

Poynder Apartments Housing Support Service

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Type of inspection:
Unannounced

Completed on:
23 September 2024

Service provided by:
Eildon Housing Association Ltd

Service provider number:
SP2003001963

Service no:
CS2023000407

About the service

Poynder Apartments provide a combined care at home and housing support service for people living in the Poynder Apartments extra care housing, a supported housing development located in Kelso.

The development was opened in August 2023 and this is the first inspection of the service.

Accommodation is in the form of self-contained flats - 34 one bedroom; 2 two-bedroom self-contained flats over two floors, with integrated meals service serving two meals per day in the communal dining area.

A team of onsite staff support tenants to maximise their independence, and to meet their changing needs, through the provision of personalised care and support. This can range from a number of visits per day to emergency on call only, if required.

At the time of this inspection there were 39 people receiving care and support.

The service provider is Eildon Housing Association Ltd.

About the inspection

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, complaints activity, information submitted by the service and intelligence gathered since the registration of the service.

The inspection was carried out by two inspectors from the Care Inspectorate. This inspection which took place on-site on 12 September 2024 and 16 September 2024. Our visit was then followed by time examining evidence remotely.

In making our evaluations of the service we:

- Spoke with people using the service, relatives and staff at our visit and on the telephone
- Considered feedback from completed and returned online questionnaires from supported people, relatives, staff and health and social care professionals
- Observed practice and daily life
- Reviewed documents

Key messages

- People told us staff treated them with dignity and respect.
- New staff were given good opportunities to "shadow" experienced staff.
- Training was good and praised by staff.
- People were receiving appropriate help and support in a timely manner.
- Challenges with the meal provision had led to some people being dissatisfied with the service however, management were seeking improvements.
- Management were advocating on people's behalf to make the outside public areas safer.
- Deployment of care staff needed to improve, particularly over the weekends.
- Auditing and monitoring systems need to be extended and embedded to increase management oversight of the service.
- Personal planning needs improvement to reflect people's individual needs and inform staff how to provide their care and support to achieve intended outcomes.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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.

We observed staff interacting with people in a kind and caring manner. People told us staff treated them with dignity and respect. One relative told us: "Staff always kind and helpful and do a great job".

People were receiving appropriate help and support in a timely manner. Staff were able to recognise if there were any changes to people's health and wellbeing needs and emergency services were contacted swiftly when needed. Where concerns were identified, referrals were made to appropriate professionals. This included making referrals to occupational health and requesting mobility aids.

Families were also contacted about health and wellbeing concerns. One relative told us: "We find the service provided by the staff excellent and it's a great relief to the family to know my relative is in a safe situation where help can be provided quickly in an emergency".

Recently employed staff were given good opportunities to "shadow" experienced staff. This should enable them to build up relationships with people, to help them be alert to people presenting as unwell. People told us staff were "familiar faces". One supported person told us: "We know them well - they are our extended family".

Care and support visits were allocated daily, and staff would record on the organisation's electronic system once they had attended a visit. We have advised some improvements could be made with the quality of those recordings. Also for the overall care and support delivery and welfare checks to be audited regularly. This should provide assurances each visit took place, at around the planned time and planned length and people had continuity of care throughout the day.

People sometimes had advanced knowledge as to which carer would be undertaking their care and support. The manager and staff team were working on improving this so advanced knowledge was provided consistently.

There had been challenges with the meal provision which had led to some people being dissatisfied. The management team were monitoring the quality of meals and had commissioned a consultant to give advice and to support improvements.

How good is our leadership?**3 - Adequate**

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

Since the development opened in August 2023 people had been supported to resolve various issues which arise from a new build. This included resolving television licencing issues. Currently management were advocating on people's behalf to make the outside public areas safer. This included requesting traffic calming measures and having more pavements.

"Let's talk" meetings were held, with supported people, their relatives, and staff attending. At these meetings updates were given on the service and concerns could be raised. These meetings were recorded with copies sent to people who were unable to attend.

Management had regular communications with tenants, relatives and relevant professionals relating to individual people's care and support needs. Communication was either verbal or via email. We have advised these communications are recorded and held on the service's electronic systems. This will ensure agreed actions are taken and provides a chronological record of each person's health and wellbeing needs.

Staff had completed relevant mandatory training. Client specific training was also provided on various topics. Training was praised by care staff. We have advised training relating to the importance of oral hygiene is delivered. Staff practice was not being formally assessed through observations on an on-going basis. Competency observations should support a person's development and learning, so people can be confident staff can support them well.

Incidents were recorded and managed well, and learning was planned for staff to reduce reoccurrence. We were not confident all staff had gained learning when medication errors occurred. Medication audits should be completed on a monthly basis however this frequency was not being met. Personal plans had not yet been audited by service management. We recommend additional audits are undertaken. These include auditing daily notes, consistency of care and overall service delivery. See area for improvement 1.

We recommend areas where closer monitoring would be beneficial, particularly monitoring the frequency of individual people having falls. This should further assist with identifying if a person needs additional monitoring visits and or referrals to relevant health professionals. See area for improvement 1.

The manager met their regulatory responsibilities well. We have discussed some medication incidents which should have been notified to the Care Inspectorate. Going forward we now expect all notifiable events to be reported to the Care Inspectorate in a timely manner.

Self-evaluation of the service was being undertaken. Identified areas to improve on were incorporated into the service improvement plan. We have advised for the improvement plan to be more active, with newly identified improvements added to the plan. Management have plans for improvements in a number of areas. We have advised those plans are actioned more speedily in future to achieve intended outcomes.

Areas for improvement

1. To ensure people have confidence the service benefits from a culture of continuous improvement, quality assurance auditing and monitoring systems should be improved and extended to facilitate learning and increase oversight of the service. Improvements identified should be actioned in a timely manner to benefit supported people's outcomes.

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 comprehensive and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

We checked recruitment records and saw examples of people being safely recruited. We saw one example where the seeking of one reference had not followed the organisation's safe recruitment procedures. We have advised management to reflect on this error to prevent re-occurrence. Also to consider advice from the Care Inspectorate to providers to update their staff's Protecting Vulnerable Groups (PVG) membership every three years.

The service had experienced recruitment and retention challenges. There had been a heavy reliance on agency staff. The use of agency had now reduced considerably, and new staff had been recently recruited. There still remained some care staff vacancies. This resulted in times when the full complement of care staff, based on people's assessed needs, was not being achieved, particularly over the weekends. The deployment of care staff should ensure people achieve their planned outcomes. See area for improvement 1.

The staffing challenges had resulted in a relatively new team developing. We have advised steps are taken to boost morale and to integrate and bring the new staff team together. This to include having regular team meetings and promoting staff involvement and decision making. This means everyone will be working as a team to bring about best outcomes for supported people.

Areas for improvement

1. To ensure people's assessed care and support needs are met at all times an appropriate number of staff should be effectively deployed throughout the day, evening, and night.

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

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

"People have time to support and care for me and to speak with me" (HSCS 3.16).

How well is our care and support planned?**3 - Adequate**

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

Supported people had recently had reviews of their care and support. Relatives had participated in those reviews. Personal plans were held on the organisation's electronic system. There were plans to make paper copies of the electronic documents, so they will be accessible to supported people and their representatives.

Personal plans included good background information about the person. This helped staff see beyond the care and see the unique individual with all their life experiences. This also enhanced relationships between supported people and staff.

Personal plans sampled identified areas for improvement. These included updating all relevant sections of the plans following review.

Plans listed people's health conditions. We recommended including in the plan additional information on the health condition itself and how the condition impacts on the person's life. This will give staff a clearer understanding about people's health needs.

Of the personal plans sampled, some contained conflicting, confusing and insufficient information for staff to refer to when delivering care and support. This included important information about anticipatory care, medication support, continence care and ensuring skin integrity. Some plans held information about people's routines and preferences but this was not consistent, with some plans being task based and not person centred.

Supported people should be confident their personal plans are up to date and reflect their individual needs and intended outcomes. See area for improvement 1.

Areas for improvement

1. To ensure people have confidence their personal plans reflect their individual needs and inform staff how to provide their care and support, improvements should be made to aspects of personal planning. Improvement areas should include

- (a) All supported people have easy access to their personal plan;
- (b) There is clear, accurate and sufficient detail in the personal plan about all elements of care and support pertinent to the individual, for staff to refer to, so people achieve their intended outcomes;
- (c) Protocols are in place for people supported with as required medication;
- (d) People's routines and preferences are incorporated into the plans;
- (e) All personal plans are reviewed and audited regularly and updated when needs change;
- (f) Where changes to the plans are made, all relevant sections of the plan are updated accordingly.

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

"My personal 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).

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

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

This area for improvement was made following complaints activity in January 2024 and finalised in April 2024.

To support people's health and wellbeing, the provider should ensure that needs are accurately recorded and up to date. This should include, but is not limited to, accurate risk assessments and recording of the medication administered.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 23 April 2024.

Action taken since then

Elements of this improvement area had not been met. We have made a new area for improvement relating to overall personal planning. This has been further detailed under key question 5 "How well is our care planned?".

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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