

Hillcrest Futures - North Grimsby/Dundee Outreach Service Housing Support Service

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Telephone: 01241 873742

Type of inspection:
Unannounced

Completed on:
14 March 2025

Service provided by:
Hillcrest Futures Limited

Service provider number:
SP2003000083

Service no:
CS2011281109

About the service

Hillcrest Futures - North Grimsby/Dundee Outreach service provides a combined housing support and care at home service to adults aged 16 and over. People who use this service may have drug and/or alcohol problems or may have mental health problems or a learning disability living in the temporary supported homeless accommodation, their own tenancies or the wider community.

Support is provided by two teams across Dundee and Angus.

About the inspection

This was an unannounced follow up inspection which took place onsite on the 10 March 2025 and 11 March 2025 and remotely on 12 March 2025. One inspector carried out the inspection from the Care Inspectorate.

We followed up on two outstanding requirements and two areas for improvement made during the previous inspection in May 2024.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- spoke with seven people using the service
- spoke with seven staff and management
- received feedback from one visiting professional
- observed practice and daily life
- reviewed documents.

Key messages

Quality assurance processes had improved.

Supervisions and appraisals for staff were up to date.

The service have improved their notifications to the Care Inspectorate relating to accident and incidents.

The service had made improvements to the frequency people were receiving reviews of their care and support.

Improvements are still required around staff following people's plans and the leadership team having oversight of this.

It was encouraging that the provider had introduced resident meetings.

People in the service were involved in the recruitment process

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

The service had an outstanding requirement which we had made at our last inspection. This was to ensure there was an improvement with information recorded in service user support plans and risk assessments to provide staff with effective guidance on how to support people. We have reported our findings under: '**What the service has done to meet any requirements made at or since the last inspection**'.

Although we found some improvement had been made to meet this requirement, some areas had not been fully met. For example, some people's risk assessments were not being followed by staff and leaders did not have effective oversight of this. This placed people at risk. Therefore, we have made a new area for improvement to address these outstanding issues(See areas for improvement 1).

Areas for improvement

1. To keep people safe from harm, staff should ensure they are correctly following people's plans and risk assessments. The provider should ensure leaders of the service have processes in place to ensure this is happening and take appropriate actions when it is not.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Requirements

Requirement 1

In order ensure service improvements are made, by 31 May 2024, the provider must submit a plan to the Care Inspectorate to make proper provision for the health and welfare of service users. Providers must ensure that robust quality assurance systems are put in place which are regularly monitored by managers of the service.

This must include but is not restricted to:

- a) Update and improve consistency of information within service user support plans and risk assessments across the service.
- b) Ensure support plans accurately reflect support outcomes agreed with service users at commencement of service provision.
- c) Ensuring six monthly reviews are carried out and support plans are updated accordingly.

d) Stakeholder engagement is carried out, to inform improvements to the service and are included within service development plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4 and 5(b)(ii)(iii)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that; 'People should expect to benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This requirement was made on 13 May 2024.

Action taken on previous requirement

Quality assurance processes had improved. There were improvements with the management and oversight of people's care plans. Plans were well-written and comprehensive with good information to guide staff how best to support the person. These plans provided a sense of who people were and what they wanted to achieve.

New outcome focused paperwork and processes had been introduced, and everyone had an outcome assessment in place. All staff had received training on the new procedures and paperwork and told us their confidence had increased using this new system. Where some staff continued to lack confidence in this area, additional training had been sought and ongoing coaching from the leadership team was provided. This gave us reassurance staff had the right skills and knowledge to update and manage the planning and delivery of care and support for people.

Managers had implemented new processes and audits to improve their oversight. Care file management audits were introduced and completed monthly. This was a robust audit which helped identify any areas for improvement. Where an area for improvement was identified, overall, we observed this was updated timeously. Care plan audits were discussed at team meetings and this assured us staff were given guidance around how to improve and develop their practice.

We observed risk assessments were in place for each person, and these were being reviewed regularly or updated when an incident happened. We found that risk assessments were not always up to date and that staff were not always following them. This meant there was a risk people received the wrong care and support to meet their needs and keep them safe. For example, we found two people's risk assessments were not fully up to date and did not reflect the care and support they required to keep them safe. We raised this with the manager who took prompt action to update the assessments. Although we observed an overall improvement with information contained in risk assessments, we still have some concerns about care plans being followed by staff and leaders having oversight of this when it has not happened. **(See 'How good is our leadership'? section.)**

The service had made improvements to the frequency people were receiving reviews of their care and support. Most people's care and support reviews were up to date, and this gave us confidence people received care and support that met their outcomes, rights and choices. People told us they were included and that they felt well informed. The manager had introduced an audit which ensured the leadership team had oversight of this.

Most people and appropriate professionals/representatives were involved in planned reviews of their care and support. This helped shape the suitability of their service. We observed the approach to people's reviews were considered based on their personal needs. For example, one person received their review in stages which met their needs and upheld their rights. This meant it was meaningful for people.

However, we observed two people had their care and support reviewed, but this was not done in a forum where they could focus on their choices and views regarding their care and support. This was discussed directly with the provider and moving forward this should be taken into consideration when reviews are planned.

It was encouraging that the provider had introduced resident meetings. This helped people share their views and keep up to date with any developments in the service. Since our last inspection, one meeting had taken place. People told us they found this worthwhile. The provider told us they are still in the planning stages but moving forward they endeavour to hold these meetings at least twice per year. This process is new and is in its infancy. It will take time to be embedded into the routines and culture of the service.

The provider has further plans and developments to gather and include the views of people experiencing care. For example, a stakeholder questionnaire has been made and is in the final development stages. This should be released soon and will be a useful tool to gather valuable views and feedback from people experiencing care.

The provider has a development plan in place. This could be further improved by including the views of people experiencing care. This will ensure improvement is based on the needs and wishes of people. This was discussed with the provider, and we are assured they will drive this forward. We will follow this up at our next inspection. We saw examples of people experiencing care being involved with improvements in the service. These should be added to the improvement plan.

People in the service have been encouraged to be involved with several events. For example, alcohol awareness week, harm reduction drop ins and world homelessness day. This supported engagement with people experiencing care.

People in the service were involved in the recruitment process. This helped establish relationships and people felt included and valued. One person shared, "It was really good that they listened to and used my ideas, it really helped my confidence."

Some parts of the requirement have been met and a new area for improvement has been made to deal with any outstanding issues.

Met - within timescales

Requirement 2

In order to ensure that staff are supported, and have the knowledge and skills required to carry out their roles, by 30 November 2024, providers must ensure that staff receive:

- a) Supervision at intervals set within service own policies and procedures.
- b) Observations of staff practice are carried out and recorded at regular intervals
- c) Staff meetings/consultations are carried out to ensure that staff have information and updates about the service, have opportunities to provide feedback, and are involved in service developments.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 20011/210 Regulation 15 (a)(b)(i)(ii).

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 13 May 2024.

Action taken on previous requirement

There were improvements in the level of supervision and appraisal staff received. There were new supervision templates being used and managers had been supported by senior leaders in the service to develop their supervision practice. Staff told us they were well supported. Staff received regular supervision and appraisal at intervals set within the provider's own policy. This supported staff skill and competence.

Supervisions and appraisals for staff were up to date. The leadership team had supervision planners in place and there was a monthly audit of supervisions. We were assured staff had access to regular supervision to ensure competent and safe practice. Staff told us supervisions were meaningful and supported their personal and professional development. One staff member shared "I have had access to lots of training tailored to my needs, I feel upskilled."

Group supervisions were carried out regularly. This allowed staff to come together to discuss case scenarios, reflect on practice and share best practice. We were assured staff had access to support to develop their knowledge and reflect on their practice in a meaningful way.

Staff had access to a wide range of training and learning opportunities to further their professional development and develop their knowledge and skills. Staff received specific training to meet the needs of the people they supported. This helped promote people's safety. There was a training analysis for the service and individual staff. A training matrix was being developed in the Dundee site as the manager had only been in post for a few weeks. We have confidence this will be driven forward and we will follow this up at our next inspection.

Staff benefitted from personal and professional wellbeing support. This included debriefing on the management of difficult situations. This helped ensure a well-supported and confident workforce.

The leadership team were visible and promoted a friendly and professional culture throughout the service. Staff told us they felt confident that any concerns would be addressed and actioned by the leadership team. We observed an open-door policy at the office and staff were encouraged to attend the office anytime to discuss concerns or issues they may have. We observed this during our inspection. This ensured staff had the necessary skill and competence to carry out their role.

The provider was committed to support internal career progression and leadership qualifications to upskill staff. Some staff were undertaking Scottish Vocational Qualifications (SVQ). Staff shared they found training beneficial in helping them to improve their knowledge base and build on skills. One staff member shared "my understanding of safeguarding people has improved." This helped keep people safe.

Staff competence was regularly assessed to ensure learning and development supported better outcomes for people. Observations of staff practice were undertaken by leaders in the service and these were recorded. This included observations of interactions, medication, personal care and moving and handling. Observations of practice formed part of staff supervision sessions, and this allowed time for staff to receive feedback, reflect on their practice and discuss how they might develop their practice.

Staff meetings had been reinstated. Staff told us they felt well informed about any developments within the service. Staff were able to express their views and share and ideas they had.

Staff were involved in service developments. For example, one staff member was involved with developing the format of a personal care plan for one person so they could be more involved with assessing their care. This supported staff morale and helped drive improvement forward.

This requirement has been met.

Met - within timescales

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

Managers should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reportings'.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that, 'I benefit from different organisations working together and sharing information about me promptly where appropriate'. (HSCS 4.18).

This area for improvement was made on 13 May 2025.

Action taken since then

The service had improved their notifications to the Care Inspectorate relating to accident and incidents. A record of all accidents and incidents which had occurred in the service were maintained. This helped leaders identify key areas of risk and keep people safe.

Records were clear and well documented. We sampled seven records and where required, the service had notified the Care Inspectorate as per the guidance on notification reporting.

Staff we spoke to had a good understanding of the processes to be taken if an incident or a concern arose and the expectations of their role. There was a built-in alert system to notify leaders of the service when an accident or incident had occurred. A senior leader had oversight of this and would 'sign off' the accident or incident when they were satisfied all appropriate actions had been taken. This formed part of services audit process; this assured us of a robust system and any required actions were taken timeously.

People could be assured that the right information was shared with the right organisations promptly, where appropriate. This helped promote people's well-being and kept them safe from further harm.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure support is meeting agreed outcomes and changes made when required, managers should ensure that six monthly reviews are held and include the views of people and/or their representatives.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me.'(HSCS 2.17)

This area for improvement was made on 13 May 2024.

Action taken since then

Frequency of reviews had improved and most reviews were up to date. We saw that people and their representatives were included in the process and their voice was heard. This meant people's care and support reflected their needs and wishes. This upheld people's rights.

This area for improvement has been met.

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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