

Moray Services (Housing Support) Housing Support Service

Cornerstone
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Elgin
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Type of inspection:
Announced (short notice)

Completed on:
5 November 2024

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Service no:
CS2004073008

About the service

Moray Services (Housing Support) provides a care at home and housing support service to adults with learning disabilities living in their own homes. The service provider is Cornerstone Community Care.

There has been a change in the registration since the last inspection. The number of accommodations and the geographical spread of those accommodations has reduced. At the time of this inspection, there were 18 people living in shared accommodation across five properties in Elgin. The other accommodations which used to form part of this registration, are now separately registered under Cornerstone Buckie.

About the inspection

This was an unannounced inspection which took place on 9 and 10 October 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 seven people using the service
- spoke with two of their family members
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People had active lifestyles with a balance of work, leisure and social opportunities.
- Staff were good at recognising changes in people's health and wellbeing and seeking the right support when required.
- People were supported to be as independent as possible and this increased people's confidence and self-esteem.
- There were insufficient management arrangements across the different locations and this meant, at times, things were missed and standards varied.

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, because several strengths positively impacted on people's outcomes and clearly outweighed areas for improvement.

Staff knew people well and we saw warm, friendly and respectful interactions. This meant people were generally happy, relaxed and content. One relative described their loved one as 'really settled' and 'happy' because of the homely atmosphere.

People had active lifestyles with a balance of work, leisure and social opportunities. People were supported to maintain and develop their interests and what mattered to them. With support from staff, one person chose to pursue a fitness schedule and as a result their health and fitness had improved. People accessed a variety of leisure activities and on the day of the visit some people went bowling, while others were on their holidays. We did notice some people appeared to have less opportunities and goal planning than others and it wasn't clear why. We raised this with the provider who agreed to follow this up.

Staff encouraged people to be as independent as possible. They supported people to make informed decisions, and they put safeguards in place to minimise the potential risks. In some cases, this meant people could go out and about without staff support, and measures were in place such as the use of mobile phones and checking in procedures to help keep people safe. This enhanced people's quality of life and enabled them to live their lives to the full. Everyone we spoke to described how they helped in the house, cleaned their rooms, planned the weekly menu, supported each other with meal preparation, helped with the shopping and planned their social lives. As a result, people told us they were happy and got the most out of life.

Staff were good at recognising changes in people's health and wellbeing and seeking the right support when required. This helped to keep people healthy and well.

On the whole medication was well-managed and stored appropriately. Records of administration were clear, and medication stock was audited regularly. We did raise one medication issue with the provider, regarding medication prescribed for as-and-when required but it was being given every day as a regular medication. They agreed to follow this up as a priority.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate because there were some strengths but these just outweighed areas for improvement.

Some quality assurance systems had improved since the last inspection. Quality assurance processes are important because they give leaders the tools to understand what is working well in their service and what needs to be improved. The aim being to identify areas for improvement before they impact negatively on people's quality of care. We found the service did a number of checks on health and safety, medication, support planning, environmental management and people's finances, which demonstrated they actively identified gaps in performance and took the necessary steps to improve people's outcomes. Likewise, each accommodation had a service improvement plan and we could see the management team working through the identified actions, which overall improved the quality of people's care.

However, although the quality assurance systems had improved, there were insufficient management arrangements across the different locations. Not all accommodations received enough leadership oversight to ensure the service was well led and managed. This meant, at times, things were missed and the standards varied. For example, an epilepsy plan had not been reviewed in some years which could impact the person's health. A person was receiving as-and-when required medication every day for some months and medication audits had not noticed this or sought medical evaluation. This affected the person's pain management. Also, the staff told us they felt they needed more leadership support in the day-to-day running of the service. When we analysed the management arrangements there was no clear plan of how often the management team visited the service and at times a service could go for over a week, without a manager on site (**please see requirement 1**). In response to our feedback, the service began working on a solution to the management arrangements prior to the end of this inspection.

Requirements

1. By 1 February 2024, the provider must demonstrate that the management team have sufficient time allocated to each accommodation to ensure people experience high quality care and support.

To do this, the provider must, at a minimum:

- a) demonstrate that in determining the management arrangements they have considered the impact of staffing, including the knowledge, skills, experience and numbers of staff, supervision of staff, performance of the different services, geographical spread, complexity of people's needs, the number of different services and the views of the staff and people they support
- b) ensure that the management arrangements have sufficient oversight and flexibility to recognise and respond when a service needs additional support
- c) determine a minimum amount of time the management team are expected to spend in each service to provide the oversight required to ensure continuous improvement and positive outcomes for people.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate because there were some strengths but these just outweighed areas for improvement.

The service was working hard to recruit and retain staff, which is a challenge in the current health and social care sector. Following a period of high staff turnover, we could see staffing was beginning to stabilise and people were benefitting from having more consistency from staff who knew them.

Induction processes within the service had improved and staff were given time to get to know people and their personalised support needs. This is a marked improvement on previous inspections and all the staff

we spoke with understood people's medical needs, likes and dislikes, eating and drinking guidelines and behaviour support needs. This ensured staff had the knowledge and skills to care for people.

The service had improved their processes and links with the placing authorities, so that people could be reassessed and their care packages increased if required. This helped to ensure the correct levels of staffing. The leadership team were being creative with the care hours people had, to support people to get the most out of life.

Further work was required around the contingency planning arrangements within the service. The contingency plans detailed the minimum number of staff needed to meet people's needs, in an unforeseen or difficult situation, such as adverse weather, infectious outbreak or staff shortages. There was confusion regarding how the provider determined the minimum number of staff required and whether that minimum number was sufficient to meet people's assessed needs. The staff and leadership team had different views over the minimum number of staff required and how often the contingency plans were being used (**please see area for improvement 1**).

Areas for improvement

1. To promote safe and positive outcomes for people, the provider should ensure people's needs are met by the right number of staff.

This should include, but is not limited to, reviewing the minimum levels of staffing as indicated in their contingency arrangements, to ensure there are sufficient staff to meet people's assessed needs and agreed support plans. They should keep a record of when the contingency plans are used and use this information to determine the impact on the quality of people's care.

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

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. This is because the strengths just outweighed the weaknesses.

People had support plans which outlined their needs and how these should be met. There was clear personal support, medical and health guidelines in place and this supported staff to meet people's needs consistently and in accordance with professional advice and good practice, most of the time.

However, the quality of the support planning between the accommodations was variable. Some support plans were up to date, clear and concise. These plans demonstrated how people had been actively involved in their care planning process and captured their decisions towards their goals and aspirations. Others had parts that were out of date and had not been reviewed. This could impact on the quality of people's care. Some had contradictory information in different parts of the same plan, which could impact on the consistency and accuracy of people's care.

The leadership team had identified the challenges they were experiencing with the support plans and had already identified additional training and support for staff to improve this. The provider is also in the

process of designing a longer-term IT based care planning solution which should help resolve some of these issues. As the leadership team had already identified the issues and they were working on a solution at the time of the inspection, we have not given a requirement. However, we will follow this up at the next inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 1 July 2024, the provider must ensure staff are trained, competent and skilled to effectively support people with distressed behaviour and communication needs

To do this the provider must, at a minimum:

- a) develop a plan to implement their new positive behaviour support (PBS) training focusing on those services with the highest level of need first
- b) ensure staff's training, competence and skills in supporting people with distressed behaviours is sufficient to meet the needs of the individuals they support
- c) review the current pre-admissions policy and procedure to include analysis of what knowledge, skills and training staff require based on the individual needs of new people moving in, (including people with distressed behaviours), with the aim of upskilling staff prior to the service commencing
- d) develop an organisational strategy on the use of augmentative and alternative communication (AAC) ensuring staff are trained, competent and skilled to communicate with people in a way that is meaningful to them.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

This requirement was made on 19 March 2024.

Action taken on previous requirement

The provider had made sufficient progress in relation to this requirement to deem it as met.

They had developed a comprehensive positive behaviour support (PBS) strategy, policy and procedure, which

included elements of how staff communicate with people using augmentative and alternative communication systems (AAC). Part of this was the delivery of classroom-based PBS training for staff who supported people with distressed behaviours. The aim of the training was to equip staff with the knowledge and skills they needed to proactively support people in a manner that prevented distress. The strategy had been used to good effect with a person whose distressed incidents had significantly reduced. The person was able to go out into the community more often and had improved relationships with staff and housemates. As a result, the person was happier, calmer and more settled.

The provider had reviewed their pre-admissions policy and procedure. There was a clear process in place to ensure the service fully assessed people prior to moving in and made a professional judgement as to whether they could meet the person's needs and whether staff have the knowledge and skills to meet said needs. The procedure would benefit from further development to include an analysis of what additional training and support staff may need specific to the individual.

The service had developed a training programme in the use of some forms of augmentative and alternative communication systems (AAC) (for example, Makaton, symbols and talking mats) and staff were more aware of how to communicate with people in a way that was meaningful to them. Going forward, the provider should support staff to fully embed AAC into their everyday practice to ensure staff continue to develop their communication skills.

Met - within timescales

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 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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