

Hillcrest Futures Dundee - Alexander Street, Lismore Terrace, Longfield Drive Housing Support Service

8 Kidd Street
Dundee
DD1 2AN

Telephone: 01382 224864

Type of inspection:
Unannounced

Completed on:
10 September 2024

Service provided by:
Hillcrest Futures Limited

Service provider number:
SP2003000083

Service no:
CS2004061951

About the service

This is a Housing Support Service based in Dundee that provides a service to Adults with Learning Disabilities, Autism and complex needs in their own home and the wider community.

This service is provided by 2 teams located at the service addresses as part of the variation to conditions granted in February 2023.

About the inspection

This was an unannounced inspection which took place between 27 and 29 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 one person using the service and three relatives of others supported by the service. We spoke with the registered manager, two service managers, and two support workers. We also received anonymous questionnaire responses from a further 14 support workers. We visited one supported person within the service and were able to informally observe practice for a short time. We received feedback via email from four external professionals who supported the service.

We reviewed many documents including, but not limited to:

3x Care Plans (Hard copy);

4x Care Plans (Digital);

Supervision Plan;

Review Schedules;

Infection Prevention and Control practices;

Medication system;

Accident/incident records;

Service Improvement Plan;

Risk Assessments;

Training Records;

Recruitment Policy;

File audits (Paper and Digital).

Key messages

- A new digital method of recording outcomes, and progress towards them, had been established.
- Digital recording and storage (as above) will make file auditing a simpler process but quality should also be confirmed .
- Staff had established meaningful relationships with those they supported.
- The service had very good working relationships with associated, external, professionals
- Management and staff were passionate about maintaining a high quality of care.
- The service needed to revisit its Service Improvement Plan.
- 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.
- Safe Staffing legislation such as the provision of supportive processes for staff, needed to be observed.
- The service had a schedule in place to ensure care plan reviews were undertaken in legal timescales.

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 staff team?	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

Staff in the service understood their role in supporting people's access to healthcare and addressing health inequalities, when this was necessary. The fundamental role of this service was housing support but they understood that health was a major element of holistic care. We heard from allied health professionals that this team took their advice and engaged with training in order to support the individual appropriately.

There were some very complex support packages delivered by parts of this service. This included the use of external agencies and allied professionals which can bring added complexity. However, the feedback from all involved has been extremely positive.

We heard that people, or their representative, were fully involved in making decisions about their wellbeing through their personal plans. We heard that some supported people within this service could make choices which perhaps were not best for their health and well-being. However, we found that the establishment of a positive relationship between staff and supported person eased the discussion when decisions could be potentially harmful. One parent described this well...' They (staff) sit and listen, and speak to (name). If (name) doesn't engage it can be difficult. It can be made more difficult with other (external) people'.

We saw within the care planning process that there was a designated section for Physical Health and Mental health/Wellbeing. This showed us that the service had a specific focus on care and support needs in these areas. One supported person told us that they had some difficulties with budgeting. They understood that the support, around money, they received from staff was an essential part of maintaining positive mental health and this helped them find other ways of feeling positive about themselves. Detail around causes of distress and therapeutic activities to ease distress were also included within digital files.

Keeping computer-based records was a relatively new system of recording and staff told us that they were still getting used to it. Some described it as 'clunky' but understood that it was still early days for this transition. We were confident that management would maintain an oversight of the full transition to digital care planning and record keeping.

We liked the new care planning process and its contents. We liked that it was written in the first-person and clearly detailed what the person could manage for themselves and what they needed support with. Although this was also at an early stage, we thought it would be an effective tool in assessing progress towards achieving personal outcomes.

We read good documentation of the health care required by one person transferring from another service. There were health support needs in relation to nutrition and also pressure sore care. It was documented within the care plan that due to the 'excellent positioning' from staff, the pressure sore had 'healed'. Also, the gentleman's BMI had now raised to a healthy 19 and staff were to continue with 'full-fat products'. This evidence was corroborated by the allied health professional commenting on staff interest and interaction, stating, 'At all times, staff were interested and asked many questions to ensure that they were able to give the supported person good care. I have found that this team welcome advice, guidance and support'.

How good is our staff team?

4 - Good

Some supported people, and their relatives, felt that there had been a noticeable turnover of staff within the last six months or so. The service acknowledged that there had been a period of vacancies but had recently recruited four new staff, some of whom were still to come into post. Some staff felt that one additional member of staff would be beneficial, particularly when there was short-notice, unplanned absence, but these new appointments may cover this eventuality. Staff we spoke to told us, and we could hear within the office, that the team was mutually supportive.

We saw that there was ongoing work on a Service Improvement Plan. However, although this was the subject of a previous area for Improvement, for various reasons, it remained at a very early stage. We could see that this development plan was also an agenda item within a recent staff meeting, but the 'objectives' within the plan were personal to supported people and not objectives for service development. It may be appropriate to convert these to 'service improvements', e.g. 'provide more flexible support hours' and 'undertake more frequent day trips' but this demanded further discussion.

It should also be noted that the focus on service improvements in relation to Core Assurances had not been progressed and it may be opportune to examine these areas together in relation to Care Inspectorate guidance.

As we could see the service had invested time and resources into this previous area for Improvement, we are extending its timescale, re-focussing the content, but maintaining the 'Area for Improvement' status. (**See area for improvement 1**).

We found that staffing arrangements were determined by a common-sense approach ensuring that, wherever possible, consistency of support staff was maintained. Management were very knowledgeable in respect of who worked well with who and what support staff were preferred by each individual. The service managers was skilled in this matching process. Staff told us that they have time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

Supported people and their staff benefitted from a warm atmosphere because there were good working relationships. There was effective communication between staff, and opportunities for discussion about their work within regular team meetings. Staff told us that supervisions did not happen regularly, and performance reviews for staff were equally sporadic. There was also no indication of how well-being was being promoted within this service. All staff we spoke to were not aware of recent Safe Staffing legislation of which these supportive processes are key components. We are making this an area for improvement so that necessary supports are re-established and there is clear compliance with the legislation. We sign-posted management to Safe Staffing guidance. (**See area for improvement 2**)

Although there were some improvements to be made within service processes, this should not take away from the quality of core values and service delivery we witnessed. This was evidenced by some of the responses we received from staff in relation to 'what the service does well':

- 'Improving the independence of the people we support'.
- 'Adapting quickly to any changes in needs and being supportive to staff'.
- 'I believe the support given is very good and person centered'.
- 'Supporting service users to get involved in various activities and try new things. Also to keep in touch with family, friends, and anyone who is important to them.'

One comment from a service user summed up their collective priorities, 'Staff treat me how I like to be treated'.

Areas for improvement

1. The service should revisit its self-evaluation process to undertake the initial stages of 'How are we doing?', 'How do we know?' and 'What are we going to do now?' This should be based upon the quality indicators within the improvement framework. This should also be undertaken as a fully consultative exercise from which to build improvement priorities.

As Core Assurances are currently a Care Inspectorate focus for Self-Evaluation, the service may wish to start here.

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

"I can be meaningfully involved in how the organisations that support and care for me work and develop". (HSCS 4.6);

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7).

Also the Code of Practice for Employers of Social Service Workers which state you will:

"Have systems in place to listen to and consider feedback from people who use services, carers and other relevant people, to shape and improve services and the performance of social service workers". (2.3)

2. To support good outcomes for people, and to support staff wellbeing, the service should, familiarise themselves with, and implement, the recently enacted Health and Care (Staffing)(Scotland) Act 2019.

This should ensure that, in this services, there are the right people, in the right place, with the right skills, at the right time, working to ensure people experience the best health and care outcomes.

The service was sign-posted to Care Inspectorate resource materials.

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

'I am in the right place to experience the care and support I need and want'. (HSCS 1.20);

'My needs are met by the right number of people. (HSCS 3.15)

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 develop a new method of recording personal outcomes and how these are made accessible so that progress towards achieving them can be clear.

This area for improvement was made on 12 September 2023.

Action taken since then

The service had put all new forms and procedure in place, including reviews and detailed outcome plans. This also had a five-point grading scale to illustrate progress and where support was needed most.

Previous area for improvement 2

The provider should review and improve how they audit file contents and the quality of records, to confirm that documents and records are current and fit-for-purpose. This should include, but not be limited to, the audit of personal records such as care planning and risk assessments, but also the audit of corporate records such as the service development plan.

This area for improvement was made on 12 September 2023.

Action taken since then

A whole new audit procedure had been put in place to support the new digital care planning process. Although it is thought that the internal cross-referencing of the digital process will minimise the chance for errors, there were also arrangements in place so that peer audits, between managers, maintained quality.

Previous area for improvement 3

The service should undertake a fully consultative, self-evaluation exercise to establish where improvements are required. The current service development plan should be revisited to ensure that the identified priorities for improvement are listed and amended accordingly. How progress towards achieving these improvements is fed back to stakeholders should also be considered.

This area for improvement was made on 12 September 2023.

Action taken since then

The service appreciates that this area for improvement has not progressed significantly. It was also evident that service improvements were actually objectives of individual service users. The service had put together templates and questionnaires, but these were not productive in relation to gathering evidence.

We have repeated, and re-worded, this area for improvement within this report.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.