

# Hillcrest Futures Angus - Doocot Park/Lousen Park/River Street/Riverview Housing Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
21 August 2024

**Service provided by:**  
Hillcrest Futures Limited

**Service provider number:**  
SP2003000083

**Service no:**  
CS2014332580

## About the service

Hillcrest Futures Angus - Doocot Park/Lousen Park/River Street/River View registered with the Care Inspectorate in 2015. This service provides housing support/care at home for people with a learning disability, some with other complex physical needs, in three locations in Angus.

## About the inspection

This was a short notice announced inspection which took place on 20 and 21 August 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:

- visited and met three people who used the service and spoke with five of their family or representatives.
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People appeared happy and comfortable with their staff.
- Families and representatives told us they felt involved and well informed about the care and support of their relative.
- The frequency of staff supervision and team meetings had improved.
- The staff team were motivated and worked well together.
- Further work was planned to help ensure people were more involved in overall service improvement plans.
- The provider should ensure they are fully meeting their responsibility as corporate financial appointees.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

## 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?	4 - 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.

Staff knew people well which meant they knew how best to support them. We were told, 'Staff really care about people' and 'Staff are very good at anticipating their needs'. One person told us that the care was 'absolutely outstanding'. This was confirmed through written records of consultations with other professionals and with families. People could be confident that staff would respond to any changes in their needs and seek appropriate advice and guidance from other professionals.

We saw that people had comprehensive personal outcome plans that provided important details about people's needs, what staff should do and any risk or hazards associated. There was clear reference to associated documents such as manual handling plans and assessments such as falls risk assessments. This would help ensure that people received the care and support they required in a safe and consistent manner.

We saw records of a sensitive conversation around palliative care and support. This included all relevant people. One person told us staff had worked 'in partnership' with them to develop information that would inform the person's care and support ensuring their needs were being met.

It was clear when interventions may be seen as potential restriction on people's movement and freedom. These restrictions were kept to a minimum and fully assessed and discussed with relevant people.

People using the service were supported to enjoy a range of activities and pastimes. One person told us, 'They are living their best life'. Staff continually looked for opportunities for people so that they had the choice of a range of things to do.

People's dietary needs were being met. We saw comprehensive assessments reflected in support plans which included the importance of position when supporting people to eat, equipment and the preparation of food and fluids. Weights were monitored regularly, and the Malnutrition Universal Screening Tool (MUST) helped to identify any indicators people were at risk of malnutrition. Staff made appropriate referrals to other professionals which helped to ensure their support was informed by relevant guidance and regularly reviewed.

People were supported with their medication. Clear records were available that helped to ensure people received their medication as it was prescribed. Any errors or discrepancies were highlighted through weekly and monthly audits which meant appropriate action was taken to ensure people's wellbeing. Where people were prescribed medication to be administered as required, protocols helped to inform the decision to administer medication. Importantly, protocols also described alternative support that may help alleviate symptoms before resorting to medication.

Some people were described as requiring their medication 'covertly'. Whilst consent had been obtained, documentation did not reflect current best practice or the provider's own policy and procedure. We highlighted the Mental Welfare Commission's good practice guide 'Covert Medication' which provides advice for a more robust assessment and review of these arrangements.

Some people using the service had experienced a significant change in the accommodation and routines. Staff had worked together with the individuals, their families and representatives and other stakeholders to support them through these changes. People were therefore supported into new homes and new towns and were enjoying increased opportunities as a result.

## How good is our leadership?

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 continually evaluated people's experience through day to day contact and regular reviews. The frequency of reviews had improved since our last inspection and we saw that relevant people attended and their views recorded. Actions agreed were clearly highlighted and addressed which impacted positively on outcomes for people.

Managers recognised how involving others in quality assurance could lead to better outcomes as this promotes responsibility and accountability. At the time of inspection, the manager was consulting with staff in relation to self evaluation around the core assurances. This was in the early stages but staff were encouraged to contribute their ideas and views. It was positive that the manager planned to explore ways of involving service users and their families in self evaluation.

People were confident that they could give feedback about the service and that they would be listened to and appropriate actions taken. Good communication meant people had confidence that their feedback would be taken seriously.

Managers were clear about how the service could improve and presented as a strong team that would drive forward with improvements within the service. Service improvement plans had been developed for both elements of the service. There was however limited evidence of how service users, families, staff and stakeholders had been involved. Staff didn't know about the plan but were confident that they were listened to and thought they could contribute. We made an area for improvement at our previous inspection which had been partially met however this element remained outstanding. We have rewritten the area for improvement below. **See area for improvement 1.**

Care and support audits added an additional layer of quality assurance in the service. We saw that both elements of the service had received a recent audit and an action plan had been produced. Actions had been addressed ensuring a consistent approach across care and support, staffing and management and leadership.

Team meetings were increasing in frequency across the service. This provides an opportunity for staff to express their views and experiences to contribute to development plans.

Where people were unable to manage their own finances, the provider acted as their appointee. Audits had identified some issues that had impacted on people's income and expenditure. Whilst these issues had been recognised and resolved by the time of our inspection, the provider should ensure that their procedure for managing people's finances is robust enough to ensure people's income and finances is protected. **See area for improvement 2.**

Observations of staff practice are a valuable tool for assessing staff competence and the impact of training on improving outcomes for people. The management team had introduced observations of practice in relation to hand hygiene. It was disappointing therefore that one staff member was observed with nail varnish on and some staff were wearing stoned rings. This is contrary to the providers own policy and could impact negatively on people's health and wellbeing. **See area for improvement 3.**

## Areas for improvement

1.

In order to ensure people are involved and can contribute to the development of the service, the provider should ensure there is a robust quality assurance system that shows how they;

- act on feedback from people who use the service, relatives and staff
- show how the above feedback and measures contribute to plans for continuous improvement

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. To ensure people's finances are safeguarded, where the provider had been appointed legal responsibilities to support people to manage their finances, they should ensure that they are doing so responsibly and in accordance with the relevant guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

3. In order to ensure people's safety and protection from the risk of infection, the provider should ensure all staff are familiar with the National Infection Prevention Control Manual (NIPCM) guidance. This includes but is not limited to, hand hygiene and donning and doffing of personal protective equipment. Management oversight should be robust in order to maintain standards that reflect best practice.

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 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 recruitment had been carried out appropriately and in line with current guidance, as set out in the Scottish Social Services Council (SSSC) and Care Inspectorate guidance, 'Safer recruitment through better recruitment 2023'. This helped to keep people safe as all recruitment checks had been completed prior to staff commencing in post.

Staffing arrangements were right for the people who used the service. This was arranged through ongoing assessment of people's needs and consultation with others.

Staff had received appropriate training to help them support people who used the service and to meet their individualised needs.

People using the service and staff benefit from a warm atmosphere because there are good working relationships. People told us the staff team are 'absolutely fantastic' and 'go way beyond' for people that they care for. Staff confirmed that they were encouraged to share their views and experiences through team meetings and staff supervision.

Staff received regular supervision and played an integral part in setting the agenda for discussion. We saw that staff shared their views and ideas and how this benefitted outcomes for people.

Families told us they felt well informed and were always welcomed when they visited. This helped to ensure that staff worked in partnership with families and other stakeholders when planning and providing care and support.

Staff had built positive relationships with people and reflected the principles of the Health and Social Care Standards in their approach. People told us, 'The staff are excellent' and managers provided very good role models for staff creating a positive ethos that benefitted people that used the service.

### 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 good communication with families and carers. Family members told us they felt they 'have a say'. This meant they felt they could influence their relatives care and support as well as developments such as refurbishments and redecoration that reflect the preferences and choices of their relative.

Families confirmed that they felt well informed and consulted about the care and support of their loved ones. Where relevant, there was clear information about any legal powers in place and how staff should consider these when supporting people. Guardians told us they were consulted appropriately and had confidence in staff that they were kept well informed.

Families were involved in regular reviews and had this opportunity to express their views about the wider service. It would be good to explore other methods for people to be involved and provide their feedback and consider how this could influence service improvements.

## 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

The provider should ensure that people receive a review of their care and support at six-monthly intervals as is required, and that there is a written record of reviews of care and support plans that reflect peoples views and any actions agreed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: '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 12 December 2022.**

#### Action taken since then

Written record of review meetings.

A comprehensive summary of the previous six months is shared ahead of the planned meeting to enable attendees to prepare any questions or feedback they may have.

Minutes describe who was involved and clarify any actions agreed.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure that peoples rights are protected and their homes respected the Provider should source alternative office accommodation for all staff activities such as supervision, team meetings, staff training and personnel meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: 'If I experience care and support where I live, people respect this as my home.' (HSCS 3.2)

**This area for improvement was made on 12 December 2022.**

#### Action taken since then

Alternative accommodation was identified and confirmed shortly after the previous inspection.

**This area for improvement has been met.**

#### Previous area for improvement 3

In order to ensure the safety and wellbeing of people, staff should be trained and confident in Infection prevention and control (IPC) practices. To do this, the service should as a minimum ensure:-

(a) Staff should receive regular information and training in IPC practice relevant to their role.



(b) The manager should introduce regular observations of staff practice which include observations in good infection prevention and control practices which include hand washing and donning and doffing of personal protective equipment.

This is to ensure that 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.' (HSCS 3.14) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 12 December 2022.**

#### Action taken since then

Staff receive annual refreshers in Infection prevention and control.

Observations of staff practice were taking place in relation to hand hygiene practice and the donning and doffing of personal protective equipment. It is important, however, that observations are effective in maintaining good practice in this area.

Staff should be aware of current guidance in relation to hand hygiene and where to view this. Observations of practice should ensure staff are adhering to good practice and current guidance

**The area for improvement as it has been written has been met but with further attention to the impact on staff practice required. See area for improvement under key question 2.**

#### Previous area for improvement 4

The provider should ensure there is a robust quality assurance system that shows how they;

- act on feedback from people who use the service, relatives and staff - use measures to ensure good quality outcomes were being achieved for people who used the service
- show how the above feedback and measures contribute to plans for continuous improvement
- keep records of staff practice and training requirements and updates.

This is to ensure that 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)

**This area for improvement was made on 12 December 2022.**

#### Action taken since then

There was a good overview of staff practice and training requirements.

Further work is required however to evidence how people's feedback informs plans for continuous improvement.

**This area for improvement has been partially met and has been rewritten under key question 2.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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