

Millport Housing Support Service Housing Support Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378611

About the service

Millport Housing Support and Care at Home Service is registered to support adults living with mental and/or physical disabilities and/or learning disabilities in their own homes and in the community. The provider is Sanctuary Care Limited.

The service is located on the Island of Cumbrae and there were 16 people being supported at the time of this inspection. Support packages are provided both on the island and on the mainland and are tailored to meet individual needs.

About the inspection

This was a full inspection which took place on 18 and 22 August 2022. 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 a number of people using the service and their families
- spoke with a range of staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals linked to the service.

Key messages

- Management and staff knew each resident well and were very good at building positive relationships with residents and families.
- Staff were highly motivated and focussed on achieving good outcomes for people.
- Staff skilfully used their knowledge of people to minimise risks.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- Specialised training opportunities require 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?	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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Support is provided generally from a small core group of staff, who know people well. Staff demonstrated a good understanding of people's needs, wishes and aspirations. This enabled effective person centred support to be provided to enhance people's quality of life. A relative shared that "Staff know x inside out, have a great understanding of her health needs and support her well with these".

People supported were encouraged to have input to their care plans. Care plans included good information about people's likes and dislikes, what works well for them and support that is required. This guided staff to ensure that choices and wishes were respected. We explored ways to streamline and clearly define the outcomes and ways of making the information contained in the care plans more outcome focused. A person told us "staff really listen to me and are very supportive in helping me make choices and decisions in relation to my support, and spend time with me talking about my care plan."

Care plans were reviewed and updated regularly. People supported told us they feel their input was listened to and taken onboard. Six monthly support reviews have been held using keys to life documentation. This reflected good person centred discussions, involving the person, relatives and care managers. A relative told us "I didn't feel that a recent change in support was working and raised it at the review and was happy to hear that the service will make changes to the support to accommodate our concerns".

Positive behaviour plans were in place for people, where this was assessed as being required. These gave clear direction to staff on how to deal with escalating behaviour to minimise impact on person supported or others. We observed the guidance being used by staff when we visited people's homes.

We heard from people the difference that support makes to their quality of life, along with examples of support encouraging and developing people's independence.

There were clear records of contact and interactions with other agencies and professions within people's care plans. This gave an insightful overview of health care needs and actions required to support health and wellbeing. Several professionals informed us that they were confident that issues or concerns were passed onto them promptly and that this had improved over recent months.

The service has made significant improvements in medication support, which is now more person centred and individually managed. Clear guidance was issued to staff to support them with the transition period. Medication recording was clear, and fully completed. PRN protocols provided direction to staff in relation to when medication should be given, what the expected impact of this should be and any follow up actions required. This gives us reassurance that medication is being supported safely.

Competency based assessments for medication administration are completed before staff provide support. We discussed it would be beneficial for this document to be revamped to capture what the assessment is based on, observations, reflective statements or discussion.

To ensure the safety and protection of people a training programme is in place for staff. Whilst there was a number of core training sessions, which most staff had completed, there were gaps in key training such as adult support and protection, which the service required to address. The service informed us they are currently improving their recording of training and the training opportunities offered to staff. This should include specialised training based on the needs of people supported.

Infection prevention and control (IPC) systems and procedures had become well established. There were very good systems in place to ensure the cleanliness of people's home and IPC measures were adhered to. All staff have completed IPC and covid eLearning training and observations were carried out of PPE usage. PPE stations and clinical waste disposal bins and sanitiser stations were appropriately situated through the buildings. These measures demonstrated that people using the service and their families are being protected from the risk of infection.

Areas for improvement

1. To promote the health, wellbeing and safety of people supported, all staff should undertake training appropriate to their role and apply their training in practice. The service should ensure accurate records are kept of all training completed.

To do this, the provider must, as a minimum:-

- Identify and commence specialist training particular to the needs of people supported.
- Ensure all staff have completed the organisations core training and attend regular refresher sessions.

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

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."

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.

There was a culture of continuous service improvement at Millport Supported Living Services. This was driven by the manager who led staff by example and was developing effective systems to assess the quality of service provision and to ensure very good standards of practice. This meant the manager had a clear knowledge of day-to-day operations and how this affected people's outcomes.

We found the service had a range of quality assurance processes to ensure that the needs of people were met. A variety of audits and organisational support visits were carried out regularly, looking at a wide range of areas and identified improvement actions. The organisation and manager carried out regular quality audits on a variety of areas across the service including care plans, medication and the environment. These audits were effective in identifying gaps and actions required as well as good practice. As the service continues to develop, it would be beneficial to explore ways of engaging staff in the quality assurance process.

The service has a service improvement plan in place, based around Care Inspectorate's updated key questions and core assurances. Although there are a number of outcomes and future developments detailed, it is not clear what the planned improvement actions are, if these have been reviewed and when. Given the service is continuing through a transition phase, it would be beneficial to track the planned developments and progress being made.

The service's incident/accident log, detail underlying issues and lessons learned to minimise incidents going forward. Six monthly analysis of incidents are completed by management, giving a good oversight across a period of time. Effective processes were in place to record and to action necessary changes following accidents, incidents and complaints. Incidents and accidents were reported to families, the relevant authority and to the Care Inspectorate. This showed that staff used a robust system to learn from adverse situations and to drive improvement.

People and their families felt listened to, had regular opportunities to review their care plans and provide feedback on their service. Regular meetings were held with people supported and the manager, exchanging information and asking of any areas of concern. Families told us that the service kept them well informed and involved in their loved one's care. A relative said "I have a great relationship with staff - they are always on the end of the phone, if I have any worries or concerns. Communication is really good from the manager and keyworker, who keep me updated with everything." This promoted a culture of partnership and meant that people could feel confident about the service and the care being provided.

The manager has a developed overview of key dates for people supported including medication review dates and support review minimising the risk of these being missed. This promotes the ongoing health and wellbeing of people, ensuring the opportunity to have their views and opinions heard.

Staff are regularly supervised, with plans in place to continue this throughout the rest of this year. Staff informed us that they felt well supported and listened to - and have the opportunity to have their say in relation to improvements across the service.

The manager has worked hard to develop and implement systems and processes to improve quality assurance across the service, which has resulted in good outcomes for people supported by the service.

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

So that people receive care and support which is personal to them and is inclusive the provider should ensure that:

- a) Each person receiving care has a detailed personal plan which reflects a person-centred and outcome focused approach.

- b) Future needs are anticipated, documented and reviewed.
- c) Personal plans are regularly reviewed and updated with involvement from relatives and advocates.
- d) Regular reviews take place and involve relatives, advocates and professionals.

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

"My personal plan (sometimes referred to as a care 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)

This area for improvement was made on 23 December 2021.

Action taken since then

The service has been working on updating care plans, which includes details in relation to support required for identified areas of support. A small number of care plans still require to be updated.

Care plans have been reviewed monthly, with details corresponding with recorded notes.

Reviews have been carried out within previous six months, with next review planned – using keys to life format – relatives and other professionals have been invited, forward planning detailed for upcoming year.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that barriers to people accessing their money are removed and people are supported with financial independence as far as it is deemed safe.

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

"If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded". (HSCS 2.5)

This area for improvement was made on 23 December 2021.

Action taken since then

The service manager has been working closely with welfare guardians to improve people's access to their finances, which has now been implemented for the majority of people supported. Discussions ongoing with one local authority area as to how this will be achieved with options continuing to be explored.

This area for improvement has been met

Previous area for improvement 3

The provider should ensure that barriers to people accessing health services and medication are removed and people are supported to be independent as far as it is deemed safe.

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

"I am empowered and enabled to be as independent and as in control of my life as I want and can be". (HSCS 2.2)

This area for improvement was made on 23 December 2021.

Action taken since then

The service has worked closely with the local pharmacy to improve support with medication, which is provided within individuals' homes. Robust plans were put in place to manage this transition safely.

This area for improvement has been met.

Previous area for improvement 4

So that people are supported by staff that are fully trained to meet their assessed needs the provider should:

- a) Produce a training needs analysis and staff development plan that reflects the training the staff group require in line with the service aims and objectives.
- b) Ensure that staff training in key areas is undertaken by all staff including regular refresher events.
- c) Ensure that there is an effective system in place to evaluate the effectiveness of training and its impact upon staff practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards that 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 area for improvement was made on 23 December 2021.

Action taken since then

Training matrix was available in relation to core training, not all courses were detailed on this, making it a difficult to see an overview of all training attended and any gaps.

Whilst there was records of several areas of core training, where all staff had attended, some gaps in key training were identified on the matrix, particularly in relation Adult Support and Protection, which the service needs to address.

The service is currently transitioning to an updated recording system for training, which may support tracking training attended and gaps.

There is a current gap in training provision in relation specialised training required, to ensure the ongoing health and safety of people, including epilepsy and midazolam training.

This area for improvement is not met. See How well do we support people's wellbeing area for improvement 1.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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