

# Kingdom Housing Support - James Bank Housing Support Service

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

**Completed on:**  
22 August 2024

**Service provided by:**  
Kingdom Support and Care CIC

**Service provider number:**  
SP2016012806

**Service no:**  
CS2016351141

## About the service

The service is registered with the Care Inspectorate to provide a housing support service to people who are experiencing homelessness. The service provides temporary accommodation across four sites in West and Central Fife. An assertive outreach team provides visiting support to people who may be without housing or at risk of homelessness.

At the time of our inspection the service was actively supporting 38 people.

## About the inspection

This was a short notice announced inspection which took place between 19 and 22 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:

- spoke with nine people during our inspection and received the views of five people via a questionnaire
- spoke with 15 staff and management
- reviewed documents
- received the views of five visiting professionals and agencies.

## Key messages

- People received support from staff who were kind, compassionate and were driven to uphold people's rights.
- People had been supported to make significant positive life changes.
- Leaders were approachable, accessible and led by positive example.
- Improvements were needed to written records of support and risk management.
- People experienced flexible and responsive staffing arrangements.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue 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?	4 - 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?	3 - Adequate

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. The findings detailed in key question five were considered when evaluating this key question.

People experienced support from staff who were compassionate, kind and worked hard to uphold people's rights every day. People we spoke with enjoyed positive and meaningful relationships with staff who knew them well. People felt respected and had confidence they would be listened to. One person told us; "The staff are all amazing. Perfection. Yes, they treat you with nothing but respect and always have time for you".

Staff had a good knowledge of services which were available locally for people. They worked in partnership with people experiencing support to access services to improve their health and wellbeing. This included GPs, dentists and recovery services. We saw that people had experienced significantly improved health and wellbeing outcomes as a result of the support they received from staff.

People had been supported to make significant life changes. This included rekindling important relationships, managing addictions and developing life skills. People we spoke with had a sense of optimism and hope for the future as a direct result of the support they had received from the service. We heard;

"I am so happy with the support here, they've helped me changed my life."

"I am an alcoholic, and, with the help of staff, I have stopped drinking."

"I have real hope for me now."

"At last I feel a sense of peace."

We also heard the positive impact on families as a result of the support provided by the service. One family member told us;

"The difference in my life knowing (my relative) is safe and cared for. I cannot put it into words how much it means".

Notifications made to the Care Inspectorate and records we sampled during our inspection provided us with confidence that staff worked well with other professionals and agencies. This was supported by feedback we received from other professionals who described the service as "caring and adaptive" and of demonstrating "professionalism and commitment". Other agencies consistently praised the communication from staff describing this as "faultless and proactive".

Staff understood their role in protecting people from harm. We heard about and saw regular opportunities for staff to attend training to make sure their learning was refreshed and up-to-date. Notifications and analysis of incident reports demonstrated protection concerns were consistently escalated in the right way. One professional commented positively on the responsiveness of the staff in managing crisis situations. We had confidence this was an established area of good practice and people were protected as a result.

We were not assured that records were working in the right way to support good outcomes for people. Although staff had a deep understanding of people and their needs, this was not reflected within plans of support of risk. People could experience less optimum outcomes because of this (**see key question 5, area for improvement 1**).

We were pleased to see the organisation had progressed staff training in understanding and working with people who have experienced trauma. However, working in a way which consistently views how services are delivered through a trauma informed lens requires an organisational commitment and response. We shared resources which the provider may find useful in progressing on this journey.

During our last inspection we discussed how embracing the role of peer worker would strengthen the message of hope for the future. The organisation should consider how shared lived experiences could enhance and improve the service provided for all.

One area of the service did not reflect the high accommodation standards observed in other areas. We were confident this was being considered and addressed by the board to make sure the right alternatives for people were delivered.

## 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.

At our last inspection, we heard about a new quality improvement coordinator role which had been recruited to. This was to introduce systems and processes to develop a quality assurance framework across the organisation. During this inspection we found there had been a considered approach to developing a quality assurance and improvement policy, alongside a quality management framework. Whilst we recognised this was in its infancy, we had confidence these processes would provide both organisational assurance and drive improvement across the service. We looked at detailed audits completed for the service and found these identified the same improvement areas as those found at inspection. This provided assurance the system was working in the right way. The coordinator was taking a considered approach to self-evaluation and how this sits within the organisational framework. We look forward to seeing how this develops and grows over the next year. We suggested areas to strengthen quality assurance across the organisation.

Some people told us they did not always feel involved in how the service was run. It was clear that hearing the views of people experiencing support was central to assuring quality within the service. Various methods were in place to gather views, including three monthly keyworker feedback and an annual survey. Whilst individual services were proactive in feeding back 'You Said, We Did' following informal chats or meetings, this had not been done for more formal feedback such as surveys. It is important that people hear the impact of their feedback to make sure they feel fully involved in how the service grows. We made further suggestions to improve involvement in areas such as staff probation and performance reviews and observations of practice. This would support a service which was designed and tailored in line with the feedback received from people with lived experience.

There was good evidence of a considered analysis to significant events such as incidents and accidents. Monthly analysis by the manager meant trends could be identified and addressed quickly. Discussing significant events at team and leadership meetings supported a lesson-learned approach which supported good future outcomes for people using the service.

People experiencing support and staff spoke positively about the organisational leadership. We heard they were approachable and led by positive example. Staff were proud to work for Kingdom Support and Care and felt valued for the work they did. Leaders had introduced ways to celebrate success and achievement and this had undoubtedly fostered motivation and a sense of organisational identity within the staff team.

People told us that they were confident to raise concerns about the service they received and knew how to do this. Where people had raised a concern, we had confidence this had been heard and addressed in the right way for the person. We were assured this was a listening organisation who responded to concerns sensitively and transparently.

## 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.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 01 April 2024 and applies to all health and care staff in Scotland. The aims of the Act are to enable safe and high quality care and improved outcomes for those experiencing care, through the provision of appropriate staffing. This means having the right people, in the right place, with the right skills, at the right time.

People we spoke with told us staff were available to them whenever they needed support. One person told us "staff are here for me when I need them". Staff also described to us a highly flexible service, often responding quickly to crisis situations. We had confidence that support was person-centred and available to people at the right time. We heard the service had contingency arrangements which they adopted when they experienced an unexpected staffing crisis. We asked the leadership team to undertake a risk assessment and share this with relevant people such as social work and commissioners.

Leaders had been proactive in understanding their responsibilities within the Act. Managers had attended training events and were involved in implementation groups. The recent introduction of staffing plans in response to the changes, clearly described how the right staffing arrangements would be delivered in each service. It was clear the organisation was committed to making sure they met their responsibilities and provided flexible staffing with the right skills to support good experiences for people.

Staff were confident that they had received the right training to work positively with people. Training was a mixture of e-learning and face to face which supported different learning styles. We heard learning was actively encouraged by leaders and external training requests supported. This approach supported a skilled workforce. Leaders had access to training records and business support staff had an active role in identifying gaps in staff learning. We felt oversight could be improved for the registered manager and ways of achieving this were being discussed during our visit.

Staff felt supported to develop and grow within the organisation. We heard people had regular opportunities to come together as a team and individually with a senior member of staff. Since our last inspection, support and supervision across the organisation had been reviewed. This now included an annual performance review alongside a direct observation of practice. We also spoke with staff who were part of an organisational 'Stepping Up' programme which aimed to support staff to grow into new roles. We were confident staff supervision and development worked in the right way to support motivation, stability of workforce and personal growth.

People can be confident that newly recruited staff have undergone the right checks to determine their fitness to work. We heard the organisation was currently reviewing their staff induction training to make sure staff receive the right information during their probation period.

Some staff had developed specialist roles such as Naloxone trainer. The service should think about further developing the role of 'champion' through nurturing specialist interest areas. Working in this way supports both growth and good practice across teams.

## How well is our care and support planned?

3 - Adequate

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

Although we identified strengths, support plans were not working in the right way to support good outcomes for people. We did not consistently find support plans contained enough information to guide staff practice or support good conversations with people. Whilst we had confidence staff knew people well, it is important that plans reflect how staff work with each person and the steps which will be taken to achieve goals important to them.

Although we had confidence staff were working in the right way to protect people from harm, this was not reflected within risk management or safety plans. It is important the safety plans are developed in partnership with people and clearly detail each identified risk and the shared actions to support safe outcomes. We would expect that these plans are reviewed following significant events and used to support good conversations about how to prevent future harm. During our inspection, we found safety plans did not always identify known risks or the strategies to support safe experiences and outcomes and had not been reviewed following significant incidents.

To ensure people are consistently supported to achieve their potential, it is important that record-keeping is improved as a priority by the provider. We saw these areas for significant improvement had also been identified by the Quality Improvement Coordinator during a recent service audit. We heard steps had already been taken to improve staff understanding of risk management and an action plan developed. This gave us reassurance in the organisational capacity and commitment to drive positive change. To support and enhance this commitment to change, an area for improvement has been made (**see area for improvement 1**).

### Areas for improvement

1. To ensure people are consistently supported to achieve good health and wellbeing outcomes, the provider should ensure;
  - a. that each person experiencing care has support and risk management plans in place which are co-produced and contain the right information to guide staff practice and support good conversations
  - b. that these plans are reviewed in partnership with the supported person at regular intervals and following significant events and
  - c. that an auditing tool is developed and used regularly to support ongoing record-keeping improvements.

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

"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).

## 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 all staff have the knowledge, skills and understanding to meet the needs of people using the service. In order to achieve this the provider should:

- a. have full oversight of the training staff have undertaken
- b. take steps to address any training gaps identified
- c. review the training requirements for staff working within the service which takes account the needs of supported people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 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 1 August 2023.**

#### Action taken since then

A training matrix had been developed which fully detailed the expected learning for each staff role. Leaders had oversight of the training log for each staff member, with business support having an active role in highlighting learning gaps to senior members of the staff team. We felt registered manager oversight could be improved and ways of achieving this were being explored. Staff we spoke with had confidence in their skills and felt the training available to them was very good.

This area for improvement was fully met.

#### Previous area for improvement 2

To ensure people experience support from staff who are able to reflect on their practice and adhere to the codes and standards which underpin their role, the provider should:

- a. ensure staff have regular and planned opportunities to reflect on their practice



- b. develop planned and regular observations of staff practice
- c. review the planning and delivery of supervision to ensure all staff can maximise the benefits of one to one support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states 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 1 August 2023.**

#### Action taken since then

Staff support and supervision policy and procedure had been reviewed across the organisation. Staff confirmed they had regular access to reflect on their practice and receive regular one-to-one support.

This area for improvement was fully met.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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