

Kalisgarth and Very Sheltered Housing Housing Support Service

Kalisgarth Care Centre
Pierowall
Westray
Orkney
KW17 2DG

Telephone: 01856 871 134

Type of inspection:
Unannounced

Completed on:
6 July 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2005106915

About the service

Kalisgarth and Very Sheltered Housing is a purpose-built care centre comprising of seven self-contained flats, a one bedded respite care facility and an additional day care unit. Additional accommodation is provided to the rear of the core building.

The service is located in the village of Pierowall on Westray, a northern Orkney island. The tenants and respite guests can attend the day service where they have opportunities to socialise with people from the wider community.

Kalisgarth focuses mainly on providing care for older people, but it also addresses the needs of the whole community, providing support for people with a physical or learning disability.

The aims of the service are to meet the individual, assessed, social care needs of service users and tenants in a professional, courteous, and confidential manner. Staff will work with service users to maintain their independence and will respect their dignity and privacy at all times.

The service was registered with the Care Inspectorate in 2007.

About the inspection

This was an unannounced inspection carried out by one inspector from the Care Inspectorate between 26 April and 7 June 2023. 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 four people using the service and family representatives
- spoke with five staff and the management team
- observed practice and daily life
- reviewed documents.

Key messages

- The staff were familiar with people's needs and preferences.
- People were respected and valued.
- People enjoyed a range of meaningful activities.
- People receiving care and support told us they were very happy with the service.
- Staffing levels needed improved.
- External management support needed improved.

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

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 found a number of important strengths in aspects of the care provided and how these supported positive outcomes for people. These, when taken together, clearly outweighed areas for improvement, therefore, we evaluated this key question as good.

We observed a team of dedicated and compassionate staff who genuinely cared for the people they supported. Staff were clearly committed to supporting agreed outcomes for people. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity, and respect.

Staff were familiar with people's preferences, attentive to their needs, and were dynamic in their provision of care. It was clear that people felt safe and supported within the service. One person said, "I wouldn't want to live anywhere else." And another said, "I wouldn't change a thing, the girls are great." This confirmed to us that the staff team were caring and understood how to meet people's needs.

People who lived at Kalisgarth and Very Sheltered Housing could take part in the day care club which was open on Monday and Wednesday. This provided opportunities to meet up with neighbours and those attending for the day. People took part in the activities, if they wished, such as knitting, arts and crafts and local outings. On the days that the day service operated, staffing levels were increased to support activities, one-to-one time and other meaningful activity, and a chef was employed. However, for the remainder of the week we could not be assured that there were sufficient staff on shift to fulfil the expectations of their role, which, in addition to providing care and support, were responsible for cleaning the building, meal preparation, completing mandatory training and auditing of care plans. Staffing levels were assessed using a recognised Indicator of Relative Need (IORN) tool, however, this needed reviewed to consider people's additional and developing needs. Please also see "How good is our leadership."

People's health should benefit from their support.

Personal plans were person-centred and gave detailed descriptions of the support people required. Where appropriate, risk assessments and risk reduction plans were implemented. This promoted people's health and wellbeing. However, some care plans we sampled contained out-of-date historical information and were disorganised. The management team agreed that care plans could be better organised, that historical information could be archived, and key current information made more accessible.

How good is our leadership?

3 - Adequate

There were some strengths in this key area, which just outweighed weaknesses. While the strengths may still have a positive impact, key areas of performance needed to improve, therefore, we evaluated this key question as adequate.

People can expect a service that is well led and managed.

The management team at Kalisgarth and Very Sheltered Housing was experienced and committed. The manager had responsibility for two designated services, and management presence was available over four days per week. Social care assistants were responsible for day-to-day management outwith these times, and any additional management support was provided by a care home on mainland Orkney. Limited management resources resulted in quality assurance systems not being fully implemented. **(See requirement 1)**

Quality assurance systems had been introduced by a senior manager, which the service was trying to follow. There had also been changes in senior management due to long term sickness and retirement. We heard these changes resulted in less communication with senior management.

Care staff were following an audit schedule regarding care plans. Personal plans were checked regularly and reviewed which ensured they were up-to-date.

Staff development supports improving outcomes for people. There were gaps in staff training in key areas, such as adult protection and dementia care. Improved oversight of staff training and development will help ensure people have the skills and knowledge required of their role. Staff described having to undertake required training either while on shift, or in their own time. Some staff supervisions had been completed, however, staff told us this did not happen regularly, that they did not feel sufficiently supported, and were working consistently under pressure. The provider should review the staffing arrangements in place, and we have made a requirement and an area for improvement in relation to staffing and staff training. **(See requirement 2) and (Area for Improvement 1)**

Quality assurance should inform positive change. The service improvement plan should be updated to reflect the areas where improvement was needed, the timeframe, and individuals responsible for actioning and following up. The service improvement plan should include feedback from staff, service users and relevant stakeholders.

Requirements

1. By 1 November 2023, in order to support the evidence-based assessment and planning of staffing levels that meet the needs of people in their care, the provider, should ensure that the assessment is based on a range of measures.

This should include, but not be limited to, a link to quality assurance, feedback from all parties, the latest guidance, size and layout of the building, non-direct care tasks for staff and available management support .

The staffing assessment should be transparent and shared with staff, residents, and families.

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

'My needs are met by the right number of people and 3.16 People have time to support and care for me and to speak with me' (HSCS 3.15).

2. By 1 November 2023, the provider, should fully embed quality assurance processes across the operational arrangements of the service and use these to monitor, measure, and improve the quality of care and support and outcomes of the people using the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

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

Areas for improvement

1. In order to ensure that people have confidence in the staff supporting them, the provider, should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, training in adult protection and dementia care.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

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

Orkney Islands Council should ensure that there is effective management within Kalisgarth. The provider, should fully embed quality assurance processes across the operational arrangements of the service and use these to monitor, measure, and improve the quality of care and support and outcomes of the people using the service.

This is to ensure 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 robust and transparent quality assurance processes' (HSCS 4.19); and

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

This area for improvement was made on 8 November 2019.

Action taken since then

There had not been significant progress in meeting this area for improvement. We have issued a requirement under "How good is our leadership."

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
1.2 People get the most out of life	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

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