

Ark Moray Housing Support Service

16 Wellside Court
Forres
IV36 1NT

Telephone: 01309 675 763

Type of inspection:
Announced (short notice)

Completed on:
11 October 2024

Service provided by:
Ark Housing Association Ltd

Service provider number:
SP2003002578

Service no:
CS2014334024

About the service

Ark Moray is registered with the Care Inspectorate to provide a combined housing support and care at home service to people with learning disabilities, physical disabilities, and mental health conditions living in their own homes.

At the time of the inspection, the service was supporting people living in Buckie and Forres.

About the inspection

This was a short notice announced inspection which took place on 3, 4, 7, 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 11 people using the service and family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection, we asked the service to issue surveys to people in the service and to staff. We received 16 responses from people who use the service and 23 responses from staff.

Key messages

- People had good access to supporting health and medical professionals.
- Some people had been supported to develop their skills and independence.
- People needed to be better involved when there are changes to their planned support.
- There was a fully recruited management team.
- Improvements were needed to the review and assessment of the impact of changes to people's care and support.
- There was staff recruitment challenges.
- Staff praised the induction process and felt supported by their mentor and other staff.
- The availability of staff impacted on some people's outcomes.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The service supported people to access a range of healthcare professionals. For example, GPs, dentists, and chiropractors. However, recordings did not always indicate if the advice given, and any subsequent treatment prescribed at these appointments was followed. It is important that the service makes improvements to ensure that opportunities to support people's wellbeing and improve people's health are not missed.

Staff recognised when people were experiencing changes to their longer-term health and wellbeing and appropriate referrals were made to the wider multi-disciplinary team. We were concerned that agreed actions were not always executed. For example, a referral to independent advocacy had not been made to support a person facing significant changes to their support. This meant that the person may not be fully involved in making decisions about the options available to them.

The service had identified opportunities to support people to develop their skills and independence. This had resulted in one person now walking to work by themselves. This supported the individual to have a sense of purpose and self-worth.

In response to critical staffing issues, people's support hours had recently been reviewed which had led to a reduction in the support for some people. The review did not fully involve people and/or their representatives to ensure people's choices and preferences were considered. In addition, there was no clear mechanism in place to effectively monitor the impact of these changes on people's health and wellbeing. During the course of the inspection, we were made aware of a number of examples whereby a person's wellbeing may be compromised due to the reduction in their support or inflexible support times. As a result, one person told us they regularly missed out on social activities. Daily recordings indicated that there often was not enough time to fully support someone with their medication and one person was "distressed as he couldn't go out for lunch". This meant that on some occasions people's support was informed by staff availability as opposed to their needs and preferences directing their support. **(See requirement 1.)**

The service had systems in place for the management of people's medication, however, administration was not always well recorded. In addition, the management of topical medication did not always follow good practice guidance. The service should make improvements to ensure a robust medication management system is implemented.

Requirements

1.
By 31 January 2025, the provider must ensure that people's outcomes are not impacted by changes to their care and support. In order to do this, you must:
 - a) ensure that people, their legal representative or nominated person, are involved in the discussion and consultation process when considering changing people's support package
 - b) ensure that people are aware and supported to access advocacy services. This is in order to help support people make informed decisions

c) ensure that staff monitor and report any changes to people's outcomes as a result of the changes to their care and support

d) managers must ensure, that if there are changes to support packages, that there is a system in place to ensure that there is ongoing monitoring of the impact on people's health and wellbeing.

This is to comply with Regulations 4(1)(a) (welfare of service 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:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

The management team was fully recruited and was based and accessible in both sites. Staff we spoke with told us that managers were visible and supportive. However, staff who responded to the survey said that they felt less supported. Managers should look to address these staff concerns at staff meetings and during supervisions.

One manager was allocated the task of overseeing the rotas and getting shifts covered. This made this difficult task organised and helped ensure that shifts were covered.

The concerns with staffing had contributed to a review of some people's care packages. However, the service did not revisit and evaluate the impact that these had on people's outcomes effectively in order to take appropriate action. For example, one person had increased instances of upset and distress that were connected to the changes in their support.

Managers had good systems in place to overview falls, medication errors and distressed behaviours. We felt that improvements could be made to the route cause analysis of these areas. This would help inform changes to reduce the risks of re-occurrence.

Staff completed daily audits of people's moneys and medications. The medication audit needs to be revisited. Staff completed daily counts and checking of the recording sheet to ensure completed. There needs to be better overview of external medications, for example, eye drops, creams, to ensure that these are dated on opening. It is important for these types of medications to remain effective within their use by date when open.

The management team should develop the service improvement plans to ensure that the outcomes and experiences of people are used to inform change. It is important that what people want and need informs the development of the service. **(See area for improvement 1.)**

Areas for improvement

1. Improvements should be made to the quality assurance processes to ensure that they include the experiences of people, and this is then used to inform the improvement of the service.

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

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff who had recently been recruited said that the induction programme was good and that they felt supported by their mentor. Two staff said that they could extend the time they worked alongside another member of staff. This ensured that they were confident in their role and had the necessary skills and knowledge to deliver the care and support that was needed.

More experienced staff were aware of the importance of positive role modelling and the supporting of less experienced staff. This contributed to staff feeling part of a team and of feeling valued.

The service was experiencing difficulties with the recruitment and retention of staff, this is a challenge in the current Health and Social Care sector. We felt that the additional actions planned by the provider to potential employees were beneficial. However, these had not yet taken effect. Staff we spoke with were very committed and demonstrated willingness to pick up extra shifts to help cover gaps in the rota. Managers had clear systems in place to help support staff wellbeing with various support networks. The open-door policy also enabled staff access to managers. However, these staff spoke about this not being sustainable due to burnout.

Staff responses in the surveys indicated that they had concerns with the quality of the care and support they could provide due to the staffing issues. They said that despite trying their very best, sometimes people don't receive the care and support they needed because the service was so busy. There was awareness on how this impacted on people's routines, the consistency and in outcomes.

When agency staff was needed, there were attempts made to book the same staff. However, at times there were unfamiliar staff. This may have been a contributing factor in inconsistencies in care and support, and gaps in the daily recordings.

The challenges with staffing did impact on the availability of staff and in staffing arrangements, and that this affected the quality of some people's experiences and outcomes.

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

To ensure staff have the most up-to-date information to inform their practice and the right support from management to carry out their role confidently, the manager should ensure communication between management and staff, as well as communication within the staff teams, is effective, informative, and supportive.

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

'I experience a warm atmosphere because people have good working relationships' (HSCS 3.7); and

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 2 August 2023.

Action taken since then

We found that one person was being supported with medications in a disguised form. However, the full legal framework was not in place. This meant that staff did not have the necessary information to help inform their practice. Whilst it is positive this deficit was addressed prior to the end of the inspection, managers need to ensure that there is ongoing oversight of the information needed to help inform staff practice.

Staff we spoke with said they felt supported and that managers were accessible and available. However, staff who responded to our survey felt less supported and felt that managers could be more available.

This area for improvement is unmet.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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.