the support was provided and had felt included in decisions and developments for people. Care plans did contain risk assessments and detailed guidance in terms of activities, communication and routines.

The service had recently introduced a new online care planning system so all the care plans that we viewed were relatively recent. Although the plans we sampled did mostly contain relevant information, we did feel that at times the information was disjointed and was not consistently recorded.

We felt this could lead to some important information being missed and perhaps impact on people's safety. This would be improved by introducing care plan audits as already highlighted in requirement 1.

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 people's health and wellbeing, the provider should improve how they facilitate and evidence people's preferred method of communicating. This includes support plans being accessible and user friendly.

This area for improvement was made on 13 December 2022.

Action taken since then

The plans we sampled had detailed descriptions of people's preferred methods of communication. This included graphics and photographs to illustrate communication signs and gestures used by people. The staff members we observed had a good level of understanding regarding people's communication methods. Monthly memory records were effective at capturing achievement in a way that was accessible for people using the service.

This area for improvement has been met.

Previous area for improvement 2

To improve outcomes for people, action plans need to be Specific, Measured, Achievable, Realistic and Timely, (SMART). These then need regularly updated and reviewed within each setting.

This area for improvement was made on 13 December 2022.

Action taken since then

The service did have templates in place which led to recording of plans, meetings and supervision sessions having action plans. These were recorded to show who was responsible for an action and by when. They records we sampled had been kept up to date.

This area for improvement has been 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?	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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